

AFFIDAVIT

I declare under penalty of perjury that the information contained in this submission is true and correct.

Nature of Programing for which an exemption is requested: The Marvin Show llc on ABC15 network in Myrtle beach SC. The Marvin Show is a :30 Cooking show that airs 12:05AM on WPDE TV 15.

We ask for the exemption, waiver or for the show to be closed captioned. I am an independent producer and I have to procure my own sponsors to help pay my airtime each week. My show is now running at a net loss as I only have 1 sponsor now to help cover all production cost and airtime. My weekly cost are as follows:

Airtime on Wpde	\$100
Commercial promotions	\$50
Food to cook and drinks	\$95
Camera Man	\$60
Honorarium for guest	\$20

Total weekly production cost \$325/week

Amount collected from MCiver Graham Law
Sole Sponsor weekly \$44.75/week

I have accumulated enormous credit card debt the past 2 yrs covering the production cost out of pocket. The show has a net loss of about minus (\$30,000) in hopes that it will be picked up by a big syndicator to show The Marvin Show internationally.

The shows airs Saturday night. As an independent producer , I buy the airtime each week and cover all cost to produce the show then I solicit sponsors to run ads during the broadcast. Because of the economic climate, Obamacare etc. it is difficult to procure small businesses to advertise. Advertising is one of the first expenditures that are cut during down economic times.

The Marvin Show Has a net operation loss (see attached Schedule C) from form US Tax return 2013 -(\$18,170) with total income of only \$3452

Total expenses \$19,604

And also 2nd latest calendar year

Has a net operating loss (see attached Schedule C) from 1040 US Tax 2014 -(\$14,762)

Nature and cost of the closed captions for the programming.

The cost to close caption The Marvin Show with the lowest estimate we received \$75/episode per week. Would bankrupt the show and take it off the air. I **can not** afford to pay any more money to keep this show on the air. I have spent all of my money already on keeping the show on air and now rely on credit cards to keep the show going.

Adding another
\$300 expense
per month to
close caption
would take my
show off the air.

Here is a copy of the estimate from ABC15 WPDE of said cost to close caption The Marvin Show where the show airs:

Date: August 10, 2015 at 8:38:29 AM EDT
To: April Carmichael <acarmichael@wpde.com>
Subject: The Marvin Show Closed Captioning certification

From: Jamelah Barich <jbarich@wpde.com>
Date: August 10, 2015 at 8:38:29 AM EDT
To: April Carmichael <acarmichael@wpde.com>
Subject: The Marvin Show Closed Captioning certification

Please check with Marvin on closed captioning. We need his certification, his waiver, or an agreement to schedule captioning of his show. If we send it for captioning he will have to pay the cost, which I believe is upwards of **\$75** per half hour.

Below is the link to the FCC site.

Per FCC rules, all programming must be Closed Captioned unless there is an approved Economically Burdensome Exemption from Closed Captioning waiver on file with the FCC. Please use the information at the following link to determine if your show qualifies for this exemption and to petition the FCC. Please send me a copy of any paperwork you receive from them for my files.

<https://www.fcc.gov/encyclopedia/economically-burdensome-exemption-closed-captioning-requirements>

Thank you,
Jamelah Barich

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Florence ~ Myrtle Beach, SC

(843) 234-9733 ext. **2208**  
(843) 234-0116 fax

**2<sup>nd</sup> estimate for CC is \$5.50 per mn or \$148.50 for The Marvin Show based on this estimate.**

<https://www.distribber.com/closed-caption-services>

**Here is a copy of the cost to close caption The Marvin Show from Distribber close caption service**

Marvin Latimer,

Welcome to Distribber! I hope your day has started out well!

The current rate for creating Closed Captioning is \$5.50 per minute. It will total to **\$165.00** per episode for Closed Captioning. We will need a low-res proxy file that either be uploaded through your account to Distribber Connect or we will need a private Vimeo or Youtube link to your show.

If you have any other questions, please feel free to contact me.

Regards,

**Andy Nguyen**

Account Manager - Distribber

A GoDigital Inc. Company

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

<https://www.facebook.com/distribber>

<https://twitter.com/distribber>

**This cost for captioning would be \$165 via distribber.**

ANNUAL Cost to Close Caption via Distribber would be **\$8580** per year.

Annual Revenue for the Marvin Show **\$2148** per Year

That would be 4 x The amount the show generates of revenue, just to close caption. Not to mention other production cost.

As per your email: ANNUAL COST TO CLOSE CAPTION

I have asked my distributor to cover the cost to close caption my program. They refused but said they will do for \$75 approx. A copy of said email is included in this pdf file.

Lowest estimate WPDE TV15 Cost \$75/episode

52 Episodes X \$75 = \$3900 to close caption per year

Versus Annual Net Loss 2014 -\$14,763 via 2014 Schedule C 1040 IRS

And \$3900 Cost Is more than all Gross Revenue \$3370 via 2014 Schedule C 1040 IRS

# COST FOR closed Caption equipment

is completely unaffordable based on our revenue. We are trying to get syndicated and are barely staying on air and im paying expenses out of my pocket.

## Cost TO BUY EQUIP

From B&H Photo



### Link Electronics HDE-3000 High Definition SDI Closed Caption Encoder - HDSDI, SDI, USB, RS-232, Rackmountable

B&H # LIHDE3000 MFR # HDE-3000

Availability: **Special Order**

Ship Time: 7-10 business days

**Free Standard Shipping**

Not eligible for free Expedited Shipping

**You Pay: \$6,749.95**

Add to Cart

+ Add to Wish List



**Link Electronics HDE-3000/2 Dual High Definition SDI Closed Caption Encoder**  
B&H # LIHDE30002 MFR # HDE-3000/2

- Dual Encoders
- HD and SD SDI
- USB, Ethernet and RS-232
- Rackmountable

**Availability:** Special Order

**Ship Time:** 7-10 business days

**Lowest cost of \$6795 for a High Def show.**

Extent that having to close caption will have on my show. My show will not be able to take on anymore liabilities as it is now. I only have 1 sponsor now and they are having a hard time paying the small amount they accrue. My show can not afford to pay another \$75 per week without any income in return to offset. Because of hard economic times for small business with Obamacare , I have loss a few mom and pop sponsors who cut back on advertising 1<sup>st</sup> thing. There is no way in the world I can afford to pay that for a closed caption machine.

**Financial Resources:**

They have been submitted with this file. 2 yrs US FORM 1040 Schedule C tax return displaying detailed net loss of 2013 -\$18,170 and 2014 -\$14,762

Requested copy of current Balance sheet as of 8/10/15

This is most current view of current assets due to just buying new video camera and lights via credit card debt. That camera would not have appeared

on the other balance sheets from 2 calendar years ago. This is highest net asset amount now. Attaching also 2 yrs balance sheets.

## [The Marvin Show]

## Balance Sheet

Date:

| <b>Assets</b>                                            |                                  | <b>2015</b>  |          |
|----------------------------------------------------------|----------------------------------|--------------|----------|
| <b>Current Assets</b>                                    |                                  |              |          |
| Cash                                                     |                                  | 1,886        |          |
| Accounts receivable ad revenue from Mciver/Graham        |                                  | 358          |          |
| Inventory                                                |                                  |              |          |
| Prepaid expenses                                         |                                  |              |          |
| Short-term investments                                   |                                  |              |          |
|                                                          | <i>Total current assets</i>      | 1,886        | -        |
| <b>Fixed (Long-Term) Assets</b>                          |                                  |              |          |
| Long-term investments                                    |                                  | -            |          |
| Hi Def Camera, Lights, Green screen, Blue screen         |                                  | 4,200        |          |
| (Less accumulated depreciation)                          |                                  | 500          |          |
| Intangible assets                                        |                                  |              |          |
|                                                          | <i>Total fixed assets</i>        | 4,700        | -        |
| <b>Other Assets</b>                                      |                                  |              |          |
| Deferred income tax                                      |                                  |              |          |
| Other                                                    |                                  |              |          |
|                                                          | <i>Total Other Assets</i>        | -            | -        |
| <b>Total Assets</b>                                      |                                  | <b>6,586</b> | <b>-</b> |
| <b>Liabilities and Owner's Equity</b>                    |                                  |              |          |
| <b>Current Liabilities</b>                               |                                  |              |          |
| Accounts payable Credit card debt Bank of America, cap1, |                                  | 13,750       |          |
| Amazon Credit card                                       |                                  | 489          |          |
| Income taxes payable                                     |                                  | -            |          |
| Accrued salaries and wages                               |                                  |              |          |
| Unearned revenue                                         |                                  |              |          |
| Current portion of long-term debt                        |                                  |              |          |
|                                                          | <i>Total current liabilities</i> | 14,239       | -        |



# Copy of Current liability of 1 credit card for The Marvin Show

## Pay This Card

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Statement balance: layer  
**\$8,644.51**

Payment due date: layer  
**08/24/2015**

Total minimum payment due: layer  
**\$94.00**

### Capital One Credit Card

#### Visa Platinum

...6658

- **Current Balance:**

**\$9,333.03**

- **Minimum Payment:**

**\$139.00**

**Due: Aug. 19, 2015**

- **Available Credit:**

**\$6,766.97**

*Credit Line: \$16,100*

-

- Last Statement Balance:

\$9,281.14

*As of Jul. 22, 2015*

- Last Payment:

\$30.00

*Posted Aug. 07, 2015*

## **Sought Help of network for closed captioning.**

Yes. A copy of that email is in the email. They offered to do for \$75. I can not afford to pay that per week with all the bills I already have from this TV show. I have contacted Mrs. Barich at WPDE TV15 and they said the cost to cc The Marvin show would be upwards of \$75 . This amount is unfeasible . The airtime I pay the station is \$100 already and I can not afford that with all of the other production cost , credit card payments, food, promotion and advertising cost just to stay on the air. No one else is willing to help me pay this cost. The main sponsor I have now still owes my show from June and July advertising. This is a very small market and the advertising money to pay these cost do not exist.

## **Sought additional sponsorship.**

The sponsor I have now is already 2 mths late paying the amount they owe me now. McIver Graham law owes for advertising.

My credit cards bills from this show, about \$17000 have dwarfed the small amount the show generates. I have lost about \$30,000 as you can see the past 2 yrs alone producing The Marvin Show. The show is operating with a net loss every week

This is a very small budget show that I basically fund out of my own pocket. It does not make money. It does not make a profit. This show loses money every single week and has never make a profit any week. I keep the show on air in hopes of 1 day having enough episodes to syndicate the show nationally. With only 1 sponsor we are trying to get the show syndicated to generate more money. As of now , we do not generate enough income to

break even on production cost as you can see from 2 yrs tax returns. Please give us a exemption for financial hardship waiver.

I am an independent producer that has not generated any income whatsoever from this TV show. It is hard work, and very expensive.

Our Operations:

Our overall operations are as follows. Airtime is purchased from WPDE TV 15 each week for \$100.

Another \$50 is spent on advertising and doing promotions for the show each week. That may include commercials, giveaways, pizza and t-shirts from the show.

About \$90 per week is spent on food for testing before the show airs, then testing the recipe. Then different drinks are tested before going to air. If a guest will be on the show they are given \$20 for gas money sometimes.

The camera man is paid \$60 to shoot the show. I do all the editing myself to save money and then I solicit advertisers to advertise during the show. As of now I only have 1 main sponsor which is Mciver graham Law firm who may \$179 per month to play their ad during the show. I am always trying to procure more advertisers.

The finished show is then delivered to the network on Thursday after it is ready. The network airs the show on TV on ABC WPDEtv15 sat nights 12:05AM.

As of now , the show does have a great deal of graphics on screen detailing how to cook, temp, etc. But as of now the high cost of close capt The Marvin Show is completely unfeasible, unaffordable and will completely cease operation of The marvin show. As much money as I have invested and loss in The Marvin Show, The FCC is virtually issuing The Marvin Show a death sentence is they require me to close caption my show. I believe the spirit of the exemption is for poor people like myself.. This is taxation without representation..

I feel my show deserves to have a waiver and exemption in order to stay on AIR. I would greatly appreciate an exemption in hopes of staying on air.



# [The Marvin Show]

# Balance Sheet

Date:

| <b>Assets</b>                       |                             | <b>2015</b>  |          |
|-------------------------------------|-----------------------------|--------------|----------|
| <b>Current Assets</b>               |                             |              |          |
| Cash                                |                             | 1,886        |          |
| Accounts receivable                 |                             |              |          |
| Inventory                           |                             |              |          |
| Prepaid expenses                    |                             |              |          |
| Short-term investments              |                             |              |          |
|                                     | <i>Total current assets</i> | 1,886        | -        |
| <b>Fixed (Long-Term) Assets</b>     |                             |              |          |
| Long-term investments               |                             | -            |          |
| Hi Def Camera, Lights, Green screen |                             | 4,200        |          |
| (Less accumulated depreciation)     |                             | 500          |          |
| Intangible assets                   |                             |              |          |
|                                     | <i>Total fixed assets</i>   | 4,700        | -        |
| <b>Other Assets</b>                 |                             |              |          |
| Deferred income tax                 |                             |              |          |
| Other                               |                             |              |          |
|                                     | <i>Total Other Assets</i>   | -            | -        |
| <b>Total Assets</b>                 |                             | <b>6,586</b> | <b>-</b> |

| <b>Liabilities and Owner's Equity</b>       |                                    |               |          |
|---------------------------------------------|------------------------------------|---------------|----------|
| <b>Current Liabilities</b>                  |                                    |               |          |
| Accounts payable Credit card debt           |                                    | 13,750        |          |
| Amazon Credit card                          |                                    | 489           |          |
| Income taxes payable                        |                                    | -             |          |
| Accrued salaries and wages                  |                                    |               |          |
| Unearned revenue                            |                                    |               |          |
| Current portion of long-term debt           |                                    |               |          |
|                                             | <i>Total current liabilities</i>   | 14,239        | -        |
| <b>Long-Term Liabilities</b>                |                                    |               |          |
| Long-term debt                              |                                    | -             |          |
| Deferred income tax                         |                                    |               |          |
| Other                                       |                                    |               |          |
|                                             | <i>Total long-term liabilities</i> | -             | -        |
| <b>Owner's Equity</b>                       |                                    |               |          |
| Owner's investment                          |                                    | 10,000        |          |
| Retained earnings                           |                                    | -             |          |
| Other                                       |                                    |               |          |
|                                             | <i>Total owner's equity</i>        | 10,000        | -        |
| <b>Total Liabilities and Owner's Equity</b> |                                    | <b>24,239</b> | <b>-</b> |

| <b>Common Financial Ratios</b>                                   |  |          |   |
|------------------------------------------------------------------|--|----------|---|
| <b>Debt Ratio</b> (Total Liabilities / Total Assets)             |  | 2.16     |   |
| <b>Current Ratio</b> (Current Assets / Current Liabilities)      |  | 0.13     |   |
| <b>Working Capital</b> (Current Assets - Current Liabilities)    |  | (12,353) | - |
| <b>Assets-to-Equity Ratio</b> (Total Assets / Owner's Equity)    |  | 0.66     |   |
| <b>Debt-to-Equity Ratio</b> (Total Liabilities / Owner's Equity) |  | 1.42     |   |

# [The Marvin Show]

# Balance Sheet

Date:

| <b>Assets</b>                       |                             | <b>2014</b>  |          |
|-------------------------------------|-----------------------------|--------------|----------|
| <b>Current Assets</b>               |                             |              |          |
| Cash                                |                             | 389          |          |
| Accounts receivable                 |                             |              |          |
| Inventory                           |                             |              |          |
| Prepaid expenses                    |                             |              |          |
| Short-term investments              |                             |              |          |
|                                     | <i>Total current assets</i> | 389          | -        |
| <b>Fixed (Long-Term) Assets</b>     |                             |              |          |
| Long-term investments               |                             | -            |          |
| Hi Def Camera, Lights, Green screen |                             | 1,756        |          |
| (Less accumulated depreciation)     |                             | 278          |          |
| Intangible assets                   |                             |              |          |
|                                     | <i>Total fixed assets</i>   | 2,034        | -        |
| <b>Other Assets</b>                 |                             |              |          |
| Deferred income tax                 |                             |              |          |
| Other                               |                             |              |          |
|                                     | <i>Total Other Assets</i>   | -            | -        |
| <b>Total Assets</b>                 |                             | <b>2,423</b> | <b>-</b> |

| <b>Liabilities and Owner's Equity</b>       |                                    |               |          |
|---------------------------------------------|------------------------------------|---------------|----------|
| <b>Current Liabilities</b>                  |                                    |               |          |
| Accounts payable Credit card debt           |                                    | 12,980        |          |
| Amazon Credit card                          |                                    | 255           |          |
| Income taxes payable                        |                                    | -             |          |
| Accrued salaries and wages                  |                                    |               |          |
| Unearned revenue                            |                                    |               |          |
| Current portion of long-term debt           |                                    |               |          |
|                                             | <i>Total current liabilities</i>   | 13,235        | -        |
| <b>Long-Term Liabilities</b>                |                                    |               |          |
| Long-term debt                              |                                    | -             |          |
| Deferred income tax                         |                                    |               |          |
| Other                                       |                                    |               |          |
|                                             | <i>Total long-term liabilities</i> | -             | -        |
| <b>Owner's Equity</b>                       |                                    |               |          |
| Owner's investment                          |                                    | 10,000        |          |
| Retained earnings                           |                                    | -             |          |
| Other                                       |                                    |               |          |
|                                             | <i>Total owner's equity</i>        | 10,000        | -        |
| <b>Total Liabilities and Owner's Equity</b> |                                    | <b>23,235</b> | <b>-</b> |

| <b>Common Financial Ratios</b>                                   |  |          |   |
|------------------------------------------------------------------|--|----------|---|
| <b>Debt Ratio</b> (Total Liabilities / Total Assets)             |  | 5.46     |   |
| <b>Current Ratio</b> (Current Assets / Current Liabilities)      |  | 0.03     |   |
| <b>Working Capital</b> (Current Assets - Current Liabilities)    |  | (12,846) | - |
| <b>Assets-to-Equity Ratio</b> (Total Assets / Owner's Equity)    |  | 0.24     |   |
| <b>Debt-to-Equity Ratio</b> (Total Liabilities / Owner's Equity) |  | 1.32     |   |

# [The Marvin Show]

# Balance Sheet

Date:

| <b>Assets</b>                   |                             | <b>2013</b>  |          |
|---------------------------------|-----------------------------|--------------|----------|
| <b>Current Assets</b>           |                             |              |          |
| Cash                            |                             | 689          |          |
| Accounts receivable             |                             |              |          |
| Inventory                       |                             |              |          |
| Prepaid expenses                |                             |              |          |
| Short-term investments          |                             |              |          |
|                                 | <i>Total current assets</i> | 689          | -        |
| <b>Fixed (Long-Term) Assets</b> |                             |              |          |
| Long-term investments           |                             | -            |          |
| Camera, Lights, Green screen    |                             | 695          |          |
| (Less accumulated depreciation) |                             | 200          |          |
| Intangible assets               |                             |              |          |
|                                 | <i>Total fixed assets</i>   | 895          | -        |
| <b>Other Assets</b>             |                             |              |          |
| Deferred income tax             |                             |              |          |
| Other                           |                             |              |          |
|                                 | <i>Total Other Assets</i>   | -            | -        |
| <b>Total Assets</b>             |                             | <b>1,584</b> | <b>-</b> |

| <b>Liabilities and Owner's Equity</b>       |                                    |               |          |
|---------------------------------------------|------------------------------------|---------------|----------|
| <b>Current Liabilities</b>                  |                                    |               |          |
| Accounts payable Credit card debt           |                                    | 10,754        |          |
| Amazon Credit card                          |                                    | 124           |          |
| Income taxes payable                        |                                    | -             |          |
| Accrued salaries and wages                  |                                    |               |          |
| Unearned revenue                            |                                    |               |          |
| Current portion of long-term debt           |                                    |               |          |
|                                             | <i>Total current liabilities</i>   | 10,878        | -        |
| <b>Long-Term Liabilities</b>                |                                    |               |          |
| Long-term debt                              |                                    | -             |          |
| Deferred income tax                         |                                    |               |          |
| Other                                       |                                    |               |          |
|                                             | <i>Total long-term liabilities</i> | -             | -        |
| <b>Owner's Equity</b>                       |                                    |               |          |
| Owner's investment                          |                                    | 10,000        |          |
| Retained earnings                           |                                    | -             |          |
| Other                                       |                                    |               |          |
|                                             | <i>Total owner's equity</i>        | 10,000        | -        |
| <b>Total Liabilities and Owner's Equity</b> |                                    | <b>20,878</b> | <b>-</b> |

| <b>Common Financial Ratios</b>                                   |  |          |   |
|------------------------------------------------------------------|--|----------|---|
| <b>Debt Ratio</b> (Total Liabilities / Total Assets)             |  | 6.87     |   |
| <b>Current Ratio</b> (Current Assets / Current Liabilities)      |  | 0.06     |   |
| <b>Working Capital</b> (Current Assets - Current Liabilities)    |  | (10,189) | - |
| <b>Assets-to-Equity Ratio</b> (Total Assets / Owner's Equity)    |  | 0.16     |   |
| <b>Debt-to-Equity Ratio</b> (Total Liabilities / Owner's Equity) |  | 1.09     |   |

# Electronic Filing Instructions for your 2014 Federal Tax Return

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



Marvin K Latimer  
816 hwy 378  
conway, SC 29527

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |           |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| <b>Balance Due/Refund</b>              | Your federal tax return (Form 1040) shows a refund due to you in the amount of \$5,193.00. Applicable fees were deducted from your original refund amount of \$5,193.00. Your refund is now \$5,138.02. Because you chose to have your TurboTax fees deducted from your refund, you will receive e-mail from The Citizens Banking Company, which handles this transaction. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 000025477621 Routing Transit Number: 053904483.    |    |           |
| <b>When Will You Get Your Refund?</b>  | The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2015. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link. |    |           |
| <b>What You Need to Keep</b>           | Your Electronic Filing Instructions (this form)<br>Printed copy of your federal return                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |           |
| <b>2014 Federal Tax Return Summary</b> | Adjusted Gross Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ | 45,542.00 |
|                                        | Taxable Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ | 27,987.00 |
|                                        | Total Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ | 3,720.00  |
|                                        | Total Payments/Credits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ | 8,913.00  |
|                                        | Amount to be Refunded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ | 5,193.00  |
|                                        | Effective Tax Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | 8.17%     |

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_, 20

Your first name and initial: **Marvin K** Last name: **Latimer** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **816 hwy 378** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **conway SC 29527**

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 and full name here. ▶ \_\_\_\_\_

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

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

**Boxes checked on 6a and 6b** 1

**No. of children on 6c who:**

- lived with you \_\_\_\_\_
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** 1

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

d Total number of exemptions claimed . . . . . 1

**Income**

|     |                                                                                                               |     |          |
|-----|---------------------------------------------------------------------------------------------------------------|-----|----------|
| 7   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .                                                      | 7   | 57,625.  |
| 8a  | Taxable interest. Attach Schedule B if required . . . . .                                                     | 8a  |          |
| b   | Tax-exempt interest. Do not include on line 8a . . . . .                                                      | 8b  |          |
| 9a  | Ordinary dividends. Attach Schedule B if required . . . . .                                                   | 9a  | 151.     |
| b   | Qualified dividends . . . . .                                                                                 | 9b  | 151.     |
| 10  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                | 10  | 2,528.   |
| 11  | Alimony received . . . . .                                                                                    | 11  |          |
| 12  | Business income or (loss). Attach Schedule C or C-EZ . . . . .                                                | 12  | -14,762. |
| 13  | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13  |          |
| 14  | Other gains or (losses). Attach Form 4797 . . . . .                                                           | 14  |          |
| 15a | IRA distributions . . . . .                                                                                   | 15a |          |
| b   | Taxable amount . . . . .                                                                                      | 15b |          |
| 16a | Pensions and annuities . . . . .                                                                              | 16a |          |
| b   | Taxable amount . . . . .                                                                                      | 16b |          |
| 17  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                   | 17  |          |
| 18  | Farm income or (loss). Attach Schedule F . . . . .                                                            | 18  |          |
| 19  | Unemployment compensation . . . . .                                                                           | 19  |          |
| 20a | Social security benefits . . . . .                                                                            | 20a |          |
| b   | Taxable amount . . . . .                                                                                      | 20b |          |
| 21  | Other income. List type and amount _____                                                                      | 21  |          |
| 22  | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶               | 22  | 45,542.  |

**Adjusted Gross Income**

|     |                                                                                                                                        |     |         |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 23  | Educator expenses . . . . .                                                                                                            | 23  |         |
| 24  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . | 24  |         |
| 25  | Health savings account deduction. Attach Form 8889 . . . . .                                                                           | 25  |         |
| 26  | Moving expenses. Attach Form 3903 . . . . .                                                                                            | 26  |         |
| 27  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                   | 27  |         |
| 28  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                               | 28  |         |
| 29  | Self-employed health insurance deduction . . . . .                                                                                     | 29  |         |
| 30  | Penalty on early withdrawal of savings . . . . .                                                                                       | 30  |         |
| 31a | Alimony paid b Recipient's SSN ▶ _____                                                                                                 | 31a |         |
| 32  | IRA deduction . . . . .                                                                                                                | 32  |         |
| 33  | Student loan interest deduction . . . . .                                                                                              | 33  |         |
| 34  | Tuition and fees. Attach Form 8917 . . . . .                                                                                           | 34  |         |
| 35  | Domestic production activities deduction. Attach Form 8903 . . . . .                                                                   | 35  |         |
| 36  | Add lines 23 through 35 . . . . .                                                                                                      | 36  |         |
| 37  | Subtract line 36 from line 22. This is your adjusted gross income ▶                                                                    | 37  | 45,542. |

