

REQUEST FOR CLOSED CAPTIONING EXEMPTION

FCC Mail Room

1) **Name of the programming for which an exemption is being requested:**

Jim Vincent Show

2) **The nature and cost of closed captions for the programming:**

I have two quotes **which are attached:**

Quick Transcription Service ...\$180 per show/ **\$9,360 per year**

Media Access Group.....\$125 per show/ **\$6,500 per year**

I am not considering buying equipment or hiring personnel to operate caption equipment over the next year.

3) **The impact of captioning on your programming activities:**

I cannot afford closed captioning. My program would not continue on CW28 Providence if I had to provide closed captioning. I am one of only two community affairs shows which run on CW28.

4) **Your financial resources:**

I have no organization. I and my crew members are volunteers, and receive no income to produce my program. My only expense is \$50 (\$25/ yr) which was used to purchase the DVD -R's required to air my program (weekly) for the past two years. **I have included my federal tax returns for the past two years and an income and expense balance sheet with attachments.**

The stations which distributes my show, CW 28 Providence, RI, and PEG Rhode Island Cable Access have, both, rejected my request for closed captioning. PEG Rhode Island is a cable access network which prohibits solicitation of sponsors.

5) **Your type of operation**

I am a volunteer television producer who works exclusively with not-for-profit and charitable entities and topics.

6) **Affidavit or declaration**

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

James Vincent; 577 Scituate Avenue, Cranston, RI, 02921, 401-261-0174, jvincent577@gmail.com.

QUOTE 1

QUICK TRANSCRIPTION SERVICE

\$6 PER MINUTE X 30 MINUTES=

\$180 PER SHOW X 52 WEEKLY SHOWS=

\$9,360 PER YEAR

Vincent, Jim

From: jvincent jvincent [jvincent577@gmail.com]
Sent: Friday, March 14, 2014 4:13 PM
To: Vincent, Jim
Subject: Fwd: Quick Transcription Service Quote

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

From: "Quick Transcription Service" <support@quicktranscriptionservice.com>
Date: Mar 14, 2014 3:00 PM
Subject: Quick Transcription Service Quote
To: <jvincent577@gmail.com>
Cc:

Hello,

Thank you for your phone call with Quick Transcription Service. We can send you some basic information about our Closed Caption rates.

For English to English Captioning: We will charge \$6.00 per minute.
For other Languages: We will charge \$8.00 per minute.

If you would like to upload your file at our website for a detailed price quote please feel free to click on the below mentioned link.

<http://www.quicktranscriptionservice.com/Upload-Files.html>

Thanks & Regards,

Kandyce Peterson

+1-646-233-4145

QUOTE 2

MEDIA ACCESS GROUP

\$250 PER HOUR X HALF HOUR=

\$125 PER SHOW X 52 WEEKLY SHOWS=

\$6,500 PER YEAR

Vincent, Jim

From: jvincent jvincent [jvincent577@gmail.com]
Sent: Friday, March 14, 2014 4:14 PM
To: Vincent, Jim
Subject: Fwd: Re: [MAG: Request a Quote]/Jim Vincent Show

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

From: "Pat McDonald" <pat_mcdonald@wgbh.org>
Date: Mar 14, 2014 3:02 PM
Subject: Re: [MAG: Request a Quote]/Jim Vincent Show
To: "JAMES VINCENT" <jvincent577@gmail.com>
Cc: "Pat McDonald" <pat_mcdonald@wgbh.org>

Mr Vincent:

Is your show produced in advance of air? Or does it need to be live-captioned?

Live captioning is less expensive, and substantially lower quality (owing to the 'live' circumstances): \$200 per hour.

If you produce the program at least a day or two in advance, we would caption it offline, using proxy video that you would provide. Our rate for that is \$250 per hour.

Please contact me if you have further questions about how to make this work. We are glad to help.

Pat McDonald
Media Access Group at WGBH
Boston

On 3/14/14 2:45 PM, "JAMES VINCENT" <jvincent577@gmail.com> wrote:

>sender_name: JAMES VINCENT
>phone_number: 401-261-0174
>email_sender: jvincent577@gmail.com
>email_subject: [MAG: Request a Quote]
>company_name: JIM VINCENT SHOW
>captioning_check: on
>description_check:
>mopix_check:
>other_check:
>video_length: 30 MINUTES
>

>I NEED A QUOTE ON CLOSED CAPTIONING AS SOON AS POSSIBLE. I PRODUCE A
>TELEVISION TALK SHOW. AN EXAMPLE CAN BE FOUND ON YOU TUBE. A QUOTE
>RANGE IS FINE. THANK YOU IN ADVANCE FOR YOUR PROMPT RESPONSE. JIM
>VINCENT

JAMES VINCENT SHOW
577 SCITUATE AVENUE
CRANSTON, RI 02921
401-261-0174
Jvincent577@gmail.com

INCOME

ANNUAL GROSS INCOME	\$66,691.80
RIPTA.....	\$60,691.80
RIC.....	\$ 6,000.00
ANNUAL NET INCOME.....	\$50,123.36
RIPTA.....	\$40,323.40
RIC.....	\$ 4,935.96
Fed and State tax refunds.....	\$ 4,864.00