**Tax and Credits**

**38** Amount from line 37 (adjusted gross income) **38** 45,542.

**39a** Check  **You** were born before January 2, 1950,  **Blind.** } **Total boxes**  
 if:  **Spouse** was born before January 2, 1950,  **Blind.** } **checked** ▶ **39a**

**b** If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **39b**

**40** **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40** 13,605.

**41** Subtract line 40 from line 38 **41** 31,937.

**42** **Exemptions.** If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions **42** 3,950.

**43** **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 27,987.

**44** **Tax** (see instructions). Check if any from: **a**  Form(s) 8814 **b**  Form 4972 **c**  **44** 3,720.

**45** **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

**46** Excess advance premium tax credit repayment. Attach Form 8962 **46**

**47** Add lines 44, 45, and 46 **47** 3,720.

**48** Foreign tax credit. Attach Form 1116 if required **48**

**49** Credit for child and dependent care expenses. Attach Form 2441 **49**

**50** Education credits from Form 8863, line 19 **50**

**51** Retirement savings contributions credit. Attach Form 8880 **51**

**52** Child tax credit. Attach Schedule 8812, if required. **52**

**53** Residential energy credits. Attach Form 5695 **53**

**54** Other credits from Form: **a**  3800 **b**  8801 **c**  **54**

**55** Add lines 48 through 54. These are your **total credits** **55**

**56** Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **56** 3,720.

**Other Taxes**

**57** Self-employment tax. Attach Schedule SE **57**

**58** Unreported social security and Medicare tax from Form: **a**  4137 **b**  8919 **58**

**59** Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59**

**60a** Household employment taxes from Schedule H **60a**

**b** First-time homebuyer credit repayment. Attach Form 5405 if required **60b**

**61** Health care: individual responsibility (see instructions) Full-year coverage  **61**

**62** Taxes from: **a**  Form 8959 **b**  Form 8960 **c**  Instructions; enter code(s) **62**

**63** Add lines 56 through 62. This is your **total tax** **63** 3,720.

**Payments**

**64** Federal income tax withheld from Forms W-2 and 1099 **64** 8,913.

**65** 2014 estimated tax payments and amount applied from 2013 return **65**

**66a** **Earned income credit (EIC)** **66a**

**b** Nontaxable combat pay election **66b**

**67** Additional child tax credit. Attach Schedule 8812 **67**

**68** American opportunity credit from Form 8863, line 8 **68**

**69** Net premium tax credit. Attach Form 8962 **69**

**70** Amount paid with request for extension to file **70**

**71** Excess social security and tier 1 RRTA tax withheld **71**

**72** Credit for federal tax on fuels. Attach Form 4136 **72**

**73** Credits from Form: **a**  2439 **b**  Reserved **c**  Reserved **d**  **73**

**74** Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** **74** 8,913.

**Refund**

**75** If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid** **75** 5,193.

**76a** Amount of line 75 you want **refunded to you**. If Form 8888 is attached, check here  **76a** 5,193.

**b** Routing number 0 5 3 9 0 4 4 8 3 ▶ **c** Type:  Checking  Savings

**d** Account number 0 0 0 0 2 5 4 7 7 6 2 1

**77** Amount of line 75 you want **applied to your 2015 estimated tax** ▶ **77**

**78** **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶ **78**

**79** Estimated tax penalty (see instructions) **79**

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes.** Complete below.  **No**

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

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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 inst.) ▶

**Paid Preparer Use Only**

Print/Type preparer's name ▶ Preparer's signature ▶ Date ▶ Check  if self-employed ▶ PTIN ▶

Firm's name ▶ Self-Prepared ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

Marvin K Latimer

|                                                                                                                                                                                                      |                                                                                                                                                                                              |                                                                          |           |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------|---------|
| <b>Caution.</b> Do not include expenses reimbursed or paid by others.                                                                                                                                |                                                                                                                                                                                              |                                                                          |           |         |
| <b>Medical and Dental Expenses</b>                                                                                                                                                                   | <b>1</b> Medical and dental expenses (see instructions) . . . . .                                                                                                                            | <b>1</b>                                                                 |           |         |
|                                                                                                                                                                                                      | <b>2</b> Enter amount from Form 1040, line 38 <b>2</b>                                                                                                                                       |                                                                          |           |         |
|                                                                                                                                                                                                      | <b>3</b> Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead                                              | <b>3</b>                                                                 |           |         |
|                                                                                                                                                                                                      | <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-                                                                                                               |                                                                          | <b>4</b>  |         |
| <b>Taxes You Paid</b>                                                                                                                                                                                | <b>5</b> State and local ( <b>check only one box</b> ):                                                                                                                                      | <b>5</b>                                                                 |           |         |
|                                                                                                                                                                                                      | <b>a</b> <input checked="" type="checkbox"/> Income taxes, or                                                                                                                                |                                                                          | 4,072.    |         |
|                                                                                                                                                                                                      | <b>b</b> <input type="checkbox"/> General sales taxes                                                                                                                                        |                                                                          |           |         |
|                                                                                                                                                                                                      | <b>6</b> Real estate taxes (see instructions) . . . . .                                                                                                                                      | <b>6</b>                                                                 | 1,208.    |         |
|                                                                                                                                                                                                      | <b>7</b> Personal property taxes . . . . .                                                                                                                                                   | <b>7</b>                                                                 | 80.       |         |
|                                                                                                                                                                                                      | <b>8</b> Other taxes. List type and amount ►                                                                                                                                                 | <b>8</b>                                                                 |           |         |
|                                                                                                                                                                                                      | <b>9</b> Add lines 5 through 8 . . . . .                                                                                                                                                     |                                                                          | <b>9</b>  | 5,360.  |
|                                                                                                                                                                                                      | <b>Interest You Paid</b>                                                                                                                                                                     | <b>10</b> Home mortgage interest and points reported to you on Form 1098 | <b>10</b> | 7,995.  |
| <b>11</b> Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► |                                                                                                                                                                                              | <b>11</b>                                                                |           |         |
| <b>12</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .                                                                                                      |                                                                                                                                                                                              | <b>12</b>                                                                |           |         |
| <b>13</b> Mortgage insurance premiums (see instructions) . . . . .                                                                                                                                   |                                                                                                                                                                                              | <b>13</b>                                                                |           |         |
| <b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)                                                                                                                     |                                                                                                                                                                                              | <b>14</b>                                                                |           |         |
| <b>15</b> Add lines 10 through 14 . . . . .                                                                                                                                                          |                                                                                                                                                                                              |                                                                          | <b>15</b> | 7,995.  |
| <b>Gifts to Charity</b>                                                                                                                                                                              | <b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .                                                                                          | <b>16</b>                                                                | 250.      |         |
|                                                                                                                                                                                                      | <b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .                                              | <b>17</b>                                                                |           |         |
|                                                                                                                                                                                                      | <b>18</b> Carryover from prior year . . . . .                                                                                                                                                | <b>18</b>                                                                |           |         |
|                                                                                                                                                                                                      | <b>19</b> Add lines 16 through 18 . . . . .                                                                                                                                                  |                                                                          | <b>19</b> | 250.    |
| <b>Casualty and Theft Losses</b>                                                                                                                                                                     | <b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .                                                                                                        | <b>20</b>                                                                |           |         |
| <b>Job Expenses and Certain Miscellaneous Deductions</b>                                                                                                                                             | <b>21</b> Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►                                          | <b>21</b>                                                                |           |         |
|                                                                                                                                                                                                      | <b>22</b> Tax preparation fees . . . . .                                                                                                                                                     | <b>22</b>                                                                |           |         |
|                                                                                                                                                                                                      | <b>23</b> Other expenses—investment, safe deposit box, etc. List type and amount ►                                                                                                           | <b>23</b>                                                                |           |         |
|                                                                                                                                                                                                      | <b>24</b> Add lines 21 through 23 . . . . .                                                                                                                                                  | <b>24</b>                                                                |           |         |
|                                                                                                                                                                                                      | <b>25</b> Enter amount from Form 1040, line 38 <b>25</b>                                                                                                                                     |                                                                          |           |         |
|                                                                                                                                                                                                      | <b>26</b> Multiply line 25 by 2% (.02) . . . . .                                                                                                                                             | <b>26</b>                                                                |           |         |
|                                                                                                                                                                                                      | <b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-                                                                                                          |                                                                          | <b>27</b> |         |
| <b>Other Miscellaneous Deductions</b>                                                                                                                                                                | <b>28</b> Other—from list in instructions. List type and amount ►                                                                                                                            | <b>28</b>                                                                |           |         |
| <b>Total Itemized Deductions</b>                                                                                                                                                                     | <b>29</b> Is Form 1040, line 38, over \$152,525?                                                                                                                                             |                                                                          |           |         |
|                                                                                                                                                                                                      | <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. |                                                                          | <b>29</b> | 13,605. |
|                                                                                                                                                                                                      | <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.                                 |                                                                          |           |         |
|                                                                                                                                                                                                      | <b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .                                                                    |                                                                          |           |         |

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **09**

|                                                                                                                                                                     |                                                                  |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| Name of proprietor<br><b>Marvin K Latimer</b>                                                                                                                       |                                                                  | Social security number (SSN)<br>[REDACTED]                          |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>television show</b>                                                | <b>B</b> Enter code from instructions<br>► 5   1   2   1   0   0 |                                                                     |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>the marvin show llc</b>                                                                    | <b>D</b> Employer ID number (EIN), (see instr.)<br>[REDACTED]    |                                                                     |
| <b>E</b> Business address (including suite or room no.) ► <b>4925 woodview lane</b><br>City, town or post office, state, and ZIP code <b>myrtle beach, SC 29575</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 2014? 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 2014, check here                                                                                           |                                                                  | <input type="checkbox"/>                                            |
| <b>I</b> Did you make any payments in 2014 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> | 3,370. |
| <b>2</b> Returns and allowances . . . . .                                                                                                                                                          | <b>2</b> | 180.   |
| <b>3</b> Subtract line 2 from line 1 . . . . .                                                                                                                                                     | <b>3</b> | 3,190. |
| <b>4</b> Cost of goods sold (from line 42) . . . . .                                                                                                                                               | <b>4</b> |        |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .                                                                                                                                | <b>5</b> | 3,190. |
| <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> | 3,190. |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |                                                                           |            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|---------------------------------------------------------------------------|------------|--------|
| <b>8</b> Advertising . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>8</b>   | 11,601.  | <b>18</b> Office expense (see instructions)                               | <b>18</b>  | 2,189. |
| <b>9</b> Car and truck expenses (see instructions). . . . .                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>9</b>   | 0.       | <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>  | 2,400.   | <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>  | 0.       | <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>  |        |
| <b>15</b> Insurance (other than health)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>15</b>  |          | <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>16a</b> |          | <b>a</b> Travel . . . . .                                                 | <b>24a</b> | 78.    |
| <b>b</b> Other . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>16b</b> |          | <b>b</b> Deductible meals and entertainment (see instructions) . . . . .  | <b>24b</b> |        |
| <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>  | 16,268.  | <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>  | -13,078. | <b>27a</b> Other expenses (from line 48) . . . . .                        | <b>27a</b> | 0.     |
| <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).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____<br>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>  | 1,684.   | <b>27b</b> <b>Reserved for future use</b> . . . . .                       | <b>27b</b> |        |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• 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> .<br>• If a loss, you <b>must</b> go to line 32.                                                                                                                       | <b>31</b>  | -14,762. |                                                                           |            |        |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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> .<br>• 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.       |            |        |

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

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

|                                                                                                                     |           |  |
|---------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .                                         | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .                                      | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .                                                                          | <b>38</b> |  |
| <b>39</b> Other costs . . . . .                                                                                     | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .                                                                         | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .                                                                        | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .   | <b>42</b> |  |

**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)    ▶ .....

**44** Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

**a** Business .....    **b** Commuting (see instructions) .....    **c** Other .....

**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**

**47a** 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.

|                                                                             |           |    |
|-----------------------------------------------------------------------------|-----------|----|
| sponsor gift bags                                                           |           | 0. |
|                                                                             |           |    |
|                                                                             |           |    |
|                                                                             |           |    |
|                                                                             |           |    |
|                                                                             |           |    |
|                                                                             |           |    |
|                                                                             |           |    |
|                                                                             |           |    |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> | 0. |

**Casualties and Thefts**

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 4684 and its separate instructions is at [www.irs.gov/form4684](http://www.irs.gov/form4684).  
▶ Attach to your tax return.  
▶ Use a separate Form 4684 for each casualty or theft.

Name(s) shown on tax return

Identifying number

Marvin K Latimer

**SECTION A—Personal Use Property** (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes.)

1 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property **A** Golf Cart 01/02/2013  
 Property **B** \_\_\_\_\_  
 Property **C** \_\_\_\_\_  
 Property **D** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                           | Properties |        |   |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|---|--------|
|                                                                                                                                                                                                                                                                                                                                                           | A          | B      | C | D      |
| 2 Cost or other basis of each property . . . . .                                                                                                                                                                                                                                                                                                          | 2          | 1,978. |   |        |
| 3 Insurance or other reimbursement (whether or not you filed a claim) (see instructions) . . . . .                                                                                                                                                                                                                                                        | 3          | 1,000. |   |        |
| <b>Note:</b> If line 2 is <b>more</b> than line 3, skip line 4.                                                                                                                                                                                                                                                                                           |            |        |   |        |
| 4 Gain from casualty or theft. If line 3 is <b>more</b> than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year . . . . .                                                    | 4          |        |   |        |
| 5 Fair market value <b>before</b> casualty or theft . . . . .                                                                                                                                                                                                                                                                                             | 5          | 4,000. |   |        |
| 6 Fair market value <b>after</b> casualty or theft . . . . .                                                                                                                                                                                                                                                                                              | 6          | 2,200. |   |        |
| 7 Subtract line 6 from line 5 . . . . .                                                                                                                                                                                                                                                                                                                   | 7          | 1,800. |   |        |
| 8 Enter the <b>smaller</b> of line 2 or line 7 . . . . .                                                                                                                                                                                                                                                                                                  | 8          | 1,800. |   |        |
| 9 Subtract line 3 from line 8. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                                       | 9          | 800.   |   |        |
| 10 Casualty or theft loss. Add the amounts on line 9 in columns A through D . . . . .                                                                                                                                                                                                                                                                     | 10         |        |   | 800.   |
| 11 Enter the <b>smaller</b> of line 10 or \$100 . . . . .                                                                                                                                                                                                                                                                                                 | 11         |        |   | 100.   |
| 12 Subtract line 11 from line 10 . . . . .                                                                                                                                                                                                                                                                                                                | 12         |        |   | 700.   |
| <b>Caution:</b> Use only one Form 4684 for lines 13 through 18.                                                                                                                                                                                                                                                                                           |            |        |   |        |
| 13 Add the amounts on line 12 of all Forms 4684 . . . . .                                                                                                                                                                                                                                                                                                 | 13         |        |   | 700.   |
| 14 Add the amounts on line 4 of all Forms 4684. . . . .                                                                                                                                                                                                                                                                                                   | 14         |        |   | 0.     |
| 15 • If line 14 is <b>more</b> than line 13, enter the difference here and on Schedule D. <b>Do not</b> complete the rest of this section (see instructions).<br>• If line 14 is <b>less</b> than line 13, enter -0- here and go to line 16.<br>• If line 14 is <b>equal</b> to line 13, enter -0- here. <b>Do not</b> complete the rest of this section. | 15         |        |   | 0.     |
| 16 If line 14 is <b>less</b> than line 13, enter the difference . . . . .                                                                                                                                                                                                                                                                                 | 16         |        |   | 700.   |
| 17 Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 37. Estates and trusts, see instructions . . . . .                                                                                                                                                                                                               | 17         |        |   | 4,554. |
| 18 Subtract line 17 from line 16. If zero or less, enter -0-. Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 6. Estates and trusts, enter the result on the "Other deductions" line of your tax return . . . . .                                                                                              | 18         |        |   | 0.     |

## Expenses for Business Use of Your Home

Department of the Treasury  
Internal Revenue Service (99)

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

2014

Attachment  
Sequence No. **176**

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

Name(s) of proprietor(s)

Marvin K Latimer

Your social security number

[REDACTED]

| <b>Part I Part of Your Home Used for Business</b>                                                        |                                                                                                                                                                                       | television show |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1                                                                                                        | Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)                                            | 179             |
| 2                                                                                                        | Total area of home                                                                                                                                                                    | 1,029           |
| 3                                                                                                        | Divide line 1 by line 2. Enter the result as a percentage                                                                                                                             | 17.40 %         |
| <b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b> |                                                                                                                                                                                       |                 |
| 4                                                                                                        | Multiply days used for daycare during year by hours used per day                                                                                                                      | 4 hr.           |
| 5                                                                                                        | Total hours available for use during the year (365 days x 24 hours) (see instructions)                                                                                                | 8,760 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 | 17.40 %         |

| <b>Part II Figure Your Allowable Deduction</b>                                |                                                                                                                                                                                                                                |                     |                       |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|
| 8                                                                             | Enter the amount from Schedule C, line 29, <b>plus</b> any gain derived from the business use of your home, <b>minus</b> any loss from the trade or business not derived from the business use of your home (see instructions) |                     | -13,078.              |
| <b>See instructions for columns (a) and (b) before completing lines 9-21.</b> |                                                                                                                                                                                                                                |                     |                       |
| 9                                                                             | Casualty losses (see instructions)                                                                                                                                                                                             | (a) Direct expenses | (b) Indirect expenses |
| 10                                                                            | Deductible mortgage interest (see instructions)                                                                                                                                                                                |                     | 9,679.                |
| 11                                                                            | Real estate taxes (see instructions)                                                                                                                                                                                           |                     |                       |
| 12                                                                            | Add lines 9, 10, and 11                                                                                                                                                                                                        |                     | 9,679.                |
| 13                                                                            | Multiply line 12, column (b) by line 7                                                                                                                                                                                         | 13                  | 1,684.                |
| 14                                                                            | Add line 12, column (a) and line 13                                                                                                                                                                                            |                     | 1,684.                |
| 15                                                                            | Subtract line 14 from line 8. If zero or less, enter -0-                                                                                                                                                                       |                     | 0.                    |
| 16                                                                            | Excess mortgage interest (see instructions)                                                                                                                                                                                    |                     |                       |
| 17                                                                            | Insurance                                                                                                                                                                                                                      |                     |                       |
| 18                                                                            | Rent                                                                                                                                                                                                                           |                     |                       |
| 19                                                                            | Repairs and maintenance                                                                                                                                                                                                        |                     |                       |
| 20                                                                            | Utilities                                                                                                                                                                                                                      |                     |                       |
| 21                                                                            | Other expenses (see instructions)                                                                                                                                                                                              |                     |                       |
| 22                                                                            | Add lines 16 through 21                                                                                                                                                                                                        |                     |                       |
| 23                                                                            | Multiply line 22, column (b) by line 7                                                                                                                                                                                         | 23                  |                       |
| 24                                                                            | Carryover of prior year operating expenses (see instructions)                                                                                                                                                                  | 24                  | 2,593.                |
| 25                                                                            | Add line 22, column (a), line 23, and line 24                                                                                                                                                                                  |                     | 2,593.                |
| 26                                                                            | Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25                                                                                                                                                   |                     | 0.                    |
| 27                                                                            | Limit on excess casualty losses and depreciation. Subtract line 26 from line 15                                                                                                                                                |                     | 0.                    |
| 28                                                                            | Excess casualty losses (see instructions)                                                                                                                                                                                      | 28                  |                       |
| 29                                                                            | Depreciation of your home from line 41 below                                                                                                                                                                                   | 29                  | 582.                  |
| 30                                                                            | Carryover of prior year excess casualty losses and depreciation (see instructions)                                                                                                                                             | 30                  | 1,746.                |
| 31                                                                            | Add lines 28 through 30                                                                                                                                                                                                        |                     | 2,328.                |
| 32                                                                            | Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31                                                                                                                              |                     | 0.                    |
| 33                                                                            | Add lines 14, 26, and 32.                                                                                                                                                                                                      |                     | 1,684.                |
| 34                                                                            | Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> (see instructions)                                                                                                                       |                     |                       |
| 35                                                                            | <b>Allowable expenses for business use of your home.</b> 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 ▶                            |                     | 1,684.                |

| <b>Part III Depreciation of Your Home</b> |                                                                                                         |  |          |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------|--|----------|
| 36                                        | Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions)      |  | 170,000. |
| 37                                        | Value of land included on line 36                                                                       |  | 40,000.  |
| 38                                        | Basis of building. Subtract line 37 from line 36                                                        |  | 130,000. |
| 39                                        | Business basis of building. Multiply line 38 by line 7.                                                 |  | 22,620.  |
| 40                                        | Depreciation percentage (see instructions)                                                              |  | 2.5641 % |
| 41                                        | Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above |  | 582.     |

| <b>Part IV Carryover of Unallowed Expenses to 2015</b> |                                                                                                      |  |        |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|--------|
| 42                                                     | Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-                      |  | 2,593. |
| 43                                                     | Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0- |  | 2,328. |

**Tax History Report**  
G Keep for your records

**2014**

Name(s) Shown on Return  
Marvin K Latimer

|                                        | <b>Five Year Tax History:</b> |               |               |               |               |
|----------------------------------------|-------------------------------|---------------|---------------|---------------|---------------|
|                                        | <b>2010</b>                   | <b>2011</b>   | <b>2012</b>   | <b>2013</b>   | <b>2014</b>   |
| Filing status . . . . .                | <u>Single</u>                 | <u>Single</u> | <u>Single</u> | <u>Single</u> | <u>Single</u> |
| Total income . . . . .                 | 31,277.                       | 31,280.       | 34,780.       | 36,844.       | 45,542.       |
| Adjustments to income                  |                               |               |               |               |               |
| Adjusted gross income                  | 31,277.                       | 31,280.       | 34,780.       | 36,844.       | 45,542.       |
| Tax expense . . . . .                  | 5,470.                        | 4,249.        | 4,933.        | 4,873.        | 5,360.        |
| Interest expense . . .                 | 9,575.                        | 8,488.        | 8,984.        | 8,120.        | 7,995.        |
| Contributions . . . . .                | 280.                          | 242.          | 550.          | 232.          | 250.          |
| Miscellaneous deductions . . . . .     |                               |               |               |               |               |
| Other Itemized Deductions . . . . .    |                               |               |               |               |               |
| Total itemized/standard deduction . .  | 15,325.                       | 12,979.       | 14,467.       | 13,225.       | 13,605.       |
| Exemption amount . .                   | 3,650.                        | 3,700.        | 3,800.        | 3,900.        | 3,950.        |
| Taxable income . . . .                 | 12,302.                       | 14,601.       | 16,513.       | 19,719.       | 27,987.       |
| Tax . . . . .                          | 1,430.                        | 1,769.        | 2,044.        | 2,378.        | 3,720.        |
| Alternative min tax . .                |                               |               |               |               |               |
| Total credits . . . . .                |                               |               |               |               |               |
| Other taxes . . . . .                  |                               |               |               |               |               |
| Payments . . . . .                     | 7,249.                        | 6,579.        | 6,852.        | 7,344.        | 8,913.        |
| Form 2210 penalty . .                  |                               |               |               |               |               |
| Amount owed . . . . .                  |                               |               |               |               |               |
| Applied to next year's estimated tax . |                               |               |               |               |               |
| Refund . . . . .                       | 5,819.                        | 4,810.        | 4,808.        | 4,966.        | 5,193.        |
| Effective tax rate % . .               | 3.29                          | 5.66          | 5.88          | 6.45          | 8.17          |
| **Tax bracket % . . .                  | 15.0                          | 15.0          | 15.0          | 15.0          | 15.0          |

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

## We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

---

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

---

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2014 return to determine whether a portion of the refund can be used to pay for tax preparation.

Marvin

First Name

Latimer

Last Name

Please type the date below:

01/26/2015

Date



► Keep for your records

- QuickZoom** to Form 1095-A, Health Insurance Marketplace Statement . . . . . ► \_\_\_\_\_
- QuickZoom** to Form 1095-B, Health Coverage . . . . . ► \_\_\_\_\_
- QuickZoom** to Form 1095-C, Employer-Provided Health Insurance Offer and Coverage . . . . . ► \_\_\_\_\_
- QuickZoom** to Form 1095, Worksheet. . . . . ► \_\_\_\_\_
- QuickZoom** to Form 8962, Premium Tax Credit (PTC) . . . . . ► \_\_\_\_\_
- QuickZoom** to Form 8965, Health Coverage Exemptions . . . . . ► \_\_\_\_\_

**Health Insurance Coverage for Individuals** - This form may be used to report health insurance coverage information for each individual whose health coverage is NOT reported on a Form 1095-A. If reporting an individual's periods of coverage from Form 1095-B or Form 1095-C, that individual's health coverage information should not be reported below.

Check the box to populate the Name, SSN, and DOB for everyone listed on the return below.  
**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

| Covered Individual: |                                  |          | Covered all              |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
|---------------------|----------------------------------|----------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                     | a. Name of covered individual(s) | c. DOB   | 12 months                | Jan                                 | Feb                                 | Mar                                 | Apr                                 | May                                 | Jun                                 | Jul                                 | Aug                                 | Sep                                 | Oct                                 | Nov                                 | Dec                                 |
| 17                  | Marvin                           | 10/28/67 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18                  | _____                            | _____    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 19                  | _____                            | _____    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 20                  | _____                            | _____    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 21                  | _____                            | _____    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 22                  | _____                            | _____    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet**

**2014**

**Line 44**

► Keep for your records

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| Name(s) Shown on Return<br>Marvin K Latimer | Social Security Number<br>[REDACTED] |
|---------------------------------------------|--------------------------------------|

|           |                                                                                                                                                                                                                        |           |                             |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <b>1</b>  | Enter the amount from Form 1040, line 43 . . . . .                                                                                                                                                                     | <b>1</b>  | <u>27,987.</u>              |
| <b>2</b>  | Enter the amount from Form 1040, line 9b . . . . .                                                                                                                                                                     | <b>2</b>  | <u>151.</u>                 |
| <b>3</b>  | Are you filing Schedule D?<br><input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .                                     | <b>3</b>  | <u>                    </u> |
|           | <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.                                                                                                                               |           |                             |
| <b>4</b>  | Add lines 2 and 3 . . . . .                                                                                                                                                                                            | <b>4</b>  | <u>151.</u>                 |
| <b>5</b>  | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.                                                                          | <b>5</b>  | <u>0.</u>                   |
| <b>6</b>  | Subtract line 5 from line 4. If zero or less, enter -0- . . . . .                                                                                                                                                      | <b>6</b>  | <u>151.</u>                 |
| <b>7</b>  | Subtract line 6 from line 1. If zero or less, enter -0- . . . . .                                                                                                                                                      | <b>7</b>  | <u>27,836.</u>              |
| <b>8</b>  | Enter:<br>\$36,900 if single or married filing separately,<br>\$73,800 if married filing jointly or qualifying widow(er),<br>\$49,400 if head of household.                                                            | <b>8</b>  | <u>36,900.</u>              |
| <b>9</b>  | Enter the smaller of line 1 or line 8 . . . . .                                                                                                                                                                        | <b>9</b>  | <u>27,987.</u>              |
| <b>10</b> | Enter the smaller of line 7 or line 9 . . . . .                                                                                                                                                                        | <b>10</b> | <u>27,836.</u>              |
| <b>11</b> | Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .                                                                                                                                                       | <b>11</b> | <u>151.</u>                 |
| <b>12</b> | Enter the smaller of line 1 or line 6 . . . . .                                                                                                                                                                        | <b>12</b> | <u>151.</u>                 |
| <b>13</b> | Enter the amount from line 11 . . . . .                                                                                                                                                                                | <b>13</b> | <u>151.</u>                 |
| <b>14</b> | Subtract line 13 from line 12. . . . .                                                                                                                                                                                 | <b>14</b> | <u>0.</u>                   |
| <b>15</b> | Enter:<br>\$406,750 if single,<br>\$228,800 if married filing separately,<br>\$457,600 if married filing jointly or qualifying widow(er),<br>\$432,200 if head of household.                                           | <b>15</b> | <u>406,750.</u>             |
| <b>16</b> | Enter the smaller of line 1 or line 15                                                                                                                                                                                 | <b>16</b> | <u>27,987.</u>              |
| <b>17</b> | Add lines 7 and 11                                                                                                                                                                                                     | <b>17</b> | <u>27,987.</u>              |
| <b>18</b> | Subtract line 17 from line 16. If zero or less, enter -0-                                                                                                                                                              | <b>18</b> | <u>0.</u>                   |
| <b>19</b> | Enter the smaller of line 14 or line 18                                                                                                                                                                                | <b>19</b> | <u>0.</u>                   |
| <b>20</b> | Multiply line 19 by 15% (.15) . . . . .                                                                                                                                                                                | <b>20</b> | <u>0.</u>                   |
| <b>21</b> | Add lines 11 and 19 . . . . .                                                                                                                                                                                          | <b>21</b> | <u>151.</u>                 |
| <b>22</b> | Subtract line 21 from line 12                                                                                                                                                                                          | <b>22</b> | <u>0.</u>                   |
| <b>23</b> | Multiply line 22 by 20% (.20)                                                                                                                                                                                          | <b>23</b> | <u>0.</u>                   |
| <b>24</b> | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .  | <b>24</b> | <u>3,720.</u>               |
| <b>25</b> | Add lines 20, 23, and 24 . . . . .                                                                                                                                                                                     | <b>25</b> | <u>3,720.</u>               |
| <b>26</b> | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . . | <b>26</b> | <u>3,743.</u>               |
| <b>27</b> | <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . .                                                                                               | <b>27</b> | <u>3,720.</u>               |

# Tax Payments Worksheet

2014

▶ Keep for your records

Name(s) Shown on Return  
Marvin K Latimer

Social Security Number  
[REDACTED]

**Estimated Tax Payments for 2014** (If more than 4 payments for any state or locality, see Tax Help)

| Federal                             |        | State    |        |    | Local    |        |    |
|-------------------------------------|--------|----------|--------|----|----------|--------|----|
| Date                                | Amount | Date     | Amount | ID | Date     | Amount | ID |
| 1 04/15/14                          |        | 04/15/14 |        |    | 04/15/14 |        |    |
| 2 06/16/14                          |        | 06/16/14 |        |    | 06/16/14 |        |    |
| 3 09/15/14                          |        | 09/15/14 |        |    | 09/15/14 |        |    |
| 4 01/15/15                          |        | 01/15/15 |        |    | 01/15/15 |        |    |
| 5                                   |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
| <b>Tot Estimated Payments . . .</b> |        |          |        |    |          |        |    |

| Tax Payments Other Than Withholding<br>(If multiple states, see Tax Help) | Federal | State | ID | Local | ID |
|---------------------------------------------------------------------------|---------|-------|----|-------|----|
| 6 Overpayments applied to 2014 . . . . .                                  |         |       |    |       |    |
| 7 Credited by estates and trusts . . . . .                                |         |       |    |       |    |
| 8 <b>Totals</b> Lines 1 through 7 . . . . .                               |         |       |    |       |    |
| 9 2014 extensions . . . . .                                               |         |       |    |       |    |

| Taxes Withheld From:                                       | Federal | State  | Local |
|------------------------------------------------------------|---------|--------|-------|
| 10 Forms W-2 . . . . .                                     | 8,913.  | 4,072. |       |
| 11 Forms W-2G . . . . .                                    |         |        |       |
| 12 Forms 1099-R . . . . .                                  |         |        |       |
| 13 Forms 1099-MISC and 1099-G . . . . .                    |         |        |       |
| 14 Schedules K-1 . . . . .                                 |         |        |       |
| 15 Forms 1099-INT, DIV and OID . . . . .                   |         |        |       |
| 16 Social Security and Railroad Benefits . . . . .         |         |        |       |
| 17 Form 1099-B . . . . .                                   |         |        |       |
| 18 a Other withholding . . . . .                           |         |        |       |
| b Other withholding . . . . .                              |         |        |       |
| c Other withholding . . . . .                              |         |        |       |
| d Positive Adjustment . . . . .                            |         |        |       |
| e Negative Adjustment . . . . .                            |         |        |       |
| f Additional Medicare Tax . . . . .                        |         |        |       |
| 19 <b>Total Withholding</b> Lines 10 through 18f . . . . . | 8,913.  | 4,072. |       |
| 20 <b>Total Tax Payments for 2014</b> . . . . .            | 8,913.  | 4,072. |       |

| Prior Year Taxes Paid In 2014<br>(If multiple states or localities, see Tax Help) | State | ID | Local | ID |
|-----------------------------------------------------------------------------------|-------|----|-------|----|
| 21 Tax paid with 2013 extensions . . . . .                                        |       |    |       |    |
| 22 2013 estimated tax paid after 12/31/2013 . . . . .                             |       |    |       |    |
| 23 Balance due paid with 2013 return . . . . .                                    |       |    |       |    |
| 24 Other (amended returns, installment payments, etc) . . . . .                   |       |    |       |    |

# Charitable Contributions Summary

2014

▶ Keep for your records

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| Name(s) Shown on Return<br>Marvin K Latimer | Social Security Number<br>[REDACTED] |
|---------------------------------------------|--------------------------------------|

## Part I Cash Contributions Summary

| Name of Charitable Organization | (a)<br>Total | (b)<br>50%<br>Limit | (c)<br>30%<br>Limit | (d)<br>RESERVED<br>for future<br>use |
|---------------------------------|--------------|---------------------|---------------------|--------------------------------------|
| MBCC                            | 250.         | 250.                |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
| Totals:                         | 250.         | 250.                |                     |                                      |

## Part II Non-Cash Contributions Summary

| Name of Charitable Organization | Total        | Other Property      |                     | Capital Gain Property |                     |
|---------------------------------|--------------|---------------------|---------------------|-----------------------|---------------------|
|                                 | (a)<br>Total | (b)<br>50%<br>Limit | (c)<br>30%<br>Limit | (d)<br>30%<br>Limit   | (e)<br>20%<br>Limit |
|                                 |              |                     |                     |                       |                     |
|                                 |              |                     |                     |                       |                     |
|                                 |              |                     |                     |                       |                     |
|                                 |              |                     |                     |                       |                     |
|                                 |              |                     |                     |                       |                     |
|                                 |              |                     |                     |                       |                     |
|                                 |              |                     |                     |                       |                     |
|                                 |              |                     |                     |                       |                     |
|                                 |              |                     |                     |                       |                     |
|                                 |              |                     |                     |                       |                     |
| Totals:                         |              |                     |                     |                       |                     |

## Part III Contribution Carryovers to 2015

|                                    | Total        | Cash and Other<br>Non-Capital Gain Property |                     |                     | Capital Gain<br>Property |                     |
|------------------------------------|--------------|---------------------------------------------|---------------------|---------------------|--------------------------|---------------------|
|                                    | (a)<br>Total | (b)<br>RESERVED                             | (c)<br>50%<br>Limit | (d)<br>30%<br>Limit | (e)<br>30%<br>Limit      | (f)<br>20%<br>Limit |
| 1 2014 contributions . . . . .     | 250.         |                                             | 250.                |                     |                          |                     |
| 2 2014 contributions<br>allowed    | 250.         |                                             | 250.                | 0.                  | 0.                       | 0.                  |
| 3 <b>Carryovers from:</b>          |              |                                             |                     |                     |                          |                     |
| a 2013 tax year . . . . .          |              |                                             |                     |                     |                          |                     |
| b 2012 tax year . . . . .          |              |                                             |                     |                     |                          |                     |
| c 2011 tax year . . . . .          |              |                                             |                     |                     |                          |                     |
| d 2010 tax year . . . . .          |              |                                             |                     |                     |                          |                     |
| e 2009 tax year . . . . .          |              |                                             |                     |                     |                          |                     |
| 4 Carryovers<br>allowed in 2014    | 0.           |                                             | 0.                  | 0.                  | 0.                       | 0.                  |
| 5 Carryovers<br>disallowed in 2014 | 0.           |                                             | 0.                  | 0.                  | 0.                       | 0.                  |
| 6 <b>Carryovers to 2015:</b>       |              |                                             |                     |                     |                          |                     |
| a From 2014 . . . . .              | 0.           |                                             | 0.                  | 0.                  | 0.                       | 0.                  |
| b From 2013 . . . . .              |              |                                             |                     |                     |                          |                     |
| c From 2012 . . . . .              |              |                                             |                     |                     |                          |                     |
| d From 2011 . . . . .              |              |                                             |                     |                     |                          |                     |
| e From 2010 . . . . .              |              |                                             |                     |                     |                          |                     |
| f From 2009 (expired)              |              |                                             |                     |                     |                          |                     |

## Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? . . . . .  Yes  No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? . . . . . ▶  Yes  No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ▶  Yes  No
- 4 Was any charity other than a 50% charity?  Yes  No 32

Use a separate worksheet for each casualty or theft event.
Keep for your records

Name(s) shown on return
Marvin K Latimer

Social Security No.
[Redacted]

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event ... Damage to golf course cart
2 Date of casualty or theft event ... 01/08/2014
3 Use of property, check one:
a Personal (includes home office deducted under simplified method, see tax help) ... [X]
b Business, employment, or income-producing ... [ ]
4 If box 3b is checked, check one:
a Check if the property was used in a passive activity ... [ ]
b Check if the property was not used in a passive activity ... [ ]
c Check if this is a Rev Proc 2009-20 Ponzi-Type loss ... [ ]
5 Worksheet Copy Number ... 1

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

- 1 a Description including type of property ... Golf Cart
b Date acquired ... 01/02/2013 c Cost or other basis ... 1,978.
d Insurance or other reimbursement ... 1,000.
e FMV before event ... 4,000. f FMV after event ... 2,200.
g Was this a total loss? Yes ... [ ] No ... [X]
h If personal use, is this a collectible? Yes ... [ ] No ... [X]
i If business use, check one: Business ... [ ] Employ ... [ ] Income ... [ ]
j If home office (standard method) enter: Sch C ... [ ] No Sch C ... [ ] Ln 27

- a Description including type of property ...
b Date acquired ... c Cost or other basis ...
d Insurance or other reimbursement ...
e FMV before event ... f FMV after event ...
g Was this a total loss? Yes ... [ ] No ... [ ]
h If personal use, is this a collectible? Yes ... [ ] No ... [ ]
i If business use, check one: Business ... [ ] Employ ... [ ] Income ... [ ]
j If home office (standard method) enter: Sch C ... [ ] No Sch C ... [ ] Ln 27



Marvin K Latimer

| Loss and Expense Carryovers (cont'd) |                                          |   |            | 2013 | 2014 |
|--------------------------------------|------------------------------------------|---|------------|------|------|
| 17                                   | AMT Nonrecap'd net Sec 1231 losses from: | a | 2014 . . . | 17 a |      |
|                                      |                                          | b | 2013 . . . | b    |      |
|                                      |                                          | c | 2012 . . . | c    |      |
|                                      |                                          | d | 2011 . . . | d    |      |
|                                      |                                          | e | 2010 . . . | e    |      |
|                                      |                                          | f | 2013 . . . | f    |      |

| Credit Carryovers |                                                            |   |                | 2013 | 2014 |
|-------------------|------------------------------------------------------------|---|----------------|------|------|
| 18                | General business credit . . . . .                          |   |                | 18   |      |
| 19                | Adoption credit from:                                      | a | 2014 . . . . . | 19 a |      |
|                   |                                                            | b | 2013 . . . . . | b    |      |
|                   |                                                            | c | 2012 . . . . . | c    |      |
| 20                | Mortgage interest credit from:                             | a | 2014 . . . . . | 20 a |      |
|                   |                                                            | b | 2013 . . . . . | b    |      |
|                   |                                                            | c | 2012 . . . . . | c    |      |
|                   |                                                            | d | 2011 . . . . . | d    |      |
| 21                | Credit for prior year minimum tax . . . . .                |   |                | 21   |      |
| 22                | District of Columbia first-time homebuyer credit . . . . . |   |                | 22   |      |
| 23                | Residential energy efficient property credit . . . . .     |   |                | 23   |      |

| Other Carryovers |                                                    |   |                                         | 2013 | 2014 |
|------------------|----------------------------------------------------|---|-----------------------------------------|------|------|
| 24               | Section 179 expense deduction disallowed . . . . . |   |                                         | 24   |      |
| 25               | Excess foreign housing deduction:                  | a | Taxpayer (Form 2555, line 46) . . . . . | 25 a |      |
|                  |                                                    | b | Taxpayer (Form 2555, line 48) . . . . . | b    |      |
|                  |                                                    | c | Spouse (Form 2555, line 46) . . . . .   | c    |      |
|                  |                                                    | d | Spouse (Form 2555, line 48) . . . . .   | d    |      |

**Charitable Contribution Carryovers**

| 26 | 2013 Carryover of charitable contributions from: | Other Property |         | Capital Gain |         |
|----|--------------------------------------------------|----------------|---------|--------------|---------|
|    |                                                  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% |
| a  | 2013 . . . . .                                   |                |         |              |         |
| b  | 2012 . . . . .                                   |                |         |              |         |
| c  | 2011 . . . . .                                   |                |         |              |         |
| d  | 2010 . . . . .                                   |                |         |              |         |
| e  | 2009 . . . . .                                   |                |         |              |         |

| 27 | 2014 Carryover of charitable contributions from: | Other Property |         | Capital Gain |         |
|----|--------------------------------------------------|----------------|---------|--------------|---------|
|    |                                                  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% |
| a  | 2014 . . . . .                                   |                |         |              |         |
| b  | 2013 . . . . .                                   |                |         |              |         |
| c  | 2012 . . . . .                                   |                |         |              |         |
| d  | 2011 . . . . .                                   |                |         |              |         |
| e  | 2010 . . . . .                                   |                |         |              |         |

28 Amount overpaid less earned income credit . . . . . 4,966.

**2013 State Capital Loss Carryovers** (For users not transferring from the prior year)

| State ID | Short-term Capital Loss for State | AMT Short-term Capital Loss for State | Long-term Capital Loss for State | AMT Long-term Capital Loss for State | Capital Loss (combined) for State | AMT Capital Loss (combined) for State |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
|          |                                   |                                       |                                  |                                      |                                   |                                       |
|          |                                   |                                       |                                  |                                      |                                   |                                       |
|          |                                   |                                       |                                  |                                      |                                   |                                       |







**4. Temporary Deposit Account Authorization.** You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2014 federal tax refund from the IRS. BANK or Servicer must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK or Servicer to deduct from your Deposit Account the following amounts: (i) the refund processing fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and, (iii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct twenty dollars (\$20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing information, as set forth in the Note below paragraph 7 below. This fee shall be paid by BANK to its Processor. You authorize BANK and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize BANK to automatically deduct such fees (or any portion thereof) via ACH electronic check, or wire transfer directly from the account or card in which you authorized BANK to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

**5. Acknowledgements.** (a) You understand that: (i) BANK cannot guarantee the amount of your tax year 2014 federal tax refund or the date it will be issued, and (ii) Neither BANK nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

**6. Truth in Savings Disclosure.** The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2014 federal tax refund. Processor and BANK will charge the fees set forth in Section 3 including \$ 34.99 for opening and maintaining the Account and processing your refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20 if the refund cannot be delivered as directed in Section 4 of this application. an Account Research and Legal Processing fee of \$25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by BANK to the Processor. Questions or concerns about the Deposit Account should be directed to: The Citizens Banking Company, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://cisc.sbtpg.com>.

**7. Disbursement Method:** You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

a  Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. BANK will not be responsible for your funds once they have been deposited with the respective financial institution.**

b  Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank or another account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

**DIRECT DEPOSIT ACCOUNT TYPE:**

- Checking
- Savings

RTN # . . . . . 0 [REDACTED]  
 Account # . . . . . 0 [REDACTED]

**Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number.** If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a \$20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, the Processor or Intuit is **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where the BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed \$25. Processing fees will be paid by BANK to Processor.

You must notify BANK in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford BANK a reasonable opportunity to act on your request. You may notify us in writing at: The Citizens Banking Company, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road Suite 210, La Jolla, CA 92037.

**8. Federal Electronic Fund Transfer Act Disclosures.** The Federal Electronic Fund Transfer Act provides you with certain rights and obligations regarding the Federal and state income tax refund that will be electronically deposited into your Account established at The Citizens Banking Company for that purpose. If you believe that there is an error or if you have a question about your Account, write to The Citizens Banking Company, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide The Citizens Banking Company with your name, a description or explanation of the error and the dollar amount of the suspected error. The Citizens Banking Company will advise you of the results of its investigation within 10 business days.

**Business Days:** Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

**Confidentiality:** We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant; or
- To comply with government agency or court orders; or
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

**Our Liability:** If we do not complete a transfer to your account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. In addition to all other limitations of our liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.

**9. Compensation.** In addition to any fees paid directly by you to Intuit, BANK will deliver a portion of the refund processing fee to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The balance of the refund processing fee will be paid to Processor, which will compensate BANK for its banking services.

**10. Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

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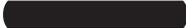
**11. Arbitration Provision.** This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, Bank or Processor agrees to pay those fees for you. By agreeing to arbitration, you, BANK and Processor are waiving rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

**12. USA Patriot Act Disclosure.** To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open a Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

#### Your Agreement

Bank and Processor agree to all terms of this Agreement. By selecting the **'I Agree'** button in TurboTax: (i) You authorize BANK to receive your 2014 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all Communications electronically in accordance with the 'Consent to Conduct Business Electronically' section of the License Agreement for Tax Year 2014 TurboTax(R) Software and Services, as the term 'Communications' is defined therein, (iii) You consent to the release of your 2014 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting **'I Agree'** indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

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CUSTOMER SERVICE: 877-908-7228

### The Citizens Banking Company's Tax Product Privacy Policy

**FACTS** What does the The Citizens Banking Company do with your personal information?

**Why?** Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?** The types of personal information that we collect and share depend on the product or service you have with us. This can include:

- Social Security number and account balances
- payment history and transaction history
- overdraft history and account transactions

When you are no longer our customer, we continue to share your information as described in this notice.

**How?** All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons The Citizens Banking Company chooses to share and whether you can limit the sharing.

| Reasons we can share your personal information                                                                                                                                   | Does The Citizens Banking Company Share? | Can you limit this sharing? |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|
| For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus. | Yes                                      | No                          |
| For our marketing purposes — to offer our products and services to you.                                                                                                          | No                                       | We don't share              |
| For joint marketing with other financial companies.                                                                                                                              | No                                       | We don't share              |
| For our affiliates' everyday business purposes — information about your transactions and experiences.                                                                            | No                                       | We don't share              |
| For our affiliates' everyday business purposes — information about your creditworthiness.                                                                                        | No                                       | We don't share              |
| For our affiliates to market to you.                                                                                                                                             | No                                       | We don't share              |
| For non affiliates to market to you.                                                                                                                                             | No                                       | We don't share              |

**Questions?** Toll Free: 877-908-7228 or go to [www.citizensbankco.com](http://www.citizensbankco.com)

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who we are                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Who is providing this notice?                                                                             | The Citizens Banking Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| What we do                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| How does The Citizens Banking Company protect my personal information?                                    | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.                                                                                                                                                                                                                                                                                         |
| How does The Citizens Banking Company collect my personal information?                                    | We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency. |
| Why can't I limit all sharing?                                                                            | <p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>● Sharing for affiliates everyday business purposes — information about your creditworthiness,</li> <li>● Affiliates from using your information to market to you,</li> <li>● Sharing for non affiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>                                                                    |
| Definitions                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Affiliates                                                                                                | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>● The Citizens Banking Company does not share with our affiliates.</li> </ul>                                                                                                                                                                                                                                                                   |
| Non affiliates                                                                                            | <p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> <li>● The Citizens Banking Company does not share with non affiliates so they can market to you.</li> </ul>                                                                                                                                                                                                                                      |
| Joint Marketing                                                                                           | <p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>● The Citizens Banking Company does not jointly market.</li> </ul>                                                                                                                                                                                                                                        |
| Other Important Information                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| This Notice applies only to individuals who have applied for a tax-related bank product.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Marvin K Latimer  
**Primary SSN:** [REDACTED]

**Federal Return Submitted:** January 26, 2015 03:55 PM PST  
**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return was electronically transmitted on 01/26/2015

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

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

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

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2015. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2015, your Intuit electronic postmark will indicate April 15, 2015, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2015, and a corrected return is submitted and accepted before April 20, 2015. If your return is submitted after April 20, 2015, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2015. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2015, and the corrected return is submitted and accepted by October 20, 2015.

### 2. THE ACCEPTANCE DATE.

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

# Electronic Filing Instructions for your 2014 South Carolina Tax Return

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



Marvin K Latimer  
816 hwy 378  
conway, SC 29527

|                                               |                                                                                                                                                                                                                                                                                                                                   |                |    |           |           |    |          |                        |    |          |                       |    |          |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|-----------|-----------|----|----------|------------------------|----|----------|-----------------------|----|----------|
| <b>Balance Due/Refund</b>                     | Your South Carolina state tax return (SC 1040) shows a refund due to you in the amount of \$2,493.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 000025477621 Routing Transit Number: 053904483.                                                           |                |    |           |           |    |          |                        |    |          |                       |    |          |
| <b>Where's My Refund?</b>                     | Before you call the South Carolina Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the South Carolina Department of Revenue directly at 803-898-5300. |                |    |           |           |    |          |                        |    |          |                       |    |          |
| <b>What You Need to Sign</b>                  | Sign and date Form SC-8453 within 1 day of acceptance.                                                                                                                                                                                                                                                                            |                |    |           |           |    |          |                        |    |          |                       |    |          |
| <b>Do Not Mail</b>                            | Do not mail a paper copy of your tax return. Since you filed electronically, the South Carolina Department of Revenue already has your return.                                                                                                                                                                                    |                |    |           |           |    |          |                        |    |          |                       |    |          |
| <b>What You Need to Keep</b>                  | Your Electronic Filing Instructions (this form)<br>- Form SC-8453 and attachment(s)<br>Printed copy of your state and federal returns<br>EF Acknowledgement and General Info<br>A printed copy of your tax return                                                                                                                 |                |    |           |           |    |          |                        |    |          |                       |    |          |
| <b>2014 South Carolina Tax Return Summary</b> | <table><tr><td>Taxable Income</td><td>\$</td><td>29,531.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>1,579.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>4,072.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>2,493.00</td></tr></table>                                                        | Taxable Income | \$ | 29,531.00 | Total Tax | \$ | 1,579.00 | Total Payments/Credits | \$ | 4,072.00 | Amount to be Refunded | \$ | 2,493.00 |
| Taxable Income                                | \$                                                                                                                                                                                                                                                                                                                                | 29,531.00      |    |           |           |    |          |                        |    |          |                       |    |          |
| Total Tax                                     | \$                                                                                                                                                                                                                                                                                                                                | 1,579.00       |    |           |           |    |          |                        |    |          |                       |    |          |
| Total Payments/Credits                        | \$                                                                                                                                                                                                                                                                                                                                | 4,072.00       |    |           |           |    |          |                        |    |          |                       |    |          |
| Amount to be Refunded                         | \$                                                                                                                                                                                                                                                                                                                                | 2,493.00       |    |           |           |    |          |                        |    |          |                       |    |          |



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 7/30/14) 3299

REV 08/07/14 TTW

Form with fields for name, address, telephone, and tax year. Includes 'Please print or type.' label.

Part I Tax Return Information (Whole dollars only)

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, Net SC tax, Use Tax, Total Tax, etc.

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

Form for routing transit number (RTN) and bank account number (BAN) with checkboxes for account type.

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

- 13. a. I consent that my refund be directly deposited... b. I authorize (1) the South Carolina Department of Revenue...

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return.

Sign Here section with lines for signature and date for both taxpayer and spouse.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge.

Form for ERO's Use Only with fields for signature, date, PTIN, FEIN, and ZIP code.

Form for Paid Preparer's Use Only with fields for signature, date, PTIN, FEIN, and ZIP code.

DO NOT MAIL

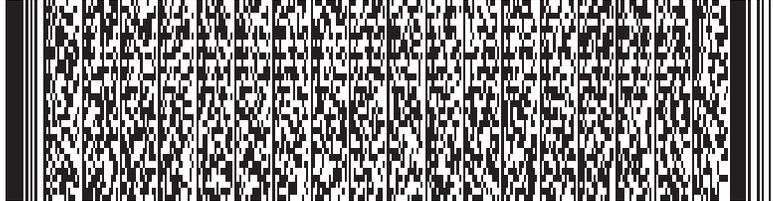
KEEP FOR YOUR RECORDS



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

2014 INDIVIDUAL INCOME TAX RETURN

SC1040  
(Rev. 7/29/14)  
3075



|                                               |                                            |
|-----------------------------------------------|--------------------------------------------|
| Your social security number<br>[Redacted]     | Check if deceased <input type="checkbox"/> |
| Spouse's social security number<br>[Redacted] | Check if deceased <input type="checkbox"/> |

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2014, or fiscal tax year beginning 2014 and ending 2015

|                                                         |                                                                                                            |                      |           |                                 |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------|-----------|---------------------------------|
| Print your first name and initial<br>Marvin K           |                                                                                                            | Last name<br>Latimer |           | Suff.                           |
| Spouse's first name, if married filing jointly          |                                                                                                            | Last name            |           |                                 |
| Check if new address <input type="checkbox"/>           | Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions<br>816 hwy 378 |                      |           | County code<br>26               |
| City<br>conway                                          | State<br>SC                                                                                                | Zip<br>29527         | Area code | Daytime telephone<br>[Redacted] |
| Check if address is outside US <input type="checkbox"/> | Foreign country address including Postal code (see instructions)                                           |                      |           |                                 |

Check this box if you are filing SC Schedule NR (Part year/Nonresident)

Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual.

Check this box if you have filed a federal or state extension

Check this box if you served in a Military COMBAT ZONE during the filing period

Enter the name of the combat zone: \_\_\_\_\_

Check this box if this return is affected by a federally declared DISASTER AREA

Enter the name of the disaster area: \_\_\_\_\_

**CHECK YOUR FEDERAL FILING STATUS**

(1)  Single (3)  Married filing separately. Enter spouse's SSN here: \_\_\_\_\_

(2)  Married filing jointly (4)  Head-of-household (5)  Widow(er) with dependent child

**Federal Exemptions**

Enter the number of exemptions from your 2014 federal return

Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2014

Enter the number of taxpayers age 65 or older, as of December 31, 2014

**Dependents:**

| First name | Last name | Social security number | Relationship | Date of birth (MM/DD/YYYY) |
|------------|-----------|------------------------|--------------|----------------------------|
|            |           |                        |              |                            |
|            |           |                        |              |                            |
|            |           |                        |              |                            |
|            |           |                        |              |                            |



**INCOME AND ADJUSTMENTS**

**2014**

|          |                                                                                               |   |   |                |           |
|----------|-----------------------------------------------------------------------------------------------|---|---|----------------|-----------|
| <b>1</b> | <b>Enter federal taxable income from your federal form. If zero or less, enter zero here.</b> |   |   | <b>Dollars</b> |           |
|          | <b>Nonresident filers complete</b> Schedule NR and enter total from line 50 on line 5 below   | ▶ | 1 | 27,987         | <b>00</b> |

**ADDITIONS TO FEDERAL TAXABLE INCOME**

|          |                                                                                                                                                                |   |          |        |           |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|--------|-----------|
| <b>a</b> | State tax addback, if itemizing on federal return (See instructions)                                                                                           | ▶ | <b>a</b> | 4,072  | <b>00</b> |
| <b>b</b> | Out-of-state losses (See instructions)<br>Check type of loss: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other | ▶ | <b>b</b> |        | <b>00</b> |
| <b>c</b> | Expenses related to National Guard and Military Reserve income                                                                                                 | ▶ | <b>c</b> |        | <b>00</b> |
| <b>d</b> | Interest income on obligations of states and political subdivisions <b>other than</b> South Carolina                                                           | ▶ | <b>d</b> |        | <b>00</b> |
| <b>e</b> | Other additions to income. Attach an explanation (See instructions)                                                                                            | ▶ | <b>e</b> |        | <b>00</b> |
| <b>2</b> | Add lines <b>a through e</b> and enter the total here. These are your <b>total additions</b>                                                                   | ▶ | <b>2</b> | 4,072  | <b>00</b> |
| <b>3</b> | Add lines 1 and 2 and enter the total here                                                                                                                     | ▶ | <b>3</b> | 32,059 | <b>00</b> |

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

|            |                                                                                                                                                                                                                                                                                       |   |            |         |             |                |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|---------|-------------|----------------|
| <b>f</b>   | State tax refund, if included on your federal return                                                                                                                                                                                                                                  | ▶ | <b>f</b>   | 2,528   | <b>00</b>   | <b>Dollars</b> |
| <b>g</b>   | Total and permanent disability retirement income, if taxed on your federal return                                                                                                                                                                                                     | ▶ | <b>g</b>   |         | <b>00</b>   |                |
| <b>h</b>   | Out-of-state income/gain – Do not include personal service income (See instructions)<br>Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other                                                                   | ▶ | <b>h</b>   |         | <b>00</b>   |                |
| <b>i</b>   | 44% of net capital gains held for more than <b>one year</b> (See instructions)                                                                                                                                                                                                        | ▶ | <b>i</b>   |         | <b>00</b>   |                |
| <b>j</b>   | Volunteer deductions (See instructions) Check type of deduction:<br><input type="checkbox"/> Firefighter <input type="checkbox"/> HazMat <input type="checkbox"/> Rescue Squad<br><input type="checkbox"/> DNR <input type="checkbox"/> Reserve Police <input type="checkbox"/> Other | ▶ | <b>j</b>   |         | <b>00</b>   |                |
| <b>k</b>   | Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)                                                                                                                                                         | ▶ | <b>k</b>   |         | <b>00</b>   |                |
| <b>l</b>   | Active Trade or Business Income deduction (See instructions)                                                                                                                                                                                                                          | ▶ | <b>l</b>   |         | <b>00</b>   |                |
| <b>m</b>   | Interest income from obligations of the US government                                                                                                                                                                                                                                 | ▶ | <b>m</b>   |         | <b>00</b>   |                |
| <b>n</b>   | Certain nontaxable National Guard or Reserve Pay (See instructions)                                                                                                                                                                                                                   | ▶ | <b>n</b>   |         | <b>00</b>   |                |
| <b>o</b>   | Social security and/or railroad retirement, if taxed on your federal return                                                                                                                                                                                                           | ▶ | <b>o</b>   |         | <b>00</b>   |                |
| <b>p</b>   | <b>Caution: Retirement Deduction (See instructions)</b>                                                                                                                                                                                                                               |   |            |         |             |                |
| <b>p-1</b> | Taxpayer: date of birth                                                                                                                                                                                                                                                               | ▶ | <b>p-1</b> |         | <b>00</b>   |                |
| <b>p-2</b> | Spouse: date of birth                                                                                                                                                                                                                                                                 | ▶ | <b>p-2</b> |         | <b>00</b>   |                |
| <b>p-3</b> | Surviving spouse #1: date of birth of deceased spouse                                                                                                                                                                                                                                 | ▶ | <b>p-3</b> |         | <b>00</b>   |                |
| <b>p-4</b> | Surviving spouse #2: date of birth of deceased spouse                                                                                                                                                                                                                                 | ▶ | <b>p-4</b> |         | <b>00</b>   |                |
| <b>q</b>   | Age 65 and older deduction (See instructions)                                                                                                                                                                                                                                         |   |            |         |             |                |
| <b>q-1</b> | Taxpayer: date of birth                                                                                                                                                                                                                                                               | ▶ | <b>q-1</b> |         | <b>00</b>   |                |
| <b>q-2</b> | Spouse: date of birth                                                                                                                                                                                                                                                                 | ▶ | <b>q-2</b> |         | <b>00</b>   |                |
| <b>r</b>   | Negative amount of federal taxable income                                                                                                                                                                                                                                             | ▶ | <b>r</b>   |         | <b>00</b>   |                |
| <b>s</b>   | Subsistence allowance ____ days @ \$8.00                                                                                                                                                                                                                                              | ▶ | <b>s</b>   |         | <b>00</b>   |                |
| <b>t</b>   | Dependents under the age of 6 years on December 31 of the tax year                                                                                                                                                                                                                    | ▶ | <b>t</b>   |         | <b>00</b>   |                |
| <b>u</b>   | Consumer Protection Services                                                                                                                                                                                                                                                          | ▶ | <b>u</b>   |         | <b>00</b>   |                |
| <b>v</b>   | Other subtractions (See instructions)                                                                                                                                                                                                                                                 | ▶ | <b>v</b>   |         | <b>00</b>   |                |
| <b>4</b>   | Add lines <b>f through v</b> and enter here. These are your <b>total subtractions</b>                                                                                                                                                                                                 | ▶ | <b>4</b>   | < 2,528 | <b>00</b> > |                |
| <b>5</b>   | Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your <b>South Carolina INCOME SUBJECT TO TAX</b>                                                                     | ▶ | <b>5</b>   | 29,531  | <b>00</b>   |                |
| <b>6</b>   | <b>TAX:</b> enter tax from SOUTH CAROLINA tax tables                                                                                                                                                                                                                                  | ▶ | <b>6</b>   | 1,579   | <b>00</b>   |                |
| <b>7</b>   | TAX on Lump Sum Distribution (Attach SC4972)                                                                                                                                                                                                                                          | ▶ | <b>7</b>   |         | <b>00</b>   |                |
| <b>8</b>   | TAX on Active Trade or Business Income (Attach I-335)                                                                                                                                                                                                                                 | ▶ | <b>8</b>   |         | <b>00</b>   |                |
| <b>9</b>   | TAX on excess withdrawals from Catastrophe Savings Accounts                                                                                                                                                                                                                           | ▶ | <b>9</b>   |         | <b>00</b>   |                |
| <b>10</b>  | Add lines 6 through 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>                                                                                                                                                                                          | ▶ | <b>10</b>  | 1,579   | <b>00</b>   |                |
| <b>11</b>  | Child and Dependent Care (See instructions)                                                                                                                                                                                                                                           | ▶ | <b>11</b>  |         | <b>00</b>   |                |
| <b>12</b>  | Two Wage Earner Credit (See instructions)                                                                                                                                                                                                                                             | ▶ | <b>12</b>  |         | <b>00</b>   |                |
| <b>13</b>  | Other non-refundable credits. Attach SC1040TC and other state return(s)                                                                                                                                                                                                               | ▶ | <b>13</b>  |         | <b>00</b>   |                |
| <b>14</b>  | <b>TOTAL</b> non-refundable credits. Add lines 11 through 13 and enter the total here                                                                                                                                                                                                 | ▶ | <b>14</b>  |         | <b>00</b>   |                |
| <b>15</b>  | <b>SUBTRACT</b> line 14 from line 10. Enter the difference <b>BUT NOT LESS THAN ZERO</b> here                                                                                                                                                                                         | ▶ | <b>15</b>  | 1,579   | <b>00</b>   |                |



**PAYMENTS AND REFUNDABLE CREDITS**

|                                                                                                                                                                                                                   |       |       |                                                                                                                                                                                                    |  |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|
| <b>16 SC INCOME TAX WITHHELD</b><br>(Attach W-2 or SC41) . . . . . ▶                                                                                                                                              | 4,072 | 00    | <b>20 Other SC withholding</b><br>(Attach Form 1099) . . . . . ▶                                                                                                                                   |  | 00        |
| <b>17 2014 estimated tax payments</b> ▶                                                                                                                                                                           |       | 00    | <b>21 Tuition tax credit</b><br>(Attach I-319) . . . . . ▶                                                                                                                                         |  | 00        |
| <b>18 Amount paid with extension</b> . . . ▶                                                                                                                                                                      |       | 00    | <b>22 Other refundable credit(s)</b> ▶                                                                                                                                                             |  | 00        |
| <b>19 NR sale of real estate</b> . . . . . ▶                                                                                                                                                                      |       | 00    | <input type="checkbox"/> Anhydrous Ammonia (Attach I-333)<br>Check type: <input type="checkbox"/> Milk Credit (Attach I-334)<br><input type="checkbox"/> Classroom Teacher Expenses (Attach I-360) |  |           |
| <b>23 Add lines 16 through 22 and enter the total here.</b> . . . . . These are your <b>TOTAL PAYMENTS</b>                                                                                                        |       | 4,072 | <b>23</b>                                                                                                                                                                                          |  | <b>00</b> |
| <b>24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT</b> . . . . .                                                                                                    |       | 2,493 | <b>24</b>                                                                                                                                                                                          |  | <b>00</b> |
| <b>25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE</b> . . . . .                                                                                                     |       |       | <b>25</b>                                                                                                                                                                                          |  | <b>00</b> |
| <b>26 USE TAX</b> due on internet, mail-order or out-of-state purchases. . . . . ▶                                                                                                                                | 26    | 0     | <b>26</b>                                                                                                                                                                                          |  | <b>00</b> |
| Use tax is based on your county's sales tax rate. See instructions for more information.                                                                                                                          |       |       |                                                                                                                                                                                                    |  |           |
| <b>If you certify that no use tax is due, check here</b> . . . ▶ <input checked="" type="checkbox"/>                                                                                                              |       |       |                                                                                                                                                                                                    |  |           |
| <b>27 Amount of line 24 to be credited to your 2015 Estimated Tax</b> . . . . . ▶                                                                                                                                 | 27    |       | <b>27</b>                                                                                                                                                                                          |  | <b>00</b> |
| <b>28 Total Contributions for Check-offs</b> (Attach I-330) . . . . . ▶                                                                                                                                           | 28    |       | <b>28</b>                                                                                                                                                                                          |  | <b>00</b> |
| <b>29 Add lines 26 through 28 and enter the total here</b> . . . . .                                                                                                                                              |       | 0     | <b>29</b>                                                                                                                                                                                          |  | <b>00</b> |
| <b>30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required).</b> . . . . . <b>REFUND</b> ▶ |       | 2,493 | <b>30</b>                                                                                                                                                                                          |  | <b>00</b> |
| <b>REFUND OPTIONS (subject to program limitations)</b>                                                                                                                                                            |       |       |                                                                                                                                                                                                    |  |           |
| <b>30a Mark one refund choice:</b> ▶ <input checked="" type="checkbox"/> <b>Direct Deposit</b> (30b required) ▶ <input type="checkbox"/> <b>Debit Card*</b> ▶ <input type="checkbox"/> <b>Paper Check</b>         |       |       |                                                                                                                                                                                                    |  |           |
| *SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America                                                                                                                                             |       |       |                                                                                                                                                                                                    |  |           |
| <b>30b Direct Deposit (for US Accounts Only) Type:</b> <input checked="" type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>                                                                |       |       |                                                                                                                                                                                                    |  |           |
| <b>Routing Number (RTN)</b> [ ] <small>Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32</small>                                                                          |       |       |                                                                                                                                                                                                    |  |           |
| <b>Bank Account Number (BAN)</b> [ ] <small>1-17 digits</small>                                                                                                                                                   |       |       |                                                                                                                                                                                                    |  |           |
| <b>31 Tax Due:</b> Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount . .                                                                                 | 31    |       | <b>31</b>                                                                                                                                                                                          |  | <b>00</b> |
| <b>32 Late filing and/or late payment:</b> Penalties _____ Interest _____ (See instructions) Enter total here . . . . . ▶                                                                                         | 32    |       | <b>32</b>                                                                                                                                                                                          |  | <b>00</b> |
| <b>33 Penalty for Underpayment of Estimated Tax</b> (Attach SC2210) . . . . .                                                                                                                                     | 33    |       | <b>33</b>                                                                                                                                                                                          |  | <b>00</b> |
| (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax <input type="checkbox"/>                                                                                      |       |       |                                                                                                                                                                                                    |  |           |
| <b>34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here.</b> Attach Form <b>SC1040-V</b> with payment. <b>BALANCE DUE</b> ▶                                                                               | 34    |       | <b>34</b>                                                                                                                                                                                          |  | <b>00</b> |

Pay electronically free of charge at [www.dor.sc.gov](http://www.dor.sc.gov). Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2014 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

|                                                                                                                                                         |                                                          |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|
| Your signature                                                                                                                                          | Date                                                     | Spouse's signature (if married filing jointly, BOTH must sign) |
| Taxpayer's Email                                                                                                                                        |                                                          |                                                                |
| I <b>authorize</b> the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Preparer's printed name                                        |

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

|                                 |                                                                |               |                                                 |           |
|---------------------------------|----------------------------------------------------------------|---------------|-------------------------------------------------|-----------|
| <b>Paid Preparer's Use Only</b> | Preparer signature                                             | Date          | Check if self-employed <input type="checkbox"/> | PTIN      |
|                                 | Firm name (or yours if self-employed) and address and Zip Code | Self prepared |                                                 | FEIN      |
|                                 |                                                                |               |                                                 | Phone No. |

MAIL TO:



|                            |
|----------------------------|
| <b>REFUNDS OR ZERO TAX</b> |
| <b>BALANCE DUE</b>         |

SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100  
Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

► Keep for your records

|                                                    |                                                                                                                                                                                      |                                                       |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Name as Shown on Return<br><u>Marvin K Latimer</u> |                                                                                                                                                                                      | Social Security Number<br><u>                    </u> |
| <b>1</b>                                           | Itemized deductions from 2014 federal Form 1040, Schedule A lines 4, 9, 15, 19, 20, 27 and 28. . . . .                                                                               | <b>1</b> <u>13,605.</u>                               |
| <b>2</b>                                           | Enter allowable federal standard deduction you would have been allowed if you had not itemized. (Enter zero for married filing separate returns. See federal instructions) . . . . . | <b>2</b> <u>6,200.</u>                                |
| <b>3</b>                                           | Subtract line 2 from line 1. (Enter zero if line 2 is greater than line 1.) . . . . .                                                                                                | <b>3</b> <u>7,405.</u>                                |
| <b>4</b>                                           | Enter the amount of state and local income taxes line (or general sales taxes) from federal Schedule A. . . . .                                                                      | <b>4</b> <u>4,072.</u>                                |
| <b>5</b>                                           | The lesser of line 3 or line 4. Enter this amount on SC1040, line a or Schedule NR, line 46 . . . . .                                                                                | <b>5</b> <u>4,072.</u>                                |

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_, 20

Your first name and initial: **Marvin K** Last name: **Latimer** Your social security number: **[REDACTED]**

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **816 hwy 378** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **conway SC 29527**

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 and full name here. ▶ \_\_\_\_\_

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

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

**c Dependents:**

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

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

**d Total number of exemptions claimed** . . . . . **1**

**Boxes checked on 6a and 6b** **1**

**No. of children on 6c who:**

- lived with you \_\_\_\_\_
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** ▶ **1**

**Income**

|     |                                                                                                               |     |          |
|-----|---------------------------------------------------------------------------------------------------------------|-----|----------|
| 7   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .                                                      | 7   | 57,625.  |
| 8a  | Taxable interest. Attach Schedule B if required . . . . .                                                     | 8a  |          |
| b   | Tax-exempt interest. Do not include on line 8a . . . . .                                                      | 8b  |          |
| 9a  | Ordinary dividends. Attach Schedule B if required . . . . .                                                   | 9a  | 151.     |
| b   | Qualified dividends . . . . .                                                                                 | 9b  | 151.     |
| 10  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                | 10  | 2,528.   |
| 11  | Alimony received . . . . .                                                                                    | 11  |          |
| 12  | Business income or (loss). Attach Schedule C or C-EZ . . . . .                                                | 12  | -14,762. |
| 13  | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13  |          |
| 14  | Other gains or (losses). Attach Form 4797 . . . . .                                                           | 14  |          |
| 15a | IRA distributions . . . . .                                                                                   | 15a |          |
| b   | Taxable amount . . . . .                                                                                      | 15b |          |
| 16a | Pensions and annuities . . . . .                                                                              | 16a |          |
| b   | Taxable amount . . . . .                                                                                      | 16b |          |
| 17  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                   | 17  |          |
| 18  | Farm income or (loss). Attach Schedule F . . . . .                                                            | 18  |          |
| 19  | Unemployment compensation . . . . .                                                                           | 19  |          |
| 20a | Social security benefits . . . . .                                                                            | 20a |          |
| b   | Taxable amount . . . . .                                                                                      | 20b |          |
| 21  | Other income. List type and amount _____                                                                      | 21  |          |
| 22  | Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶        | 22  | 45,542.  |

**Adjusted Gross Income**

|     |                                                                                                                                        |     |         |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 23  | Educator expenses . . . . .                                                                                                            | 23  |         |
| 24  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . | 24  |         |
| 25  | Health savings account deduction. Attach Form 8889 . . . . .                                                                           | 25  |         |
| 26  | Moving expenses. Attach Form 3903 . . . . .                                                                                            | 26  |         |
| 27  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                   | 27  |         |
| 28  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                               | 28  |         |
| 29  | Self-employed health insurance deduction . . . . .                                                                                     | 29  |         |
| 30  | Penalty on early withdrawal of savings . . . . .                                                                                       | 30  |         |
| 31a | Alimony paid b Recipient's SSN ▶ _____                                                                                                 | 31a |         |
| 32  | IRA deduction . . . . .                                                                                                                | 32  |         |
| 33  | Student loan interest deduction . . . . .                                                                                              | 33  |         |
| 34  | Tuition and fees. Attach Form 8917 . . . . .                                                                                           | 34  |         |
| 35  | Domestic production activities deduction. Attach Form 8903 . . . . .                                                                   | 35  |         |
| 36  | Add lines 23 through 35 . . . . .                                                                                                      | 36  |         |
| 37  | Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶                                                             | 37  | 45,542. |





**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **09**

|                                                                                                                                                                     |                                                                    |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| Name of proprietor<br><b>Marvin K Latimer</b>                                                                                                                       |                                                                    | Social security number (SSN)<br>[REDACTED]                          |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>television show</b>                                                | <b>B</b> Enter code from instructions<br>▶   5   1   2   1   0   0 |                                                                     |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>the marvin show llc</b>                                                                    | <b>D</b> Employer ID number (EIN), (see instr.)<br>                |                                                                     |
| <b>E</b> Business address (including suite or room no.) ▶ <b>4925 woodview lane</b><br>City, town or post office, state, and ZIP code <b>myrtle beach, SC 29575</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 2014? 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 2014, check here                                                                                           |                                                                    | <input type="checkbox"/>                                            |
| <b>I</b> Did you make any payments in 2014 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 . . . . . ▶ <input type="checkbox"/> | <b>1</b> | 3,370. |
| <b>2</b> Returns and allowances . . . . .                                                                                                                                                                                     | <b>2</b> | 180.   |
| <b>3</b> Subtract line 2 from line 1 . . . . .                                                                                                                                                                                | <b>3</b> | 3,190. |
| <b>4</b> Cost of goods sold (from line 42) . . . . .                                                                                                                                                                          | <b>4</b> |        |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .                                                                                                                                                           | <b>5</b> | 3,190. |
| <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> | 3,190. |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |                                                                           |            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|---------------------------------------------------------------------------|------------|--------|
| <b>8</b> Advertising . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>8</b>   | 11,601.  | <b>18</b> Office expense (see instructions)                               | <b>18</b>  | 2,189. |
| <b>9</b> Car and truck expenses (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9</b>   | 0.       | <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>  | 2,400.   | <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>  | 0.       | <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>  |        |
| <b>15</b> Insurance (other than health) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>15</b>  |          | <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>16a</b> |          | <b>a</b> Travel . . . . .                                                 | <b>24a</b> | 78.    |
| <b>b</b> Other . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>16b</b> |          | <b>b</b> Deductible meals and entertainment (see instructions) . . . . .  | <b>24b</b> |        |
| <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>  | 16,268.  | <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>  | -13,078. | <b>27a</b> Other expenses (from line 48) . . . . .                        | <b>27a</b> | 0.     |
| <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).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____<br>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>  | 1,684.   | <b>27b</b> <b>Reserved for future use</b> . . . . .                       | <b>27b</b> |        |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• 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> .<br>• If a loss, you <b>must</b> go to line 32.                                                                                                                       | <b>31</b>  | -14,762. |                                                                           |            |        |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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> .<br>• 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.       |            |        |

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

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

|                                                                                                                     |           |  |
|---------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .                                         | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .                                      | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .                                                                          | <b>38</b> |  |
| <b>39</b> Other costs . . . . .                                                                                     | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .                                                                         | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .                                                                        | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .   | <b>42</b> |  |

**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) ▶ .....

**44** Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

**a** Business ..... **b** Commuting (see instructions) ..... **c** Other .....

**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**

**47a** 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.

|                                                                             |              |
|-----------------------------------------------------------------------------|--------------|
| ..... sponsor gift bags .....                                               | 0.           |
| .....                                                                       |              |
| .....                                                                       |              |
| .....                                                                       |              |
| .....                                                                       |              |
| .....                                                                       |              |
| .....                                                                       |              |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> 0. |

### Expenses for Business Use of Your Home

Department of the Treasury  
Internal Revenue Service (99)

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

**2014**  
Attachment  
Sequence No. **176**

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

Name(s) of proprietor(s)

Marvin K Latimer

Your social security number

[REDACTED]

#### Part I Part of Your Home Used for Business television show

|                                                                                                          |                                                                                                                                                                                       |   |           |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1                                                                                                        | Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)                                            | 1 | 179       |
| 2                                                                                                        | Total area of home                                                                                                                                                                    | 2 | 1,029     |
| 3                                                                                                        | Divide line 1 by line 2. Enter the result as a percentage                                                                                                                             | 3 | 17.40 %   |
| <b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b> |                                                                                                                                                                                       |   |           |
| 4                                                                                                        | Multiply days used for daycare during year by hours used per day                                                                                                                      | 4 | hr.       |
| 5                                                                                                        | Total hours available for use during the year (365 days x 24 hours) (see instructions)                                                                                                | 5 | 8,760 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 | 17.40 %   |

#### Part II Figure Your Allowable Deduction

|                                                                               |                                                                                                                                                                                                                                |    |          |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 8                                                                             | Enter the amount from Schedule C, line 29, <b>plus</b> any gain derived from the business use of your home, <b>minus</b> any loss from the trade or business not derived from the business use of your home (see instructions) | 8  | -13,078. |
| <b>See instructions for columns (a) and (b) before completing lines 9-21.</b> |                                                                                                                                                                                                                                |    |          |
| 9                                                                             | Casualty losses (see instructions)                                                                                                                                                                                             | 9  |          |
| 10                                                                            | Deductible mortgage interest (see instructions)                                                                                                                                                                                | 10 | 9,679.   |
| 11                                                                            | Real estate taxes (see instructions)                                                                                                                                                                                           | 11 |          |
| 12                                                                            | Add lines 9, 10, and 11                                                                                                                                                                                                        | 12 | 9,679.   |
| 13                                                                            | Multiply line 12, column (b) by line 7                                                                                                                                                                                         | 13 | 1,684.   |
| 14                                                                            | Add line 12, column (a) and line 13                                                                                                                                                                                            | 14 | 1,684.   |
| 15                                                                            | Subtract line 14 from line 8. If zero or less, enter -0-                                                                                                                                                                       | 15 | 0.       |
| 16                                                                            | Excess mortgage interest (see instructions)                                                                                                                                                                                    | 16 |          |
| 17                                                                            | Insurance                                                                                                                                                                                                                      | 17 |          |
| 18                                                                            | Rent                                                                                                                                                                                                                           | 18 |          |
| 19                                                                            | Repairs and maintenance                                                                                                                                                                                                        | 19 |          |
| 20                                                                            | Utilities                                                                                                                                                                                                                      | 20 |          |
| 21                                                                            | Other expenses (see instructions)                                                                                                                                                                                              | 21 |          |
| 22                                                                            | Add lines 16 through 21                                                                                                                                                                                                        | 22 |          |
| 23                                                                            | Multiply line 22, column (b) by line 7                                                                                                                                                                                         | 23 |          |
| 24                                                                            | Carryover of prior year operating expenses (see instructions)                                                                                                                                                                  | 24 | 2,593.   |
| 25                                                                            | Add line 22, column (a), line 23, and line 24                                                                                                                                                                                  | 25 | 2,593.   |
| 26                                                                            | Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25                                                                                                                                                   | 26 | 0.       |
| 27                                                                            | Limit on excess casualty losses and depreciation. Subtract line 26 from line 15                                                                                                                                                | 27 | 0.       |
| 28                                                                            | Excess casualty losses (see instructions)                                                                                                                                                                                      | 28 |          |
| 29                                                                            | Depreciation of your home from line 41 below                                                                                                                                                                                   | 29 | 582.     |
| 30                                                                            | Carryover of prior year excess casualty losses and depreciation (see instructions)                                                                                                                                             | 30 | 1,746.   |
| 31                                                                            | Add lines 28 through 30                                                                                                                                                                                                        | 31 | 2,328.   |
| 32                                                                            | Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31                                                                                                                              | 32 | 0.       |
| 33                                                                            | Add lines 14, 26, and 32.                                                                                                                                                                                                      | 33 | 1,684.   |
| 34                                                                            | Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> (see instructions)                                                                                                                       | 34 |          |
| 35                                                                            | <b>Allowable expenses for business use of your home.</b> 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 | 1,684.   |

#### Part III Depreciation of Your Home

|    |                                                                                                         |    |          |
|----|---------------------------------------------------------------------------------------------------------|----|----------|
| 36 | Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions)      | 36 | 170,000. |
| 37 | Value of land included on line 36                                                                       | 37 | 40,000.  |
| 38 | Basis of building. Subtract line 37 from line 36                                                        | 38 | 130,000. |
| 39 | Business basis of building. Multiply line 38 by line 7.                                                 | 39 | 22,620.  |
| 40 | Depreciation percentage (see instructions)                                                              | 40 | 2.5641 % |
| 41 | Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above | 41 | 582.     |

#### Part IV Carryover of Unallowed Expenses to 2015

|    |                                                                                                      |    |        |
|----|------------------------------------------------------------------------------------------------------|----|--------|
| 42 | Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-                      | 42 | 2,593. |
| 43 | Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0- | 43 | 2,328. |

**Casualties and Thefts**

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 4684 and its separate instructions is at [www.irs.gov/form4684](http://www.irs.gov/form4684).  
▶ Attach to your tax return.  
▶ Use a separate Form 4684 for each casualty or theft.

Name(s) shown on tax return

Identifying number

Marvin K Latimer

**SECTION A—Personal Use Property** (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes.)

1 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property **A** Golf Cart 01/02/2013  
 Property **B** \_\_\_\_\_  
 Property **C** \_\_\_\_\_  
 Property **D** \_\_\_\_\_

**Properties**

|                                                                 |                                                                                                                                                                                                                                                                                                                                                        | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| 2                                                               | Cost or other basis of each property . . . . .                                                                                                                                                                                                                                                                                                         | 1,978.   |          |          |          |
| 3                                                               | Insurance or other reimbursement (whether or not you filed a claim) (see instructions) . . . . .                                                                                                                                                                                                                                                       | 1,000.   |          |          |          |
| <b>Note:</b> If line 2 is <b>more</b> than line 3, skip line 4. |                                                                                                                                                                                                                                                                                                                                                        |          |          |          |          |
| 4                                                               | Gain from casualty or theft. If line 3 is <b>more</b> than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year . . . . .                                                   |          |          |          |          |
| 5                                                               | Fair market value <b>before</b> casualty or theft . . . . .                                                                                                                                                                                                                                                                                            | 4,000.   |          |          |          |
| 6                                                               | Fair market value <b>after</b> casualty or theft . . . . .                                                                                                                                                                                                                                                                                             | 2,200.   |          |          |          |
| 7                                                               | Subtract line 6 from line 5 . . . . .                                                                                                                                                                                                                                                                                                                  | 1,800.   |          |          |          |
| 8                                                               | Enter the <b>smaller</b> of line 2 or line 7 . . . . .                                                                                                                                                                                                                                                                                                 | 1,800.   |          |          |          |
| 9                                                               | Subtract line 3 from line 8. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                                      | 800.     |          |          |          |
| 10                                                              | Casualty or theft loss. Add the amounts on line 9 in columns A through D . . . . .                                                                                                                                                                                                                                                                     |          |          |          | 800.     |
| 11                                                              | Enter the <b>smaller</b> of line 10 or \$100 . . . . .                                                                                                                                                                                                                                                                                                 |          |          |          | 100.     |
| 12                                                              | Subtract line 11 from line 10 . . . . .                                                                                                                                                                                                                                                                                                                |          |          |          | 700.     |
| <b>Caution:</b> Use only one Form 4684 for lines 13 through 18. |                                                                                                                                                                                                                                                                                                                                                        |          |          |          |          |
| 13                                                              | Add the amounts on line 12 of all Forms 4684 . . . . .                                                                                                                                                                                                                                                                                                 |          |          |          | 700.     |
| 14                                                              | Add the amounts on line 4 of all Forms 4684. . . . .                                                                                                                                                                                                                                                                                                   |          |          |          | 0.       |
| 15                                                              | • If line 14 is <b>more</b> than line 13, enter the difference here and on Schedule D. <b>Do not</b> complete the rest of this section (see instructions).<br>• If line 14 is <b>less</b> than line 13, enter -0- here and go to line 16.<br>• If line 14 is <b>equal</b> to line 13, enter -0- here. <b>Do not</b> complete the rest of this section. |          |          |          | 0.       |
| 16                                                              | If line 14 is <b>less</b> than line 13, enter the difference . . . . .                                                                                                                                                                                                                                                                                 |          |          |          | 700.     |
| 17                                                              | Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 37. Estates and trusts, see instructions . . . . .                                                                                                                                                                                                               |          |          |          | 4,554.   |
| 18                                                              | Subtract line 17 from line 16. If zero or less, enter -0-. Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 6. Estates and trusts, enter the result on the "Other deductions" line of your tax return . . . . .                                                                                              |          |          |          | 0.       |

For Paperwork Reduction Act Notice, see instructions. BAA

REV 11/21/14 TTW

Form **4684** (2014)

**Tax History Report**  
G Keep for your records

**2014**

Name(s) Shown on Return  
Marvin K Latimer

|                                           | <b>Five Year Tax History:</b> |               |               |               |               |
|-------------------------------------------|-------------------------------|---------------|---------------|---------------|---------------|
|                                           | <b>2010</b>                   | <b>2011</b>   | <b>2012</b>   | <b>2013</b>   | <b>2014</b>   |
| Filing status . . . . .                   | <u>Single</u>                 | <u>Single</u> | <u>Single</u> | <u>Single</u> | <u>Single</u> |
| Total income . . . . .                    | 31,277.                       | 31,280.       | 34,780.       | 36,844.       | 45,542.       |
| Adjustments to income                     |                               |               |               |               |               |
| Adjusted gross income                     | 31,277.                       | 31,280.       | 34,780.       | 36,844.       | 45,542.       |
| Tax expense . . . . .                     | 5,470.                        | 4,249.        | 4,933.        | 4,873.        | 5,360.        |
| Interest expense . . .                    | 9,575.                        | 8,488.        | 8,984.        | 8,120.        | 7,995.        |
| Contributions . . . . .                   | 280.                          | 242.          | 550.          | 232.          | 250.          |
| Miscellaneous deductions . . . . .        |                               |               |               |               |               |
| Other Itemized Deductions . . . . .       |                               |               |               |               |               |
| Total itemized/<br>standard deduction . . | 15,325.                       | 12,979.       | 14,467.       | 13,225.       | 13,605.       |
| Exemption amount . .                      | 3,650.                        | 3,700.        | 3,800.        | 3,900.        | 3,950.        |
| Taxable income . . . .                    | 12,302.                       | 14,601.       | 16,513.       | 19,719.       | 27,987.       |
| Tax . . . . .                             | 1,430.                        | 1,769.        | 2,044.        | 2,378.        | 3,720.        |
| Alternative min tax . .                   |                               |               |               |               |               |
| Total credits . . . . .                   |                               |               |               |               |               |
| Other taxes . . . . .                     |                               |               |               |               |               |
| Payments . . . . .                        | 7,249.                        | 6,579.        | 6,852.        | 7,344.        | 8,913.        |
| Form 2210 penalty . .                     |                               |               |               |               |               |
| Amount owed . . . . .                     |                               |               |               |               |               |
| Applied to next year's estimated tax .    |                               |               |               |               |               |
| Refund . . . . .                          | 5,819.                        | 4,810.        | 4,808.        | 4,966.        | 5,193.        |
| Effective tax rate % . .                  | 3.29                          | 5.66          | 5.88          | 6.45          | 8.17          |
| **Tax bracket % . . .                     | 15.0                          | 15.0          | 15.0          | 15.0          | 15.0          |

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

# Electronic Filing Instructions for your 2013 Federal Tax Return

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



Marvin K Latimer  
816 hwy 378  
conway, SC 29527

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |           |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| <b>Balance Due/Refund</b>              | Your federal tax return (Form 1040) shows a refund due to you in the amount of \$4,966.00. Applicable fees were deducted from your original refund amount of \$4,966.00. Your refund is now \$4,916.02. Because you chose to have your TurboTax fees deducted from your refund, you will receive e-mail from [REDACTED] which handles this transaction. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: [REDACTED] Routing Transit Number: [REDACTED].                        |    |           |
| <b>When Will You Get Your Refund?</b>  | The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2014. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link. |    |           |
| <b>What You Need to Keep</b>           | Your Electronic Filing Instructions (this form)<br>Printed copy of your federal return                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |           |
| <b>2013 Federal Tax Return Summary</b> | Adjusted Gross Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ | 36,844.00 |
|                                        | Taxable Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ | 19,719.00 |
|                                        | Total Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ | 2,378.00  |
|                                        | Total Payments/Credits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ | 7,344.00  |
|                                        | Amount to be Refunded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ | 4,966.00  |
|                                        | Effective Tax Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | 6.45%     |



Hi Marvin,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Home & Business:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2013 taxes:

Your federal refund is: \$ 4,966.00

We reviewed over 350 deductions and credits so you can be sure you didn't miss a thing, and that you got the maximum refund - guaranteed.  
Your Deductions and Credits:

Your itemized deductions this year: \$13,225.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We asked you specific questions related to your business and found all the related deductions.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We e-filed your federal returns for free, so you could get your refund the fastest way possible.
- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20

Your first name and initial: **Marvin K** Last name: **Latimer** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **816 hwy 378** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **conway SC 29527**

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 and full name here. ▶ \_\_\_\_\_

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

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

**c Dependents:**

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

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

**d Total number of exemptions claimed** . . . . .

**Boxes checked on 6a and 6b** 1

**No. of children on 6c who:**

- lived with you \_\_\_\_\_
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** ▶ 1

**Income**

|     |                                                                                                               |     |          |
|-----|---------------------------------------------------------------------------------------------------------------|-----|----------|
| 7   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .                                                      | 7   | 51,560.  |
| 8a  | Taxable interest. Attach Schedule B if required . . . . .                                                     | 8a  | 57.      |
| b   | Tax-exempt interest. Do not include on line 8a . . . . .                                                      | 8b  |          |
| 9a  | Ordinary dividends. Attach Schedule B if required . . . . .                                                   | 9a  | 196.     |
| b   | Qualified dividends . . . . .                                                                                 | 9b  | 196.     |
| 10  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                | 10  | 2,486.   |
| 11  | Alimony received . . . . .                                                                                    | 11  |          |
| 12  | Business income or (loss). Attach Schedule C or C-EZ . . . . .                                                | 12  | -18,170. |
| 13  | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13  | 715.     |
| 14  | Other gains or (losses). Attach Form 4797 . . . . .                                                           | 14  |          |
| 15a | IRA distributions . . . . .                                                                                   | 15a |          |
| b   | Taxable amount . . . . .                                                                                      | 15b |          |
| 16a | Pensions and annuities . . . . .                                                                              | 16a |          |
| b   | Taxable amount . . . . .                                                                                      | 16b |          |
| 17  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                   | 17  |          |
| 18  | Farm income or (loss). Attach Schedule F . . . . .                                                            | 18  |          |
| 19  | Unemployment compensation . . . . .                                                                           | 19  |          |
| 20a | Social security benefits . . . . .                                                                            | 20a |          |
| b   | Taxable amount . . . . .                                                                                      | 20b |          |
| 21  | Other income. List type and amount _____                                                                      | 21  |          |
| 22  | Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶        | 22  | 36,844.  |

**Adjusted Gross Income**

|     |                                                                                                                                        |     |         |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 23  | Educator expenses . . . . .                                                                                                            | 23  |         |
| 24  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . | 24  |         |
| 25  | Health savings account deduction. Attach Form 8889 . . . . .                                                                           | 25  |         |
| 26  | Moving expenses. Attach Form 3903 . . . . .                                                                                            | 26  |         |
| 27  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                   | 27  |         |
| 28  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                               | 28  |         |
| 29  | Self-employed health insurance deduction . . . . .                                                                                     | 29  |         |
| 30  | Penalty on early withdrawal of savings . . . . .                                                                                       | 30  |         |
| 31a | Alimony paid b Recipient's SSN ▶ _____                                                                                                 | 31a |         |
| 32  | IRA deduction . . . . .                                                                                                                | 32  |         |
| 33  | Student loan interest deduction . . . . .                                                                                              | 33  |         |
| 34  | Tuition and fees. Attach Form 8917 . . . . .                                                                                           | 34  |         |
| 35  | Domestic production activities deduction. Attach Form 8903 . . . . .                                                                   | 35  |         |
| 36  | Add lines 23 through 35 . . . . .                                                                                                      | 36  |         |
| 37  | Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶                                                             | 37  | 36,844. |

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 36,844.
39a Check [ ] You were born before January 2, 1949, [ ] Blind. Total boxes checked 39a [ ]
if: [ ] Spouse was born before January 2, 1949, [ ] Blind.
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b [ ]
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 13,225.
41 Subtract line 40 from line 38 41 23,619.
42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions 42 3,900.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 19,719.
44 Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ] 44 2,378.
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46 2,378.
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 19 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit. Attach Schedule 8812, if required 51
52 Residential energy credits. Attach Form 5695 52
53 Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 2,378.

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
59a Household employment taxes from Schedule H 59a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59b
60 Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s) 60
61 Add lines 55 through 60. This is your total tax 61 2,378.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 7,344.
63 2013 estimated tax payments and amount applied from 2012 return 63
64a Earned income credit (EIC) 64a
b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Schedule 8812 65
66 American opportunity credit from Form 8863, line 8 66
67 Reserved 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ] 71
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 7,344.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 4,966.
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 4,966.
b Routing number [ ] Type: [X] Checking [ ] Savings
d Account number
75 Amount of line 73 you applied to your 2014 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)? [ ] Yes. Complete below. [X] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

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

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

Your signature Date Your occupation Daytime phone number
Funeral Director (843) 248-4844
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation
If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN
Firm's name Self-Prepared Firm's EIN
Firm's address Phone no.



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► 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.

OMB No. 1545-0074

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

|                                                                                                                                                                     |                                                                    |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| Name of proprietor<br><b>Marvin K Latimer</b>                                                                                                                       |                                                                    | Social security number (SSN)<br>[REDACTED]                          |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>television show</b>                                                | <b>B</b> Enter code from instructions<br>▶   5   1   2   1   0   0 |                                                                     |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>the marvin show llc</b>                                                                    | <b>D</b> Employer ID number (EIN), (see instr.)<br>                |                                                                     |
| <b>E</b> Business address (including suite or room no.) ▶ <b>4925 woodview lane</b><br>City, town or post office, state, and ZIP code <b>myrtle beach, SC 29575</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 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 . . . . . ▶ <input type="checkbox"/> | <b>1</b> | 3,452. |
| <b>2</b> Returns and allowances . . . . .                                                                                                                                                                                     | <b>2</b> | 125.   |
| <b>3</b> Subtract line 2 from line 1 . . . . .                                                                                                                                                                                | <b>3</b> | 3,327. |
| <b>4</b> Cost of goods sold (from line 42) . . . . .                                                                                                                                                                          | <b>4</b> |        |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .                                                                                                                                                           | <b>5</b> | 3,327. |
| <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> | 3,327. |

**Part II Expenses**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |                                                                          |            |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b> Advertising . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>8</b>   | 12,486.  | <b>18</b> Office expense (see instructions)                              | <b>18</b>  | 245.                                                                                                                                             |
| <b>9</b> Car and truck expenses (see instructions). . . . .                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>9</b>   | 384.     | <b>19</b> Pension and profit-sharing plans . . . . .                     | <b>19</b>  |                                                                                                                                                  |
| <b>10</b> Commissions and fees . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>10</b>  | 625.     | <b>20</b> Rent or lease (see instructions):                              |            |                                                                                                                                                  |
| <b>11</b> Contract labor (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>11</b>  | 2,325.   | <b>a</b> Vehicles, machinery, and equipment                              | <b>20a</b> | 1,200.                                                                                                                                           |
| <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>  | 0.       | <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>  | 225.                                                                                                                                             |
| <b>15</b> Insurance (other than health)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>15</b>  |          | <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>16a</b> |          | <b>a</b> Travel . . . . .                                                | <b>24a</b> | 563.                                                                                                                                             |
| <b>b</b> Other . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>16b</b> |          | <b>b</b> Deductible meals and entertainment (see instructions) . . . . . | <b>24b</b> |                                                                                                                                                  |
| <b>17</b> Legal and professional services                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>17</b>  |          | <b>25</b> Utilities . . . . .                                            | <b>25</b>  | 1,476.                                                                                                                                           |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶                                                                                                                                                                                                                                                                                                                                                                            | <b>28</b>  | 19,604.  | <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>  | -16,277. | <b>27a</b> Other expenses (from line 48) . . . . .                       | <b>27a</b> | 75.                                                                                                                                              |
| <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).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____<br>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>  | 1,893.   | <b>27b</b> <b>Reserved for future use</b> . . . . .                      | <b>27b</b> |                                                                                                                                                  |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• 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> .<br>• If a loss, you <b>must</b> go to line 32.                                                                                                                       | <b>31</b>  | -18,170. |                                                                          |            |                                                                                                                                                  |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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> .<br>• 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.<br><b>32b</b> <input type="checkbox"/> Some investment is not at risk. |

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

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

|                                                                                                                     |           |  |
|---------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .                                         | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .                                      | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .                                                                          | <b>38</b> |  |
| <b>39</b> Other costs . . . . .                                                                                     | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .                                                                         | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .                                                                        | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .   | <b>42</b> |  |

**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)    ▶ 01/07/2011

**44** Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ 595    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other \_\_\_\_\_ 22,882

**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**

**47a** 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.

|                                                                             |               |
|-----------------------------------------------------------------------------|---------------|
| sponsor gift bags                                                           | 75.           |
| _____                                                                       |               |
| _____                                                                       |               |
| _____                                                                       |               |
| _____                                                                       |               |
| _____                                                                       |               |
| _____                                                                       |               |
| _____                                                                       |               |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> 75. |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

**2013**  
Attachment  
Sequence No. **12**

Name(s) shown on return

Marvin K Latimer

Your social security number

[REDACTED]

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                         |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                                                            |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                               |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                            |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .                                                                          |                                  |                                 |                                                                                           | <b>7</b>                                                                                                  |

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                               | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                        | 1,715.                           | 1,000.                          |                                                                                            | 715.                                                                                                      |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                         |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                        |                                  |                                 |                                                                                            |                                                                                                           |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                    |                                  |                                 |                                                                                            | <b>11</b>                                                                                                 |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                              |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions. See the instructions . . . . .                                                                                                                                                                                                                      |                                  |                                 |                                                                                            | <b>13</b>                                                                                                 |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                          |                                  |                                 |                                                                                            | <b>14</b> ( )                                                                                             |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .                                                                                                                                                      |                                  |                                 |                                                                                            | <b>15</b> 715.                                                                                            |

**Part III Summary**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |      |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>16</b> | 715. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>   |           |      |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.                                                                                                                                                                                                                                                                                    |           |      |
| <b>18</b> | Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . ▶                                                                                                                                                                                                                                                                                                                                                                         | <b>18</b> |      |
| <b>19</b> | Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶                                                                                                                                                                                                                                                                                                                                                   | <b>19</b> |      |
| <b>20</b> | Are lines 18 and 19 <b>both</b> zero or blank?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below. |           |      |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>                                                                                                       | <b>21</b> | ( )  |
| <b>22</b> | Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.                                                                                     |           |      |

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification number

Marvin K Latimer

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

**Part II Long-Term.** Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1                                                                                                                                                                                                                                                                                                                 | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                   | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   | 22 shares wmt                                                | 02/17/08                                | 07/14/13                                        | 1715.00                                                | 1000.00                                                                                                                  |                                                                                                                                                       |                                | 715.00                                                                                                               |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                 |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶ |                                                              |                                         |                                                 | 1715.00                                                | 1000.00                                                                                                                  |                                                                                                                                                       |                                | 715.00                                                                                                               |

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

## Expenses for Business Use of Your Home

Department of the Treasury  
Internal Revenue Service (99)

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

2013

Attachment  
Sequence No. **176**

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

Name(s) of proprietor(s)

Marvin K Latimer

Your social security number

[REDACTED]

| <b>Part I</b> Part of Your Home Used for Business                                                                                                                                                   | television show |           |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|---------|
| 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) . . . . .                                              |                 | 1         | 179     |
| 2 Total area of home . . . . .                                                                                                                                                                      |                 | 2         | 1,029   |
| 3 Divide line 1 by line 2. Enter the result as a percentage . . . . .                                                                                                                               |                 | 3         | 17.40 % |
| <b>For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.</b>                                                                                             |                 |           |         |
| 4 Multiply days used for daycare during year by hours used per day                                                                                                                                  | <b>4</b>        | hr.       |         |
| 5 Total hours available for use during the year (365 days x 24 hours) (see instructions)                                                                                                            | <b>5</b>        | 8,760 hr. |         |
| 6 Divide line 4 by line 5. Enter the result as a decimal amount . . . . .                                                                                                                           | <b>6</b>        |           |         |
| 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         | 17.40 % |

| <b>Part II</b> Figure Your Allowable Deduction                                                                                                                                                                                                                                                               |           |                     |                       |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|-----------------------|----------|
| 8 Enter the amount from Schedule C, line 29, <b>plus</b> 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 . . . . . |           |                     | 8                     | -17,441. |
| <b>See instructions for columns (a) and (b) before completing lines 9-21.</b>                                                                                                                                                                                                                                |           |                     |                       |          |
| 9 Casualty losses (see instructions) . . . . .                                                                                                                                                                                                                                                               | <b>9</b>  |                     |                       |          |
| 10 Deductible mortgage interest (see instructions)                                                                                                                                                                                                                                                           | <b>10</b> | (a) Direct expenses | (b) Indirect expenses |          |
| 11 Real estate taxes (see instructions) . . . . .                                                                                                                                                                                                                                                            | <b>11</b> |                     | 9,830.                |          |
| 12 Add lines 9, 10, and 11 . . . . .                                                                                                                                                                                                                                                                         | <b>12</b> |                     | 1,052.                |          |
| 13 Multiply line 12, column (b) by line 7 . . . . .                                                                                                                                                                                                                                                          | <b>13</b> |                     | 10,882.               |          |
| 14 Add line 12, column (a) and line 13 . . . . .                                                                                                                                                                                                                                                             |           |                     | 1,893.                |          |
| 15 Subtract line 14 from line 8. If zero or less, enter -0-                                                                                                                                                                                                                                                  |           |                     |                       | 14       |
| 16 Excess mortgage interest (see instructions) . . . . .                                                                                                                                                                                                                                                     | <b>16</b> |                     |                       | 1,893.   |
| 17 Insurance . . . . .                                                                                                                                                                                                                                                                                       | <b>17</b> |                     | 3,200.                |          |
| 18 Rent . . . . .                                                                                                                                                                                                                                                                                            | <b>18</b> |                     |                       |          |
| 19 Repairs and maintenance . . . . .                                                                                                                                                                                                                                                                         | <b>19</b> |                     | 178.                  |          |
| 20 Utilities . . . . .                                                                                                                                                                                                                                                                                       | <b>20</b> |                     | 5,083.                |          |
| 21 Other expenses (see instructions) . . . . .                                                                                                                                                                                                                                                               | <b>21</b> |                     | 300.                  |          |
| 22 Add lines 16 through 21 . . . . .                                                                                                                                                                                                                                                                         | <b>22</b> |                     | 8,761.                |          |
| 23 Multiply line 22, column (b) by line 7 . . . . .                                                                                                                                                                                                                                                          | <b>23</b> |                     | 1,524.                |          |
| 24 Carryover of operating expenses from 2012 Form 8829, line 42 . . . . .                                                                                                                                                                                                                                    | <b>24</b> |                     | 1,069.                |          |
| 25 Add line 22, column (a), line 23, and line 24 . . . . .                                                                                                                                                                                                                                                   |           |                     |                       | 25       |
| 26 Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25 . . . . .                                                                                                                                                                                                                    |           |                     |                       | 2,593.   |
| 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 . . . . .                                                                                                                                                                                                                 |           |                     |                       | 26       |
| 28 Excess casualty losses (see instructions) . . . . .                                                                                                                                                                                                                                                       | <b>28</b> |                     |                       | 0.       |
| 29 Depreciation of your home from line 41 below . . . . .                                                                                                                                                                                                                                                    | <b>29</b> |                     | 582.                  |          |
| 30 Carryover of excess casualty losses and depreciation from 2012 Form 8829, line 43 . . . . .                                                                                                                                                                                                               | <b>30</b> |                     | 1,164.                |          |
| 31 Add lines 28 through 30 . . . . .                                                                                                                                                                                                                                                                         |           |                     |                       | 27       |
| 32 Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31 . . . . .                                                                                                                                                                                               |           |                     |                       | 0.       |
| 33 Add lines 14, 26, and 32. . . . .                                                                                                                                                                                                                                                                         |           |                     |                       | 28       |
| 34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> (see instructions)                                                                                                                                                                                                  |           |                     |                       | 1,746.   |
| 35 <b>Allowable expenses for business use of your home.</b> 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 ▶                                                                                                       |           |                     |                       | 29       |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 0.       |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 30       |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 1,893.   |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 31       |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 1,746.   |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 32       |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 0.       |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 33       |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 1,893.   |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 34       |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 1,746.   |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 35       |
|                                                                                                                                                                                                                                                                                                              |           |                     |                       | 1,893.   |

| <b>Part III</b> Depreciation of Your Home                                                                       |    |          |
|-----------------------------------------------------------------------------------------------------------------|----|----------|
| 36 Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions) . . . . . | 36 | 170,000. |
| 37 Value of land included on line 36 . . . . .                                                                  | 37 | 40,000.  |
| 38 Basis of building. Subtract line 37 from line 36 . . . . .                                                   | 38 | 130,000. |
| 39 Business basis of building. Multiply line 38 by line 7. . . . .                                              | 39 | 22,620.  |
| 40 Depreciation percentage (see instructions). . . . .                                                          | 40 | 2.5641 % |
| 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above      | 41 | 582.     |

| <b>Part IV</b> Carryover of Unallowed Expenses to 2014                                                  |    |        |
|---------------------------------------------------------------------------------------------------------|----|--------|
| 42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- . . . . .            | 42 | 2,593. |
| 43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0- | 43 | 1,746. |

|                                              |                        |
|----------------------------------------------|------------------------|
| Name(s) of Proprietor(s)<br>Marvin K Latimer | Your SSN<br>[REDACTED] |
|----------------------------------------------|------------------------|

Business name . . . . . television show  
4925 woodview lane

**Part I – Calculation of Line 7**

*Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:*

|    |                                                                                       |    |          |
|----|---------------------------------------------------------------------------------------|----|----------|
| 1  | Area used exclusively for daycare . . . . .                                           | 1  | _____    |
| 2  | Total area of home. . . . .                                                           | 2  | _____    |
| 3  | Business % for area used exclusively for daycare. Divide Line 1 by line 2 . . . . .   | 3  | _____ %  |
| 4  | Area used only partly for daycare . . . . .                                           | 4  | _____    |
| 5  | Divide line 4 by line 2 . . . . .                                                     | 5  | _____ %  |
| 6  | Multiply days used for daycare during year by hours used per day . . . . .            | 6  | _____ hr |
| 7  | Total hours available for use during the year (365 x 24 hours). . . . .               | 7  | _____ hr |
| 8  | Divide line 6 by line 7. Enter result as a decimal amount. . . . .                    | 8  | _____    |
| 9  | Business % for area used only partly for daycare. Multiply line 8 by line 5 . . . . . | 9  | _____ %  |
| 10 | Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . . . .  | 10 | _____ %  |

**Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line D**

*Calculation of business income limit when part of gross income is from a place of business other than this home office:*

|   |                                                                                                                                                                                              |   |          |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 1 | Gross income from Schedule C, line 7. . . . .                                                                                                                                                | 1 | 3,327.   |
| 2 | Percent of gross income from business use of home reported on Schedule C. . . . .                                                                                                            | 2 | 65.00 %  |
| 3 | Gross income from business use of home. Multiply line 1 by line 2 . . . . .                                                                                                                  | 3 | 2,163.   |
| 4 | Gain from business use of your home shown on Schedule D or Form 4797 . . . . .                                                                                                               | 4 | _____    |
| 5 | Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4 . . . . .                                                                                                                 | 5 | 2,163.   |
| 6 | Total expenses from Schedule C, line 28. . . . .                                                                                                                                             | 6 | 19,604.  |
| 7 | If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office.<br><i>Enter the expenses as a positive number</i> . . . . . | 7 | _____    |
| 8 | Any losses from this business shown on Schedule D or Form 4797.<br><i>Enter the losses as a positive number</i> . . . . .                                                                    | 8 | _____    |
| 9 | Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8, or Simple Wks, ln D . . . . .                                                                                                   | 9 | -17,441. |

**Part III – Calculation of Line 41**

|   |                                                                                            |   |       |
|---|--------------------------------------------------------------------------------------------|---|-------|
| 1 | Depreciation attributable to business use of home . . . . .                                | 1 | 582.  |
| 2 | Depreciation for additions and improvements attributable to business use of home . . . . . | 2 | _____ |
| 3 | Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41. . . . .    | 3 | 582.  |

## We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

---

### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

---

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2013 return to determine whether a portion of the refund can be used to pay for tax preparation.

Marvin

Taxpayer's First Name

Latimer

Taxpayer's Last Name

\_\_\_\_\_  
Spouse's First Name  
(if applicable)

\_\_\_\_\_  
Spouse's Last name  
(if applicable)

Please type the date below:

01/28/2014

Date



**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet**

**2013**

**Line 44**

► Keep for your records

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| Name(s) Shown on Return<br>Marvin K Latimer | Social Security Number<br>[REDACTED] |
|---------------------------------------------|--------------------------------------|

|           |                                                                                                                                                                                                                        |           |                 |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|
| <b>1</b>  | Enter the amount from Form 1040, line 43 . . . . .                                                                                                                                                                     | <b>1</b>  | <u>19,719.</u>  |
| <b>2</b>  | Enter the amount from Form 1040, line 9b . . . . .                                                                                                                                                                     | <b>2</b>  | <u>196.</u>     |
| <b>3</b>  | Are you filing Schedule D?<br><input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .                          | <b>3</b>  | <u>715.</u>     |
|           | <input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.                                                                                                                                          |           |                 |
| <b>4</b>  | Add lines 2 and 3 . . . . .                                                                                                                                                                                            | <b>4</b>  | <u>911.</u>     |
| <b>5</b>  | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.                                                                          | <b>5</b>  | <u>0.</u>       |
| <b>6</b>  | Subtract line 5 from line 4. If zero or less, enter -0- . . . . .                                                                                                                                                      | <b>6</b>  | <u>911.</u>     |
| <b>7</b>  | Subtract line 6 from line 1. If zero or less, enter -0- . . . . .                                                                                                                                                      | <b>7</b>  | <u>18,808.</u>  |
| <b>8</b>  | Enter:<br>\$36,250 if single or married filing separately,<br>\$72,500 if married filing jointly or qualifying widow(er),<br>\$48,600 if head of household.                                                            | <b>8</b>  | <u>36,250.</u>  |
| <b>9</b>  | Enter the smaller of line 1 or line 8 . . . . .                                                                                                                                                                        | <b>9</b>  | <u>19,719.</u>  |
| <b>10</b> | Enter the smaller of line 7 or line 9 . . . . .                                                                                                                                                                        | <b>10</b> | <u>18,808.</u>  |
| <b>11</b> | Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .                                                                                                                                                       | <b>11</b> | <u>911.</u>     |
| <b>12</b> | Enter the smaller of line 1 or line 6 . . . . .                                                                                                                                                                        | <b>12</b> | <u>911.</u>     |
| <b>13</b> | Enter the amount from line 11 . . . . .                                                                                                                                                                                | <b>13</b> | <u>911.</u>     |
| <b>14</b> | Subtract line 13 from line 12. . . . .                                                                                                                                                                                 | <b>14</b> | <u>0.</u>       |
| <b>15</b> | Enter:<br>\$400,000 if single,<br>\$225,000 if married filing separately,<br>\$450,000 if married filing jointly or qualifying widow(er),<br>\$425,000 if head of household.                                           | <b>15</b> | <u>400,000.</u> |
| <b>16</b> | Enter the smaller of line 1 or line 15                                                                                                                                                                                 | <b>16</b> | <u>19,719.</u>  |
| <b>17</b> | Add lines 7 and 11                                                                                                                                                                                                     | <b>17</b> | <u>19,719.</u>  |
| <b>18</b> | Subtract line 17 from line 16. If zero or less, enter -0-                                                                                                                                                              | <b>18</b> | <u>0.</u>       |
| <b>19</b> | Enter the smaller of line 14 or line 18                                                                                                                                                                                | <b>19</b> | <u>0.</u>       |
| <b>20</b> | Multiply line 19 by 15% (.15) . . . . .                                                                                                                                                                                | <b>20</b> | <u>0.</u>       |
| <b>21</b> | Add lines 11 and 19 . . . . .                                                                                                                                                                                          | <b>21</b> | <u>911.</u>     |
| <b>22</b> | Subtract line 21 from line 12                                                                                                                                                                                          | <b>22</b> | <u>0.</u>       |
| <b>23</b> | Multiply line 22 by 20% (.20)                                                                                                                                                                                          | <b>23</b> | <u>0.</u>       |
| <b>24</b> | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .  | <b>24</b> | <u>2,378.</u>   |
| <b>25</b> | Add lines 20, 23, and 24 . . . . .                                                                                                                                                                                     | <b>25</b> | <u>2,378.</u>   |
| <b>26</b> | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . . | <b>26</b> | <u>2,513.</u>   |
| <b>27</b> | <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . .                                                                                               | <b>27</b> | <u>2,378.</u>   |

# Tax Payments Worksheet

**2013**

▶ Keep for your records

Name(s) Shown on Return  
Marvin K Latimer

Social Security Number  
[REDACTED]

**Estimated Tax Payments for 2013** (If more than 4 payments for any state or locality, see Tax Help)

| Federal                             |        | State    |        |    | Local    |        |    |
|-------------------------------------|--------|----------|--------|----|----------|--------|----|
| Date                                | Amount | Date     | Amount | ID | Date     | Amount | ID |
| 1 04/15/13                          |        | 04/15/13 |        |    | 04/15/13 |        |    |
| 2 06/17/13                          |        | 06/17/13 |        |    | 06/17/13 |        |    |
| 3 09/16/13                          |        | 09/16/13 |        |    | 09/16/13 |        |    |
| 4 01/15/14                          |        | 01/15/14 |        |    | 01/15/14 |        |    |
| 5                                   |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
|                                     |        |          |        |    |          |        |    |
| <b>Tot Estimated Payments . . .</b> |        |          |        |    |          |        |    |

| Tax Payments Other Than Withholding<br>(If multiple states, see Tax Help) | Federal | State | ID | Local | ID |
|---------------------------------------------------------------------------|---------|-------|----|-------|----|
| 6 Overpayments applied to 2013 . . . . .                                  |         |       |    |       |    |
| 7 Credited by estates and trusts . . . . .                                |         |       |    |       |    |
| 8 <b>Totals</b> Lines 1 through 7 . . . . .                               |         |       |    |       |    |
| 9 2013 extensions . . . . .                                               |         |       |    |       |    |

| Taxes Withheld From:                                       | Federal | State  | Local |
|------------------------------------------------------------|---------|--------|-------|
| 10 Forms W-2 . . . . .                                     | 7,344.  | 3,468. |       |
| 11 Forms W-2G . . . . .                                    |         |        |       |
| 12 Forms 1099-R . . . . .                                  |         |        |       |
| 13 Forms 1099-MISC and 1099-G . . . . .                    |         |        |       |
| 14 Schedules K-1 . . . . .                                 |         |        |       |
| 15 Forms 1099-INT, DIV and OID . . . . .                   |         |        |       |
| 16 Social Security and Railroad Benefits . . . . .         |         |        |       |
| 17 Form 1099-B . . . . .                                   |         |        |       |
| 18 a Other withholding . . . . .                           |         |        |       |
| b Other withholding . . . . .                              |         |        |       |
| c Other withholding . . . . .                              |         |        |       |
| d Positive Adjustment . . . . .                            |         |        |       |
| e Negative Adjustment . . . . .                            |         |        |       |
| f Additional Medicare Tax . . . . .                        |         |        |       |
| 19 <b>Total Withholding</b> Lines 10 through 18f . . . . . | 7,344.  | 3,468. |       |
| 20 <b>Total Tax Payments for 2013</b> . . . . .            | 7,344.  | 3,468. |       |

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

# Charitable Contributions Summary

2013

▶ Keep for your records

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| Name(s) Shown on Return<br>Marvin K Latimer | Social Security Number<br>[REDACTED] |
|---------------------------------------------|--------------------------------------|

## Part I Cash Contributions Summary

| Name of Charitable Organization | (a)<br>Total | (b)<br>50%<br>Limit | (c)<br>30%<br>Limit | (d)<br>RESERVED<br>for future<br>use |
|---------------------------------|--------------|---------------------|---------------------|--------------------------------------|
| MBCC                            | 190.         | 190.                |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
|                                 |              |                     |                     |                                      |
| Totals:                         | 190.         | 190.                |                     |                                      |

## Part II Non-Cash Contributions Summary

| Name of Charitable Organization | Total        |                     | Other Property      |                     | Capital Gain Property |  |
|---------------------------------|--------------|---------------------|---------------------|---------------------|-----------------------|--|
|                                 | (a)<br>Total | (b)<br>50%<br>Limit | (c)<br>30%<br>Limit | (d)<br>30%<br>Limit | (e)<br>20%<br>Limit   |  |
| Salvation army Store            | 42.          | 42.                 |                     |                     |                       |  |
|                                 |              |                     |                     |                     |                       |  |
|                                 |              |                     |                     |                     |                       |  |
|                                 |              |                     |                     |                     |                       |  |
|                                 |              |                     |                     |                     |                       |  |
|                                 |              |                     |                     |                     |                       |  |
|                                 |              |                     |                     |                     |                       |  |
|                                 |              |                     |                     |                     |                       |  |
| Totals:                         | 42.          | 42.                 |                     |                     |                       |  |

## Part III Contribution Carryovers to 2014

|                                    | Total        |                 | Cash and Other<br>Non-Capital Gain Property |                     | Capital Gain<br>Property |                     |
|------------------------------------|--------------|-----------------|---------------------------------------------|---------------------|--------------------------|---------------------|
|                                    | (a)<br>Total | (b)<br>RESERVED | (c)<br>50%<br>Limit                         | (d)<br>30%<br>Limit | (e)<br>30%<br>Limit      | (f)<br>20%<br>Limit |
| 1 2013 contributions . . . . .     | 232.         |                 | 232.                                        |                     |                          |                     |
| 2 2013 contributions<br>allowed    | 232.         |                 | 232.                                        | 0.                  | 0.                       | 0.                  |
| 3 <b>Carryovers from:</b>          |              |                 |                                             |                     |                          |                     |
| a 2012 tax year . . . . .          |              |                 |                                             |                     |                          |                     |
| b 2010 tax year . . . . .          |              |                 |                                             |                     |                          |                     |
| c 2009 tax year . . . . .          |              |                 |                                             |                     |                          |                     |
| d 2008 tax year . . . . .          |              |                 |                                             |                     |                          |                     |
| e 2007 tax year . . . . .          |              |                 |                                             |                     |                          |                     |
| 4 Carryovers<br>allowed in 2013    | 0.           |                 | 0.                                          | 0.                  | 0.                       | 0.                  |
| 5 Carryovers<br>disallowed in 2013 | 0.           |                 | 0.                                          | 0.                  | 0.                       | 0.                  |
| 6 <b>Carryovers to 2014:</b>       |              |                 |                                             |                     |                          |                     |
| a From 2013 . . . . .              | 0.           |                 | 0.                                          | 0.                  | 0.                       | 0.                  |
| b From 2012 . . . . .              |              |                 |                                             |                     |                          |                     |
| c From 2010 . . . . .              |              |                 |                                             |                     |                          |                     |
| d From 2009 . . . . .              |              |                 |                                             |                     |                          |                     |
| e From 2008 . . . . .              |              |                 |                                             |                     |                          |                     |
| f From 2007 (expired)              |              |                 |                                             |                     |                          |                     |

## Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? . . . . .  Yes  No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? . . . . . ▶  Yes  No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ▶  Yes  No
- 4 Was any charity other than a 50% charity?  Yes  No 75



Marvin K Latimer

| Loss and Expense Carryovers (cont'd) |                                                            |   |                                         | 2012 | 2013 |
|--------------------------------------|------------------------------------------------------------|---|-----------------------------------------|------|------|
| 17                                   | AMT Nonrecap'd net Sec 1231 losses from:                   | a | 2013 . . .                              | 17 a |      |
|                                      |                                                            | b | 2012 . . .                              | b    |      |
|                                      |                                                            | c | 2011 . . .                              | c    |      |
|                                      |                                                            | d | 2010 . . .                              | d    |      |
|                                      |                                                            | e | 2009 . . .                              | e    |      |
|                                      |                                                            | f | 2008 . . .                              | f    |      |
| Credit Carryovers                    |                                                            |   |                                         | 2012 | 2013 |
| 18                                   | General business credit . . . . .                          |   |                                         | 18   |      |
| 19                                   | Adoption credit from:                                      | a | 2013 . . . . .                          | 19 a |      |
|                                      |                                                            | b | 2012 . . . . .                          | b    |      |
| 20                                   | Mortgage interest credit from:                             | a | 2013 . . . . .                          | 20 a |      |
|                                      |                                                            | b | 2012 . . . . .                          | b    |      |
|                                      |                                                            | c | 2011 . . . . .                          | c    |      |
|                                      |                                                            | d | 2010 . . . . .                          | d    |      |
| 21                                   | Credit for prior year minimum tax . . . . .                |   |                                         | 21   |      |
| 22                                   | District of Columbia first-time homebuyer credit . . . . . |   |                                         | 22   |      |
| 23                                   | Residential energy efficient property credit . . . . .     |   |                                         | 23   |      |
| Other Carryovers                     |                                                            |   |                                         | 2012 | 2013 |
| 24                                   | Section 179 expense deduction disallowed . . . . .         |   |                                         | 24   |      |
| 25                                   | Excess foreign housing deduction:                          | a | Taxpayer (Form 2555, line 46) . . . . . | 25 a |      |
|                                      |                                                            | b | Taxpayer (Form 2555, line 48) . . . . . | b    |      |
|                                      |                                                            | c | Spouse (Form 2555, line 46) . . . . .   | c    |      |
|                                      |                                                            | d | Spouse (Form 2555, line 48) . . . . .   | d    |      |

| Charitable Contribution Carryovers |                                                     |                |         |              |         |
|------------------------------------|-----------------------------------------------------|----------------|---------|--------------|---------|
| 26                                 | 2012 Carryover of charitable contributions from:    | Other Property |         | Capital Gain |         |
|                                    |                                                     | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% |
| a                                  | 2012 . . . . .                                      |                |         |              |         |
| b                                  | 2011 . . . . .                                      |                |         |              |         |
| c                                  | 2010 . . . . .                                      |                |         |              |         |
| d                                  | 2009 . . . . .                                      |                |         |              |         |
| e                                  | 2008 . . . . .                                      |                |         |              |         |
| 27                                 | 2013 Carryover of charitable contributions from:    | Other Property |         | Capital Gain |         |
|                                    |                                                     | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% |
| a                                  | 2013 . . . . .                                      |                |         |              |         |
| b                                  | 2012 . . . . .                                      |                |         |              |         |
| c                                  | 2011 . . . . .                                      |                |         |              |         |
| d                                  | 2010 . . . . .                                      |                |         |              |         |
| e                                  | 2009 . . . . .                                      |                |         |              |         |
| 28                                 | Amount overpaid less earned income credit . . . . . |                |         |              | 4,808.  |

2012 State Capital Loss Carryovers (For users not transferring from the prior year)

| State ID | Short-term Capital Loss for State | AMT Short-term Capital Loss for State | Long-term Capital Loss for State | AMT Long-term Capital Loss for State | Capital Loss (combined) for State | AMT Capital Loss (combined) for State |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
|          |                                   |                                       |                                  |                                      |                                   |                                       |
|          |                                   |                                       |                                  |                                      |                                   |                                       |
|          |                                   |                                       |                                  |                                      |                                   |                                       |





**Sunrise Banks N.A. Refund Processing Agreement ('Agreement')**

Name Marvin K Latimer

Social Security No. [REDACTED]

This Agreement contains important terms, conditions and disclosures about the processing of your refund by Sunrise Banks N.A. of St. Paul, Minnesota ('BANK'). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if the 2013 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK. The term 'Servicer' or 'Processor' refer to the BANK's third party processor, Santa Barbara Tax Products Group, LLC.

1. **NOTICE: No Requirement To Have BANK Process Your Refund In Order To File Electronically.**

YOU UNDERSTAND THAT BANK CHARGES A REFUND PROCESSING SERVICE FEE OF \$29.99 TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO DEDUCT YOUR TURBOTAX FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING SERVICE FEE IS NOT A LOAN; IT IS DUE TO BANK WHETHER OR NOT THE REFUND PROCESSING SERVICE OCCURS. THIS FEE IS COLLECTED AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE BANK'S REFUND PROCESSING SERVICE BY, INSTEAD, PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2013 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND-PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. IF YOU DO NOT USE THE REFUND PROCESSING SERVICE, BUT DO FILE YOUR TAX RETURN ELECTRONICALLY, AND HAVE YOUR FEDERAL TAX REFUND DIRECTLY DEPOSITED INTO A BANK ACCOUNT, YOU CAN EXPECT TO RECEIVE YOUR REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. IF YOU ELECT TO RECEIVE YOUR FEDERAL TAX REFUND THROUGH THE MAIL, YOU CAN EXPECT TO RECEIVE YOUR REFUND IN 3 TO 4 WEEKS FROM WHEN THE IRS ACCEPTS YOUR RETURN. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the Internal Revenue Service ('IRS') to disclose any information to BANK related to the funding of your 2013 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and BANK to share your information with Intuit. Neither Intuit, BANK nor Processor will disclose or use your tax return information for any other purpose, except as permitted by law. BANK and Processor will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

3. Summary of Terms

|                                                           |    |                 |
|-----------------------------------------------------------|----|-----------------|
| Expected Federal Refund . . . . .                         | \$ | 4,966.00        |
| Less BANK Refund Processing Service Fee . . . . .         | \$ | 29.99           |
| Less TurboTax Fees. . . . .                               | \$ | 19.99           |
| Less Additional Products and Services Purchased . . . . . | \$ |                 |
| <b>Expected Proceeds*</b> . . . . .                       | \$ | <b>4,916.02</b> |

\*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a returned item and other processing fee paid to BANK's Processor as set forth in paragraphs 4 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2013 federal tax refund from the IRS. BANK must receive an acknowledgment from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK to deduct from your Deposit Account the following amounts: (i) the BANK refund processing service fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and, (iii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct twenty dollars (\$20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing information, as set forth in the Note below paragraph 7 below. This fee shall be paid by BANK to its Processor. You authorize BANK to disburse the balance of the Deposit Account to you after making all authorized deductions or payments.<sup>80</sup>

5. Acknowledgments. (a) You understand that: (i) BANK cannot guarantee the amount of your tax year 2013 federal tax refund or the date it will be issued, and (ii) BANK is not affiliated with the transmitter of the tax return (Intuit) and does not warrant the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2013 federal tax refund. We will charge the fees set forth in Section 3 including \$29.99 for opening and maintaining the Account. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20 if the refund cannot be delivered as directed in Section 4 of this application. An Account Research and Legal Processing fee of \$25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by Bank to its Processor. Questions or concerns about the Deposit Account should be directed to: Sunrise Banks N.A., 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, or via the Internet at <http://cisc.sbtpg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

a  Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees will be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. BANK will not be responsible for your funds once they have been deposited with the respective financial institution.**

b  Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:  Checking  Savings  
RTN #:  ACCOUNT #:

**Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number.** If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a \$20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, its processor or Intuit is **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. The BANK will make every effort to deliver your Deposit Account balance to you. In cases where the BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned directly to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed \$25. Processing fees will be paid by BANK to Processor.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: The Federal Electronic Fund Transfer Act provides you with certain rights and obligations regarding the Federal and state income tax refund that will be electronically deposited into your Account established at Sunrise Banks N.A. for that purpose. If you believe that there is an error or if you have a question about your Account, write to Sunrise Banks N.A., 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (800) 901-6663 and provide Sunrise Banks N.A. with your name, a description or explanation of the error and the dollar amount of the suspected error. Sunrise Banks N.A. will advise you of the results of its investigation within 10 business days.

**Business Days:** Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

**Confidentiality:** We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;

or

- To comply with government agency or court orders; or
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

**Our Liability:** If we do not complete a transfer to your account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. In addition to all other limitations of our liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.

9. **Compensation.** In addition to any fees paid directly by you to Intuit, BANK will pay a portion of BANK's refund processing fee to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. Additionally the BANK will pay compensation to its Servicer for its role as a processing agent.

10. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of South Dakota.

11. **Arbitration Provision.** This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

12. **USA Patriot Act Disclosure.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open an Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

#### **YOUR AGREEMENT**

By selecting the **'I Agree'** button in TurboTax: (i) You authorize BANK to receive your 2013 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all Communications electronically in accordance with the 'Consent to Conduct Business Electronically' section of the License Agreement for Tax Year 2013 TurboTax(R) Software and Services, as the term 'Communications' is defined therein, (iii) You consent to the release of your 2013 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting **'I Agree'** indicates that both spouses agree to be bound by the terms and conditions of the Agreement.



**FACTS** What does Sunrise Banks N.A. do with your Personal Information?

**Why?** Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?** The types of personal information that we collect and share depend on the product or service you have with us. This can include:

- Social Security Number and Date of Birth
- Address of Residence
- Government Issued Identification Card

**How?** All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons Financial Companies can share their customers' personal information; the reasons Sunrise Banks N.A. chooses to share and whether you can limit the sharing.

| Reasons we can share your personal information                                                                                                                                     | Does Sunrise Banks N.A. share? | Can you limit this sharing? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------|
| For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus. | Yes                            | No                          |
| For our marketing purposes — to offer our products and services to you.                                                                                                            | Yes                            | No                          |
| For joint marketing with other financial companies.                                                                                                                                | Yes                            | No                          |
| For our affiliates' everyday business purposes — information about your transactions and experiences.                                                                              | Yes                            | No                          |
| For our affiliates' everyday business purposes — information about your creditworthiness.                                                                                          | No                             | We Don't Share              |
| For our affiliates to market to you.                                                                                                                                               | No                             | We Don't Share              |
| For non affiliates to market to you.                                                                                                                                               | Yes                            | Yes                         |

**To limit our sharing** If you prefer that we not disclose nonpublic personal information about you to non affiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to non affiliated third parties you may call the following number toll free: 800-717-7228.

If you are a new customer, we begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us anytime to limit our sharing.

**Questions?** Toll Free: 800-717-7228

| Who We Are                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who is providing this notice?                                                                                                                                                                      | Sunrise Banks N.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| What We Do                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| How does Sunrise Banks N.A. protect my personal information?                                                                                                                                       | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Your information is accessible only to employees who need the information in order to process your product request, answer your questions or determine the types of additional products or services that we think may interest you. We train our employees on their responsibility to maintain the privacy of your personal information.                                                                                    |
| How does Sunrise Banks N.A. collect my personal information?                                                                                                                                       | We collect personal information about you when you apply for a tax related product. This includes information in your application and your tax return in each year that you applied for a tax-related bank product, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, other lenders, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.                                      |
| Why can't I limit all sharing?                                                                                                                                                                     | Federal law gives you the right to limit only: <ul style="list-style-type: none"> <li>● Sharing for affiliates' everyday business purposes – information about your creditworthiness,</li> <li>● Affiliates from using your information to market to you,</li> <li>● Sharing for non affiliates to market to you,</li> <li>● State laws and individual companies may give you additional rights to limit sharing</li> </ul>                                                                                                                                                                                                           |
| What happens when I limit sharing for an account I hold jointly with someone else?                                                                                                                 | Your choices will apply to everyone on your account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Definitions                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Affiliates                                                                                                                                                                                         | Companies related by common ownership or control. They can be financial and non financial companies. <ul style="list-style-type: none"> <li>● Our affiliates include financial companies such as University Financial Corp. dba Sunrise Banks.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                             |
| Non affiliates                                                                                                                                                                                     | Companies not related by common ownership or control. They can be financial or non financial companies. <p>We may also disclose all of the information we collect to non affiliated third parties such as other financial institutions that offer tax refund products and software providers in the tax preparation and processing industry. Tax-related bank product providers may disclose information to each other about their experiences with you in order to collect outstanding tax-related loans or tax preparation fees, or to prevent actual or potential fraud, unauthorized transactions, claims or other liability.</p> |
| Joint Marketing                                                                                                                                                                                    | A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you. <p>We may disclose all of the Confidential Information that we collect as described above to companies that perform marketing services on our behalf or to other tax product providers with whom we have joint marketing agreements.</p>                                                                                                                                                                                                                                                    |
| Other Important Information                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999. This Notice applies only to individuals who have applied for a tax-related bank product. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

---

**Taxpayer:** Marvin K Latimer

**Primary SSN:** XXXXXXXXXX

**Federal Return Submitted:** January 28, 2014 08:05 AM PST

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

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Your return was electronically transmitted on 01/28/2014

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

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

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

#### TIMELY FILING:

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

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

### 2. THE ACCEPTANCE DATE.

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

# Electronic Filing Instructions for your 2013 South Carolina Tax Return

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



Marvin K Latimer  
816 hwy 378  
conway, SC 29527

|                                               |                                                                                                                                                                                                                                                                                                                                   |                |    |           |           |    |        |                        |    |          |                       |    |          |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|-----------|-----------|----|--------|------------------------|----|----------|-----------------------|----|----------|
| <b>Balance Due/Refund</b>                     | Your South Carolina state tax return (SC 1040) shows a refund due to you in the amount of \$2,528.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: [REDACTED].                                                                                               |                |    |           |           |    |        |                        |    |          |                       |    |          |
| <b>Where's My Refund?</b>                     | Before you call the South Carolina Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the South Carolina Department of Revenue directly at 803-898-5300. |                |    |           |           |    |        |                        |    |          |                       |    |          |
| <b>What You Need to Sign</b>                  | Sign and date Form SC-8453 within 1 day of acceptance.                                                                                                                                                                                                                                                                            |                |    |           |           |    |        |                        |    |          |                       |    |          |
| <b>Do Not Mail</b>                            | Do not mail a paper copy of your tax return. Since you filed electronically, the South Carolina Department of Revenue already has your return.                                                                                                                                                                                    |                |    |           |           |    |        |                        |    |          |                       |    |          |
| <b>What You Need to Keep</b>                  | Your Electronic Filing Instructions (this form)<br>- Form SC-8453 and attachment(s)<br>Printed copy of your state and federal returns<br>EF Acknowledgement and General Info<br>A printed copy of your tax return                                                                                                                 |                |    |           |           |    |        |                        |    |          |                       |    |          |
| <b>2013 South Carolina Tax Return Summary</b> | <table><tr><td>Taxable Income</td><td>\$</td><td>20,386.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>940.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>3,468.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>2,528.00</td></tr></table>                                                          | Taxable Income | \$ | 20,386.00 | Total Tax | \$ | 940.00 | Total Payments/Credits | \$ | 3,468.00 | Amount to be Refunded | \$ | 2,528.00 |
| Taxable Income                                | \$                                                                                                                                                                                                                                                                                                                                | 20,386.00      |    |           |           |    |        |                        |    |          |                       |    |          |
| Total Tax                                     | \$                                                                                                                                                                                                                                                                                                                                | 940.00         |    |           |           |    |        |                        |    |          |                       |    |          |
| Total Payments/Credits                        | \$                                                                                                                                                                                                                                                                                                                                | 3,468.00       |    |           |           |    |        |                        |    |          |                       |    |          |
| Amount to be Refunded                         | \$                                                                                                                                                                                                                                                                                                                                | 2,528.00       |    |           |           |    |        |                        |    |          |                       |    |          |



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 7/23/10)

3299

REV 12/19/13 TTW

Form with fields for name (MARVIN K LATIMER), social security number, spouse's name, home address (816 HWY 378), and tax year (2013).

Part I Tax Return Information (Whole dollars only)

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, Net SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Tuition Tax Credit, Refund, and Amount you owe.

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

Form with fields for routing transit number (RTN), bank account number (BAN), type of account (Checking/Savings), and withdrawal date/amount.

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

- 13. a. I consent that my refund be directly deposited as designated in Part II... b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account...

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. Do not submit this form to the SC Department of Revenue. Keep with your records.

Sign Here

Signature lines for taxpayer and spouse with date fields.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

Form for ERO's Use Only with fields for signature, date, PTIN, FEIN, and ZIP code.

Form for Paid Preparer's Use Only with fields for signature, date, PTIN, FEIN, and ZIP code.

DO NOT MAIL

KEEP

FOR

YOUR

RECORDS

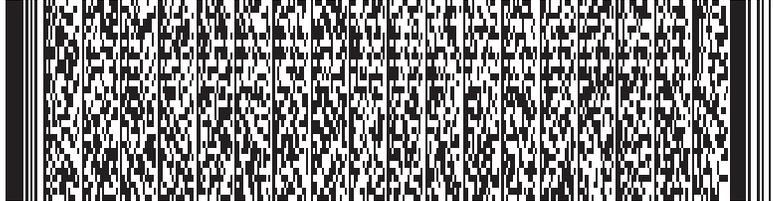
S



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

2013 INDIVIDUAL INCOME TAX RETURN

SC1040  
(Rev. 8/20/13)  
3075



|                                               |                                            |
|-----------------------------------------------|--------------------------------------------|
| Your social security number<br>[Redacted]     | Check if deceased <input type="checkbox"/> |
| Spouse's social security number<br>[Redacted] | Check if deceased <input type="checkbox"/> |

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2013, or fiscal tax year beginning 2013 and ending 2014

|                                                         |                                                                                                            |                      |                         |                                   |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|-----------------------------------|
| Print your first name and initial<br>Marvin K           |                                                                                                            | Last name<br>Latimer |                         | Suff.                             |
| Spouse's first name, if married filing jointly          |                                                                                                            | Last name            |                         |                                   |
| Check if new address <input type="checkbox"/>           | Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions<br>816 hwy 378 |                      |                         | County code<br>26                 |
| City<br>conway                                          | State<br>SC                                                                                                | Zip<br>29527         | Area code<br>[Redacted] | Daytime telephone<br>[Redacted] 4 |
| Check if address is outside US <input type="checkbox"/> | Foreign country address including Postal code (see instructions)                                           |                      |                         |                                   |

Check this box if you are filing SC Schedule NR (Part year/Nonresident)

Check this box ONLY if filing a composite return on behalf of the nonresident partners/shareholders of a partnership or "S" corporation

Check this box if you have filed a federal or state extension

Check this box if you served in a Military COMBAT ZONE during the filing period

Enter the name of the combat zone: \_\_\_\_\_

Check this box if this return is affected by a federally declared DISASTER AREA

Enter the name of the disaster area: \_\_\_\_\_

**CHECK YOUR FEDERAL FILING STATUS**

(1)  Single (3)  Married filing separately. Enter spouse's SSN here: \_\_\_\_\_

(2)  Married filing jointly (4)  Head-of-household (5)  Widow(er) with dependent child

**Federal Exemptions**

Enter the number of exemptions from your 2013 federal return

Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2013

Enter the number of taxpayers age 65 or older, as of December 31, 2013

**Dependents:**

| First name | Last name | Social security number | Relationship | Date of birth (MM/DD/YYYY) |
|------------|-----------|------------------------|--------------|----------------------------|
|            |           |                        |              |                            |
|            |           |                        |              |                            |
|            |           |                        |              |                            |
|            |           |                        |              |                            |



**INCOME AND ADJUSTMENTS**

**2013**

|          |                                                                                               |   |   |                |           |
|----------|-----------------------------------------------------------------------------------------------|---|---|----------------|-----------|
| <b>1</b> | <b>Enter federal taxable income from your federal form. If zero or less, enter zero here.</b> |   |   | <b>Dollars</b> |           |
|          | <b>Nonresident filers complete</b> Schedule NR and enter total from line 50 on line 5 below   | ▶ | 1 | 19,719         | <b>00</b> |

**ADDITIONS TO FEDERAL TAXABLE INCOME**

|          |                                                                                                                                                                |   |          |        |           |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|--------|-----------|
| <b>a</b> | State tax addback, if itemizing on federal return (See instructions)                                                                                           | ▶ | <b>a</b> | 3,468  | <b>00</b> |
| <b>b</b> | Out-of-state losses (See instructions)<br>Check type of loss: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other | ▶ | <b>b</b> |        | <b>00</b> |
| <b>c</b> | Expenses related to National Guard and Military Reserve income                                                                                                 | ▶ | <b>c</b> |        | <b>00</b> |
| <b>d</b> | Interest income on obligations of states and political subdivisions <b>other than</b> South Carolina                                                           | ▶ | <b>d</b> |        | <b>00</b> |
| <b>e</b> | Other additions to income. Attach an explanation (See instructions)                                                                                            | ▶ | <b>e</b> |        | <b>00</b> |
| <b>2</b> | Add lines <b>a through e</b> and enter the total here. These are your <b>total additions</b>                                                                   | ▶ | <b>2</b> | 3,468  | <b>00</b> |
| <b>3</b> | Add lines 1 and 2 and enter the total here                                                                                                                     | ▶ | <b>3</b> | 23,187 | <b>00</b> |

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

|            |                                                                                                                                                                                                                                                                                       |   |            |       |           |                |             |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|-------|-----------|----------------|-------------|
| <b>f</b>   | State tax refund, if included on your federal return                                                                                                                                                                                                                                  | ▶ | <b>f</b>   | 2,486 | <b>00</b> | <b>Dollars</b> |             |
| <b>g</b>   | Total and permanent disability retirement income, if taxed on your federal return                                                                                                                                                                                                     | ▶ | <b>g</b>   |       | <b>00</b> |                |             |
| <b>h</b>   | Out-of-state income/gain – Do not include personal service income (See instructions)<br>Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other                                                                   | ▶ | <b>h</b>   |       | <b>00</b> |                |             |
| <b>i</b>   | 44% of net capital gains held for more than <b>one year</b> (See instructions)                                                                                                                                                                                                        | ▶ | <b>i</b>   | 315   | <b>00</b> |                |             |
| <b>j</b>   | Volunteer deductions (See instructions) Check type of deduction:<br><input type="checkbox"/> Firefighter <input type="checkbox"/> HazMat <input type="checkbox"/> Rescue Squad<br><input type="checkbox"/> DNR <input type="checkbox"/> Reserve Police <input type="checkbox"/> Other | ▶ | <b>j</b>   |       | <b>00</b> |                |             |
| <b>k</b>   | Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)                                                                                                                                                         | ▶ | <b>k</b>   |       | <b>00</b> |                |             |
| <b>l</b>   | Active Trade or Business Income deduction (See instructions)                                                                                                                                                                                                                          | ▶ | <b>l</b>   |       | <b>00</b> |                |             |
| <b>m</b>   | Interest income from obligations of the US government                                                                                                                                                                                                                                 | ▶ | <b>m</b>   |       | <b>00</b> |                |             |
| <b>n</b>   | Certain nontaxable National Guard or Reserve Pay (See instructions)                                                                                                                                                                                                                   | ▶ | <b>n</b>   |       | <b>00</b> |                |             |
| <b>o</b>   | Social security and/or railroad retirement, if taxed on your federal return                                                                                                                                                                                                           | ▶ | <b>o</b>   |       | <b>00</b> |                |             |
| <b>p</b>   | <b>Caution: Retirement Deduction (See instructions)</b>                                                                                                                                                                                                                               |   |            |       |           |                |             |
| <b>p-1</b> | Taxpayer: date of birth                                                                                                                                                                                                                                                               | ▶ | <b>p-1</b> |       | <b>00</b> |                |             |
| <b>p-2</b> | Spouse: date of birth                                                                                                                                                                                                                                                                 | ▶ | <b>p-2</b> |       | <b>00</b> |                |             |
| <b>p-3</b> | Surviving spouse #1: date of birth of deceased spouse                                                                                                                                                                                                                                 | ▶ | <b>p-3</b> |       | <b>00</b> |                |             |
| <b>p-4</b> | Surviving spouse #2: date of birth of deceased spouse                                                                                                                                                                                                                                 | ▶ | <b>p-4</b> |       | <b>00</b> |                |             |
| <b>q</b>   | Age 65 and older deduction (See instructions)                                                                                                                                                                                                                                         |   |            |       |           |                |             |
| <b>q-1</b> | Taxpayer: date of birth                                                                                                                                                                                                                                                               | ▶ | <b>q-1</b> |       | <b>00</b> |                |             |
| <b>q-2</b> | Spouse: date of birth                                                                                                                                                                                                                                                                 | ▶ | <b>q-2</b> |       | <b>00</b> |                |             |
| <b>r</b>   | Negative amount of federal taxable income                                                                                                                                                                                                                                             | ▶ | <b>r</b>   |       | <b>00</b> |                |             |
| <b>s</b>   | Subsistence allowance ____ days @ \$8.00                                                                                                                                                                                                                                              | ▶ | <b>s</b>   |       | <b>00</b> |                |             |
| <b>t</b>   | Dependents under the age of 6 years on December 31 of the tax year                                                                                                                                                                                                                    | ▶ | <b>t</b>   |       | <b>00</b> |                |             |
| <b>u</b>   | Consumer Protection Services                                                                                                                                                                                                                                                          | ▶ | <b>u</b>   |       | <b>00</b> |                |             |
| <b>v</b>   | Other subtractions (See instructions)                                                                                                                                                                                                                                                 | ▶ | <b>v</b>   |       | <b>00</b> |                |             |
| <b>4</b>   | Add lines <b>f through v</b> and enter here. These are your <b>total subtractions</b>                                                                                                                                                                                                 | ▶ | <b>4</b>   | <     | 2,801     |                | <b>00</b> > |
| <b>5</b>   | Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your <b>South Carolina INCOME SUBJECT TO TAX</b>                                                                     | ▶ | <b>5</b>   |       | 20,386    |                | <b>00</b>   |
| <b>6</b>   | <b>TAX:</b> enter tax from SOUTH CAROLINA tax tables                                                                                                                                                                                                                                  | ▶ | <b>6</b>   | 940   | <b>00</b> |                |             |
| <b>7</b>   | TAX on Lump Sum Distribution (Attach SC4972)                                                                                                                                                                                                                                          | ▶ | <b>7</b>   |       | <b>00</b> |                |             |
| <b>8</b>   | TAX on Active Trade or Business Income (Attach I-335)                                                                                                                                                                                                                                 | ▶ | <b>8</b>   |       | <b>00</b> |                |             |
| <b>9</b>   | TAX on excess withdrawals from Catastrophe Savings Accounts                                                                                                                                                                                                                           | ▶ | <b>9</b>   |       | <b>00</b> |                |             |
| <b>10</b>  | Add lines 6 through 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>                                                                                                                                                                                          | ▶ | <b>10</b>  |       | 940       | <b>00</b>      |             |
| <b>11</b>  | Child and Dependent Care (See instructions)                                                                                                                                                                                                                                           | ▶ | <b>11</b>  |       | <b>00</b> |                |             |
| <b>12</b>  | Two Wage Earner Credit (See instructions)                                                                                                                                                                                                                                             | ▶ | <b>12</b>  |       | <b>00</b> |                |             |
| <b>13</b>  | Other non-refundable credits. Attach SC1040TC and other state return(s)                                                                                                                                                                                                               | ▶ | <b>13</b>  |       | <b>00</b> |                |             |
| <b>14</b>  | TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here                                                                                                                                                                                                        | ▶ | <b>14</b>  |       | <b>00</b> |                |             |
| <b>15</b>  | SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here                                                                                                                                                                                                       | ▶ | <b>15</b>  |       | 940       | <b>00</b>      |             |



PAYMENTS AND REFUNDABLE CREDITS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |    |                                                                                                                                                                                                    |       |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 16 SC INCOME TAX WITHHELD (Attach W-2 or SC41) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3,468                                | 00 | 20 Other SC withholding (Attach Form 1099) . . . . .                                                                                                                                               |       | 00 |
| 17 2013 estimated tax payments ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | 00 | 21 Tuition tax credit (Attach I-319) . . . . .                                                                                                                                                     |       | 00 |
| 18 Amount paid with extension . . ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | 00 | 22 Other refundable credit(s) ▶                                                                                                                                                                    |       | 00 |
| 19 NR sale of real estate . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | 00 | <input type="checkbox"/> Anhydrous Ammonia (Attach I-333)<br>Check type: <input type="checkbox"/> Milk Credit (Attach I-334)<br><input type="checkbox"/> Classroom Teacher Expenses (Attach I-360) |       |    |
| 23 Add lines 16 through 22 and enter the total here. . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | These are your <b>TOTAL PAYMENTS</b> |    | 23                                                                                                                                                                                                 | 3,468 | 00 |
| 24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |    | 24                                                                                                                                                                                                 | 2,528 | 00 |
| 25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |    | 25                                                                                                                                                                                                 |       | 00 |
| 26 USE TAX: (See instructions) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 26                                   | 0  | 00                                                                                                                                                                                                 |       |    |
| 27 Amount of line 24 to be credited to your 2014 Estimated Tax . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 27                                   |    | 00                                                                                                                                                                                                 |       |    |
| 28 Total Contributions for Check-offs (Attach I-330) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 28                                   |    | 00                                                                                                                                                                                                 |       |    |
| 29 Add lines 26 through 28 and enter the total here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |    | 29                                                                                                                                                                                                 | 0     | 00 |
| 30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |    | 30                                                                                                                                                                                                 | 2,528 | 00 |
| <b>REFUND OPTIONS (subject to program limitations)</b><br>30a Mark one refund choice: <input checked="" type="checkbox"/> Direct Deposit (30b required) <input type="checkbox"/> Debit Card* <input type="checkbox"/> Paper Check<br><i>*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America</i><br>30b Direct Deposit (for US Accounts Only) Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings<br>Routing Number (RTN) <input type="text"/> Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32<br>Bank Account Number (BAN) <input type="text"/> 1-17 digits |                                      |    |                                                                                                                                                                                                    |       |    |
| 31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |    | 31                                                                                                                                                                                                 |       | 00 |
| 32 Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |    | 32                                                                                                                                                                                                 |       | 00 |
| 33 Penalty for Underpayment of Estimated Tax (Attach SC2210) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |    | 33                                                                                                                                                                                                 |       | 00 |
| (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |    | 33                                                                                                                                                                                                 |       | 00 |
| 34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |    | 34                                                                                                                                                                                                 |       | 00 |

Pay electronically free of charge at www.sctax.org. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2013 SC1040" on the payment.

Go Paperless! SCDOR will offer the option to receive your Form 1099-G/INT electronically instead of receiving it in the mail. Form 1099-G/INT is used when preparing your federal tax return.

|                                                                                                                                                                                 |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> Check here and enter your email address if you wish to receive information about obtaining your 1099-G/INT Income Tax Refund statement electronically. | Email Address |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

|                                                                                                                                                                                                           |      |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------|
| Your signature                                                                                                                                                                                            | Date | Spouse's signature (if married filing jointly, BOTH must sign) |
| I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes <input type="checkbox"/> No <input type="checkbox"/> |      | Preparer's printed name                                        |

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

|                          |                                                                |               |                                                 |      |
|--------------------------|----------------------------------------------------------------|---------------|-------------------------------------------------|------|
| Paid Preparer's Use Only | Preparer signature                                             | Date          | Check if self-employed <input type="checkbox"/> | PTIN |
|                          | Firm name (or yours if self-employed) and address and Zip Code | Self prepared |                                                 | FEIN |
|                          |                                                                |               | Phone No.                                       |      |

MAIL TO:



|                     |
|---------------------|
| REFUNDS OR ZERO TAX |
| BALANCE DUE         |

SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100  
Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

► Keep for your records

|                                                    |                                                                                                                                                                                      |                                                       |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Name as Shown on Return<br><u>Marvin K Latimer</u> |                                                                                                                                                                                      | Social Security Number<br><u>                    </u> |
| <b>1</b>                                           | Itemized deductions from 2013 federal Form 1040, Schedule A lines 4, 9, 15, 19, 20, 27 and 28. . . . .                                                                               | <b>1</b> <u>13,225.</u>                               |
| <b>2</b>                                           | Enter allowable federal standard deduction you would have been allowed if you had not itemized. (Enter zero for married filing separate returns. See federal instructions) . . . . . | <b>2</b> <u>6,100.</u>                                |
| <b>3</b>                                           | Subtract line 2 from line 1. (Enter zero if line 2 is greater than line 1.) . . . . .                                                                                                | <b>3</b> <u>7,125.</u>                                |
| <b>4</b>                                           | Enter the amount of state and local income taxes line (or general sales taxes) from federal Schedule A. . . . .                                                                      | <b>4</b> <u>3,468.</u>                                |
| <b>5</b>                                           | The lesser of line 3 or line 4. Enter this amount on SC1040, line a or Schedule NR, line 46 . . . . .                                                                                | <b>5</b> <u>3,468.</u>                                |

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20

Your first name and initial: **Marvin K** Last name: **Latimer** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **816 hwy 378** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **conway SC 29527**

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 and full name here. ▶ \_\_\_\_\_

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

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

**Boxes checked on 6a and 6b** 1

**c Dependents:**

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

If more than four dependents, see instructions and check here

**No. of children on 6c who:**  
 • lived with you \_\_\_\_\_  
 • did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**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   | 51,560.  |
| 8a  | Taxable interest. Attach Schedule B if required . . . . .                                                   | 8a  | 57.      |
| b   | Tax-exempt interest. Do not include on line 8a . . . . .                                                    | 8b  |          |
| 9a  | Ordinary dividends. Attach Schedule B if required . . . . .                                                 | 9a  | 196.     |
| b   | Qualified dividends . . . . .                                                                               | 9b  | 196.     |
| 10  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                              | 10  | 2,486.   |
| 11  | Alimony received . . . . .                                                                                  | 11  |          |
| 12  | Business income or (loss). Attach Schedule C or C-EZ . . . . .                                              | 12  | -18,170. |
| 13  | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13  | 715.     |
| 14  | Other gains or (losses). Attach Form 4797 . . . . .                                                         | 14  |          |
| 15a | IRA distributions . . . . .                                                                                 | 15a |          |
| b   | Taxable amount . . . . .                                                                                    | 15b |          |
| 16a | Pensions and annuities . . . . .                                                                            | 16a |          |
| b   | Taxable amount . . . . .                                                                                    | 16b |          |
| 17  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                 | 17  |          |
| 18  | Farm income or (loss). Attach Schedule F . . . . .                                                          | 18  |          |
| 19  | Unemployment compensation . . . . .                                                                         | 19  |          |
| 20a | Social security benefits . . . . .                                                                          | 20a |          |
| b   | Taxable amount . . . . .                                                                                    | 20b |          |
| 21  | Other income. List type and amount _____                                                                    | 21  |          |
| 22  | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶             | 22  | 36,844.  |

**Adjusted Gross Income**

|     |                                                                                                                                        |     |         |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 23  | Educator expenses . . . . .                                                                                                            | 23  |         |
| 24  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . | 24  |         |
| 25  | Health savings account deduction. Attach Form 8889 . . . . .                                                                           | 25  |         |
| 26  | Moving expenses. Attach Form 3903 . . . . .                                                                                            | 26  |         |
| 27  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                   | 27  |         |
| 28  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                               | 28  |         |
| 29  | Self-employed health insurance deduction . . . . .                                                                                     | 29  |         |
| 30  | Penalty on early withdrawal of savings . . . . .                                                                                       | 30  |         |
| 31a | Alimony paid b Recipient's SSN ▶ _____                                                                                                 | 31a |         |
| 32  | IRA deduction . . . . .                                                                                                                | 32  |         |
| 33  | Student loan interest deduction . . . . .                                                                                              | 33  |         |
| 34  | Tuition and fees. Attach Form 8917 . . . . .                                                                                           | 34  |         |
| 35  | Domestic production activities deduction. Attach Form 8903 . . . . .                                                                   | 35  |         |
| 36  | Add lines 23 through 35 . . . . .                                                                                                      | 36  |         |
| 37  | Subtract line 36 from line 22. This is your adjusted gross income ▶                                                                    | 37  | 36,844. |

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits, with amounts ranging from 36,844 to 2,378.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes, with amounts ranging from 2,378 to 7,344.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments, with amounts ranging from 7,344 to 7,344.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund, with amounts ranging from 4,966 to 4,966.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe, with amounts ranging from 76 to 77.

Third Party Designee

Form section for Third Party Designee with fields for name, phone number, and personal identification number (PIN).

Sign Here

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

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

Signature section with fields for Your signature, Date, Your occupation (Funeral Director), Daytime phone number (843) 248-4844, Spouse's signature, Date, Spouse's occupation, and Identity Protection PIN.

Paid Preparer Use Only

Paid Preparer Use Only section with fields for Preparer's name, signature, date, firm's name (Self-Prepared), firm's EIN, firm's address, and phone number.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

Marvin K Latimer

[REDACTED]

| <b>Caution.</b> Do not include expenses reimbursed or paid by others. |                          |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |           |        |
|-----------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>Medical and Dental Expenses</b>                                    | <b>1</b>                 | Medical and dental expenses (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                               | <b>1</b>                                                                                                                                                                                   | 1,601.    |        |
|                                                                       | <b>2</b>                 | Enter amount from Form 1040, line 38 <b>2</b> 36,844.                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                            |           |        |
|                                                                       | <b>3</b>                 | Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead                                                                                                                                                                                                                                                                 | <b>3</b>                                                                                                                                                                                   | 3,684.    |        |
|                                                                       | <b>4</b>                 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-                                                                                                                                                                                                                                                                                                                                  | <b>4</b>                                                                                                                                                                                   | 0.        |        |
| <b>Taxes You Paid</b>                                                 | <b>5</b>                 | State and local ( <b>check only one box</b> ):                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                            |           |        |
|                                                                       |                          | a <input checked="" type="checkbox"/> Income taxes, or                                                                                                                                                                                                                                                                                                                                                 | <b>5</b>                                                                                                                                                                                   | 3,468.    |        |
|                                                                       |                          | b <input type="checkbox"/> General sales taxes                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                            |           |        |
|                                                                       | <b>6</b>                 | Real estate taxes (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                                         | <b>6</b>                                                                                                                                                                                   | 869.      |        |
|                                                                       | <b>7</b>                 | Personal property taxes . . . . .                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                   | 536.      |        |
|                                                                       | <b>8</b>                 | Other taxes. List type and amount ►                                                                                                                                                                                                                                                                                                                                                                    | <b>8</b>                                                                                                                                                                                   |           |        |
|                                                                       | <b>9</b>                 | Add lines 5 through 8 . . . . .                                                                                                                                                                                                                                                                                                                                                                        | <b>9</b>                                                                                                                                                                                   | 4,873.    |        |
|                                                                       | <b>Interest You Paid</b> | <b>10</b>                                                                                                                                                                                                                                                                                                                                                                                              | Home mortgage interest and points reported to you on Form 1098                                                                                                                             | <b>10</b> | 8,120. |
|                                                                       |                          | <b>11</b>                                                                                                                                                                                                                                                                                                                                                                                              | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | <b>11</b> |        |
| <b>12</b>                                                             |                          | Points not reported to you on Form 1098. See instructions for special rules . . . . .                                                                                                                                                                                                                                                                                                                  | <b>12</b>                                                                                                                                                                                  |           |        |
| <b>13</b>                                                             |                          | Mortgage insurance premiums (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                               | <b>13</b>                                                                                                                                                                                  |           |        |
| <b>14</b>                                                             |                          | Investment interest. Attach Form 4952 if required. (See instructions.)                                                                                                                                                                                                                                                                                                                                 | <b>14</b>                                                                                                                                                                                  |           |        |
| <b>15</b>                                                             |                          | Add lines 10 through 14 . . . . .                                                                                                                                                                                                                                                                                                                                                                      | <b>15</b>                                                                                                                                                                                  | 8,120.    |        |
| <b>Gifts to Charity</b>                                               | <b>16</b>                | Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .                                                                                                                                                                                                                                                                                                              | <b>16</b>                                                                                                                                                                                  | 190.      |        |
|                                                                       | <b>17</b>                | Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .                                                                                                                                                                                                                                                                  | <b>17</b>                                                                                                                                                                                  | 42.       |        |
|                                                                       | <b>18</b>                | Carryover from prior year . . . . .                                                                                                                                                                                                                                                                                                                                                                    | <b>18</b>                                                                                                                                                                                  |           |        |
|                                                                       | <b>19</b>                | Add lines 16 through 18 . . . . .                                                                                                                                                                                                                                                                                                                                                                      | <b>19</b>                                                                                                                                                                                  | 232.      |        |
| <b>Casualty and Theft Losses</b>                                      | <b>20</b>                | Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .                                                                                                                                                                                                                                                                                                                            | <b>20</b>                                                                                                                                                                                  |           |        |
| <b>Job Expenses and Certain Miscellaneous Deductions</b>              | <b>21</b>                | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►                                                                                                                                                                                                                                                              | <b>21</b>                                                                                                                                                                                  |           |        |
|                                                                       | <b>22</b>                | Tax preparation fees . . . . .                                                                                                                                                                                                                                                                                                                                                                         | <b>22</b>                                                                                                                                                                                  |           |        |
|                                                                       | <b>23</b>                | Other expenses—investment, safe deposit box, etc. List type and amount ►                                                                                                                                                                                                                                                                                                                               | <b>23</b>                                                                                                                                                                                  |           |        |
|                                                                       | <b>24</b>                | Add lines 21 through 23 . . . . .                                                                                                                                                                                                                                                                                                                                                                      | <b>24</b>                                                                                                                                                                                  |           |        |
|                                                                       | <b>25</b>                | Enter amount from Form 1040, line 38 <b>25</b>                                                                                                                                                                                                                                                                                                                                                         | <b>25</b>                                                                                                                                                                                  |           |        |
|                                                                       | <b>26</b>                | Multiply line 25 by 2% (.02) . . . . .                                                                                                                                                                                                                                                                                                                                                                 | <b>26</b>                                                                                                                                                                                  |           |        |
|                                                                       | <b>27</b>                | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-                                                                                                                                                                                                                                                                                                                              | <b>27</b>                                                                                                                                                                                  |           |        |
| <b>Other Miscellaneous Deductions</b>                                 | <b>28</b>                | Other—from list in instructions. List type and amount ►                                                                                                                                                                                                                                                                                                                                                | <b>28</b>                                                                                                                                                                                  |           |        |
| <b>Total Itemized Deductions</b>                                      | <b>29</b>                | Is Form 1040, line 38, over \$150,000?<br><input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.<br><input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | <b>29</b>                                                                                                                                                                                  | 13,225.   |        |
|                                                                       | <b>30</b>                | If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |           |        |

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► 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.

OMB No. 1545-0074

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

|                                                                                                                                                                     |                                                                    |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| Name of proprietor<br><b>Marvin K Latimer</b>                                                                                                                       |                                                                    | Social security number (SSN)<br>[REDACTED]                          |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>television show</b>                                                | <b>B</b> Enter code from instructions<br>▶   5   1   2   1   0   0 |                                                                     |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>the marvin show llc</b>                                                                    | <b>D</b> Employer ID number (EIN), (see instr.)<br>                |                                                                     |
| <b>E</b> Business address (including suite or room no.) ▶ <b>4925 woodview lane</b><br>City, town or post office, state, and ZIP code <b>myrtle beach, SC 29575</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 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 . . . . . ▶ <input type="checkbox"/> | <b>1</b> | 3,452. |
| <b>2</b> Returns and allowances . . . . .                                                                                                                                                                                     | <b>2</b> | 125.   |
| <b>3</b> Subtract line 2 from line 1 . . . . .                                                                                                                                                                                | <b>3</b> | 3,327. |
| <b>4</b> Cost of goods sold (from line 42) . . . . .                                                                                                                                                                          | <b>4</b> |        |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .                                                                                                                                                           | <b>5</b> | 3,327. |
| <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> | 3,327. |

**Part II Expenses**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |                                                                          |            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--------------------------------------------------------------------------|------------|--------|
| <b>8</b> Advertising . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>8</b>   | 12,486.  | <b>18</b> Office expense (see instructions)                              | <b>18</b>  | 245.   |
| <b>9</b> Car and truck expenses (see instructions). . . . .                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>9</b>   | 384.     | <b>19</b> Pension and profit-sharing plans . . . . .                     | <b>19</b>  |        |
| <b>10</b> Commissions and fees . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>10</b>  | 625.     | <b>20</b> Rent or lease (see instructions):                              |            |        |
| <b>11</b> Contract labor (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>11</b>  | 2,325.   | <b>a</b> Vehicles, machinery, and equipment                              | <b>20a</b> | 1,200. |
| <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>  | 0.       | <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>  | 225.   |
| <b>15</b> Insurance (other than health)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>15</b>  |          | <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>16a</b> |          | <b>a</b> Travel . . . . .                                                | <b>24a</b> | 563.   |
| <b>b</b> Other . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>16b</b> |          | <b>b</b> Deductible meals and entertainment (see instructions) . . . . . | <b>24b</b> |        |
| <b>17</b> Legal and professional services                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>17</b>  |          | <b>25</b> Utilities . . . . .                                            | <b>25</b>  | 1,476. |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶                                                                                                                                                                                                                                                                                                                                                                            | <b>28</b>  | 19,604.  | <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>  | -16,277. | <b>27a</b> Other expenses (from line 48) . . . . .                       | <b>27a</b> | 75.    |
| <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).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____<br>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>  | 1,893.   | <b>27b</b> <b>Reserved for future use</b> . . . . .                      | <b>27b</b> |        |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• 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> .<br>• If a loss, you <b>must</b> go to line 32.                                                                                                                       | <b>31</b>  | -18,170. |                                                                          |            |        |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |          |                                                                          |            |        |

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

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

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
 If "Yes," attach explanation . . . . .  **Yes**     **No**

|                                                                                                                     |           |  |
|---------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .                                         | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .                                      | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .                                                                          | <b>38</b> |  |
| <b>39</b> Other costs . . . . .                                                                                     | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .                                                                         | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .                                                                        | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .   | <b>42</b> |  |

**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)    ▶ 01/07/2011

**44** Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ 595    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other \_\_\_\_\_ 22,882

**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**

**47a** 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.

|                                                                             |           |     |
|-----------------------------------------------------------------------------|-----------|-----|
| sponsor gift bags                                                           |           | 75. |
|                                                                             |           |     |
|                                                                             |           |     |
|                                                                             |           |     |
|                                                                             |           |     |
|                                                                             |           |     |
|                                                                             |           |     |
|                                                                             |           |     |
|                                                                             |           |     |
|                                                                             |           |     |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> | 75. |

## Expenses for Business Use of Your Home

Department of the Treasury  
Internal Revenue Service (99)

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

**2013**  
Attachment  
Sequence No. **176**

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

Name(s) of proprietor(s)

Marvin K Latimer

Your social security number

██████████

**Part I Part of Your Home Used for Business** television show

|                                                                                                                                                                                                     |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) . . . . .                                              | <b>1</b> | 179       |
| 2 Total area of home . . . . .                                                                                                                                                                      | <b>2</b> | 1,029     |
| 3 Divide line 1 by line 2. Enter the result as a percentage . . . . .                                                                                                                               | <b>3</b> | 17.40 %   |
| <b>For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.</b>                                                                                             |          |           |
| 4 Multiply days used for daycare during year by hours used per day                                                                                                                                  | <b>4</b> | hr.       |
| 5 Total hours available for use during the year (365 days x 24 hours) (see instructions)                                                                                                            | <b>5</b> | 8,760 hr. |
| 6 Divide line 4 by line 5. Enter the result as a decimal amount . . . . .                                                                                                                           | <b>6</b> |           |
| 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 . . . . . ▶ | <b>7</b> | 17.40 %   |

**Part II Figure Your Allowable Deduction**

|                                                                                                                                                                                                                                                                                                              |                     |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|
| 8 Enter the amount from Schedule C, line 29, <b>plus</b> 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 . . . . . | <b>8</b>            | -17,441.              |
| <b>See instructions for columns (a) and (b) before completing lines 9-21.</b>                                                                                                                                                                                                                                |                     |                       |
|                                                                                                                                                                                                                                                                                                              | (a) Direct expenses | (b) Indirect expenses |
| 9 Casualty losses (see instructions) . . . . .                                                                                                                                                                                                                                                               | <b>9</b>            |                       |
| 10 Deductible mortgage interest (see instructions)                                                                                                                                                                                                                                                           | <b>10</b>           | 9,830.                |
| 11 Real estate taxes (see instructions) . . . . .                                                                                                                                                                                                                                                            | <b>11</b>           | 1,052.                |
| 12 Add lines 9, 10, and 11 . . . . .                                                                                                                                                                                                                                                                         | <b>12</b>           | 10,882.               |
| 13 Multiply line 12, column (b) by line 7 . . . . .                                                                                                                                                                                                                                                          | <b>13</b>           | 1,893.                |
| 14 Add line 12, column (a) and line 13 . . . . .                                                                                                                                                                                                                                                             | <b>14</b>           | 1,893.                |
| 15 Subtract line 14 from line 8. If zero or less, enter -0-                                                                                                                                                                                                                                                  | <b>15</b>           | 0.                    |
| 16 Excess mortgage interest (see instructions) . . . . .                                                                                                                                                                                                                                                     | <b>16</b>           |                       |
| 17 Insurance . . . . .                                                                                                                                                                                                                                                                                       | <b>17</b>           | 3,200.                |
| 18 Rent . . . . .                                                                                                                                                                                                                                                                                            | <b>18</b>           |                       |
| 19 Repairs and maintenance . . . . .                                                                                                                                                                                                                                                                         | <b>19</b>           | 178.                  |
| 20 Utilities . . . . .                                                                                                                                                                                                                                                                                       | <b>20</b>           | 5,083.                |
| 21 Other expenses (see instructions) . . . . .                                                                                                                                                                                                                                                               | <b>21</b>           | 300.                  |
| 22 Add lines 16 through 21 . . . . .                                                                                                                                                                                                                                                                         | <b>22</b>           | 8,761.                |
| 23 Multiply line 22, column (b) by line 7 . . . . .                                                                                                                                                                                                                                                          | <b>23</b>           | 1,524.                |
| 24 Carryover of operating expenses from 2012 Form 8829, line 42 . . . . .                                                                                                                                                                                                                                    | <b>24</b>           | 1,069.                |
| 25 Add line 22, column (a), line 23, and line 24 . . . . .                                                                                                                                                                                                                                                   | <b>25</b>           | 2,593.                |
| 26 Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25 . . . . .                                                                                                                                                                                                                    | <b>26</b>           | 0.                    |
| 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 . . . . .                                                                                                                                                                                                                 | <b>27</b>           | 0.                    |
| 28 Excess casualty losses (see instructions) . . . . .                                                                                                                                                                                                                                                       | <b>28</b>           |                       |
| 29 Depreciation of your home from line 41 below . . . . .                                                                                                                                                                                                                                                    | <b>29</b>           | 582.                  |
| 30 Carryover of excess casualty losses and depreciation from 2012 Form 8829, line 43 . . . . .                                                                                                                                                                                                               | <b>30</b>           | 1,164.                |
| 31 Add lines 28 through 30 . . . . .                                                                                                                                                                                                                                                                         | <b>31</b>           | 1,746.                |
| 32 Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31 . . . . .                                                                                                                                                                                               | <b>32</b>           | 0.                    |
| 33 Add lines 14, 26, and 32. . . . .                                                                                                                                                                                                                                                                         | <b>33</b>           | 1,893.                |
| 34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> (see instructions)                                                                                                                                                                                                  | <b>34</b>           |                       |
| 35 <b>Allowable expenses for business use of your home.</b> 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 ▶                                                                                                       | <b>35</b>           | 1,893.                |

**Part III Depreciation of Your Home**

|                                                                                                                 |           |          |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------|
| 36 Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions) . . . . . | <b>36</b> | 170,000. |
| 37 Value of land included on line 36 . . . . .                                                                  | <b>37</b> | 40,000.  |
| 38 Basis of building. Subtract line 37 from line 36 . . . . .                                                   | <b>38</b> | 130,000. |
| 39 Business basis of building. Multiply line 38 by line 7. . . . .                                              | <b>39</b> | 22,620.  |
| 40 Depreciation percentage (see instructions) . . . . .                                                         | <b>40</b> | 2.5641 % |
| 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above      | <b>41</b> | 582.     |

**Part IV Carryover of Unallowed Expenses to 2014**

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| 42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- . . . . .            | <b>42</b> | 2,593. |
| 43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0- | <b>43</b> | 1,746. |

|                                              |                        |
|----------------------------------------------|------------------------|
| Name(s) of Proprietor(s)<br>Marvin K Latimer | Your SSN<br>[REDACTED] |
|----------------------------------------------|------------------------|

Business name . . . . . television show  
4925 woodview lane

**Part I – Calculation of Line 7**

*Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:*

|    |                                                                                       |    |          |
|----|---------------------------------------------------------------------------------------|----|----------|
| 1  | Area used exclusively for daycare . . . . .                                           | 1  | _____    |
| 2  | Total area of home. . . . .                                                           | 2  | _____    |
| 3  | Business % for area used exclusively for daycare. Divide Line 1 by line 2 . . . . .   | 3  | _____ %  |
| 4  | Area used only partly for daycare . . . . .                                           | 4  | _____    |
| 5  | Divide line 4 by line 2 . . . . .                                                     | 5  | _____ %  |
| 6  | Multiply days used for daycare during year by hours used per day . . . . .            | 6  | _____ hr |
| 7  | Total hours available for use during the year (365 x 24 hours). . . . .               | 7  | _____ hr |
| 8  | Divide line 6 by line 7. Enter result as a decimal amount. . . . .                    | 8  | _____    |
| 9  | Business % for area used only partly for daycare. Multiply line 8 by line 5 . . . . . | 9  | _____ %  |
| 10 | Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . . . .  | 10 | _____ %  |

**Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line D**

*Calculation of business income limit when part of gross income is from a place of business other than this home office:*

|   |                                                                                                                                                                                    |   |          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 1 | Gross income from Schedule C, line 7. . . . .                                                                                                                                      | 1 | 3,327.   |
| 2 | Percent of gross income from business use of home reported on Schedule C. . . . .                                                                                                  | 2 | 65.00 %  |
| 3 | Gross income from business use of home. Multiply line 1 by line 2 . . . . .                                                                                                        | 3 | 2,163.   |
| 4 | Gain from business use of your home shown on Schedule D or Form 4797 . . . . .                                                                                                     | 4 | _____    |
| 5 | Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4 . . . . .                                                                                                       | 5 | 2,163.   |
| 6 | Total expenses from Schedule C, line 28. . . . .                                                                                                                                   | 6 | 19,604.  |
| 7 | If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. Enter the expenses as a positive number . . . . . | 7 | _____    |
| 8 | Any losses from this business shown on Schedule D or Form 4797. Enter the losses as a positive number . . . . .                                                                    | 8 | _____    |
| 9 | Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8, or Simple Wks, ln D . . .                                                                                             | 9 | -17,441. |

**Part III – Calculation of Line 41**

|   |                                                                                            |   |       |
|---|--------------------------------------------------------------------------------------------|---|-------|
| 1 | Depreciation attributable to business use of home . . . . .                                | 1 | 582.  |
| 2 | Depreciation for additions and improvements attributable to business use of home . . . . . | 2 | _____ |
| 3 | Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41. . . . .    | 3 | 582.  |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

**2013**  
Attachment  
Sequence No. **12**

Name(s) shown on return  
Marvin K Latimer

Your social security number

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                         |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                                                            |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                               |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                            |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .                                                                          |                                  |                                 |                                                                                           | <b>7</b>                                                                                                  |

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                               | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                        | 1,715.                           | 1,000.                          |                                                                                            | 715.                                                                                                      |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                         |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                        |                                  |                                 |                                                                                            |                                                                                                           |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                    |                                  |                                 |                                                                                            | <b>11</b>                                                                                                 |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                              |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions. See the instructions . . . . .                                                                                                                                                                                                                      |                                  |                                 |                                                                                            | <b>13</b>                                                                                                 |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                          |                                  |                                 |                                                                                            | <b>14</b> ( )                                                                                             |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .                                                                                                                                                      |                                  |                                 |                                                                                            | <b>15</b> 715.                                                                                            |

**Part III Summary**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul> | <b>16</b> | 715. |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>                                                                                                                                                                                                                                                                                                                                |           |      |
| <p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>18</b> |      |
| <p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                       | <b>19</b> |      |
| <p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>                                                 |           |      |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>                                                                                                                                                              | <b>21</b> | ( )  |
| <p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>                                                                                                                                         |           |      |

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification number

Marvin K Latimer

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

**Part II Long-Term.** Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1                                                                                                                                                                                                                                                                                                                 | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                   | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   | 22 shares wmt                                                | 02/17/08                                | 07/14/13                                           | 1715.00                                                | 1000.00                                                                                                                  |                                                                                                                                                       |                                | 715.00                                                                                                               |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶ |                                                              |                                         |                                                    | 1715.00                                                | 1000.00                                                                                                                  |                                                                                                                                                       |                                | 715.00                                                                                                               |

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Marvin Latimer  
Exec. Prod  
The MarvinSHow

Appeared before me this 10 day of Aug. that all these statements are true  
with penalty of perjury in this state of SC county of Horry

Marvin Latimer

Marvin K. Latimer  
Notary

Edna M. Latimer

Edna M. Latimer  
Notary

My Commission Expires  
12/13/2020