EXPENSES

ANNUAL NET EXPENSES.....	\$50,123.36
MORTGAGE.....	\$13,278.60
CREDIT CARDS.....	\$ 7,980.00
TAXES (Real Estate, Sewer, Auto).....	\$ 5,165.41
FUEL OIL.....	\$ 4,274.77
UTILITIES (Electric, phone, computer, TV, Water)..	\$ 4,360.00
FOOD.....	\$ 4,000.00
GAS (Auto).....	\$ 2,860.00
INSURANCE (Homeowner, Auto).....	\$ 1,974.14
HAIR CUT.....	\$ 884.00
AUTO MAINTENANCE.....	\$ 800.00
CREDIT LINE INTEREST PAYMENT.....	\$ 780.00
PUBLICATIONS.....	\$ 494.00
INSURANCE (Long term care).....	\$ 432.00
INSURANCE (Legal).....	\$ 348.00
FITNESS CENTER.....	\$ 180.00
AUTO (Registration, Inspection, AAA).	\$ 125.00
DVDs for Jim Vincent Show.....	\$ 25.00
MISC (Cleaners, laundry, clothing, etc).....	\$ 2,162.44

INCOME

DATE 3/13/14



AMOUNT
775.45

PAY THE
SUM OF

TO THE ORDER OF
20 26 603
JAMES VINCENT
577 SCITUATE AVENUE
CRANSTON, RI 02921

7135

NON-NEGOTIABLE

Rhode Island Public Transit Authority, 705 Elmwood Avenue, Providence, RI 02907

DEPT: 20 26 603 EMPN: 7135 Date: 3/13/14 Net: 775.45

EARNINGS	QUANTITY	CURRENT
STRAIGHT TIME 1.0X	40.00	1167.15

DEDUCTIONS	CURRENT	YEAR TO DATE
HEALTH IND NON-REP	27.87	306.57
DENTAL 003 INDIV	2.10	23.10
SALARY PENSION	35.01	385.11
VISION IND NON-REP	.22	2.42
FEDERAL INCOME TX	184.98	2034.78
RI STATE INCOME TX	41.32	454.52
SS FICA-MEDICARE	16.49	181.39
SS FICA-OASDI	70.49	775.39
RI TDI TEMP DIS.	13.22	145.42

Gross 1167.15

ACCRUAL	EARNED	USED	BALANCE
PTM			40.000
SCK			160.000
VAC			160.000

YTD GROSS	TAXABLE GROSS	YTD SS WAGES	YTD MED
12838.65	12121.45	12506.56	12506.56

Rhode Island College
 660 Mount Pleasant Ave
 Providence RI 02908

RIC

Pay Group:	SPM-Special Monthly Pay Group	Business Unit:	RICOL
Pay Begin Date:	10-04-2013	Check #:	
Pay End Date:	10-20-2013	Check Date:	10-25-2013

James Vincent 577 Scituate Avenue Cranston RI 02921	Employee ID:		TAX DATA:	Federal	RI State
	Department:	69999-Special Monthly/Honorarium	Marital Status:	Single	Single
	Location:	Building No. 5 - East Campus	Allowances:	0	0
	Job Title:	Contract Employee	Addl. Pct.:		
	Pay Rate:	\$0.00 Monthly	Addl. Am.:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current		YTD		Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Special Monthly Pay Earnings			500.00		2,500.00	Fed Withholding	31.67	223.65
						Fed MED/EE	7.25	36.25
						Fed OASDI/EE	31.00	155.00
						RI Withholding	18.75	93.75
Total:			500.00		2,500.00	Total:	88.67	508.65
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Total:		0.00	0.00	Total:		0.00	0.00	* Taxable
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY
Current:	500.00	500.00	500.00	88.67	0.00	0.00	0.00	411.33
YTD:	2,500.00	2,500.00	2,500.00	508.65				1,991.35

NET PAY DISTRIBUTION	
Check #0000173887	411.33
Total:	411.33

MESSAGE:

EXPENSES

MORTGAGE

TAXES

FUEL OIL

HOMEOWNER AND AUTO INSURANCE

EASY CHECKING

[REDACTED] (Continued)

Checks and Debits

Date	Description	Amount
Total Debits	0002	\$1,112.55-

Balance Summary

Date	Balance	Date	Balance	Date	Balance
1/14	1,131.45	1/21	24.90	2/13	1,118.90

LOAN ACCOUNTS

Home Equity Loan

Loan Number	Rate	Due Date	Amount Due	Loan Balance
[REDACTED]	5.490000%	2/21/14	1,106.55	174,939.27

* USED FOR MORTGAGE
 AUTO WITHDRAWALS ONLY



Real Estate Tax 2013 Full Pmt

Jul 15, 2013

VINCENT JAMES

R: 2308948501

4,273.36



201360230894850100000042733600004273368

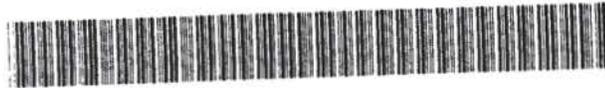
Sewer Usage Fee 2013 Full Pmt

Jul 15, 2013

VINCENT JAMES

2308948501

404.15



201340230894850100000004041500000404158

Motor Vehicle Tax 2013 Full Pmt

Jul 15, 2013

VINCENT JAMES

M: 52007670

487.90



2013005200767000000000487900000487905



American Commerce Insurance Company
 Insuring AAA Members since 1946
 P.O. Box 182293
 Columbus, Ohio 43218-2293

**Homeowner Insurance
 Notice of Payment Due**

INVOICE NUMBER 5355075
 THIS NOTICE WAS PREPARED: 1/31/14

Policy Number	Payment Due	Policy Period
XXXXXXXXXX	2/23/14	12:01 AM, 5/26/13 TO MIDNIGHT 5/26/14 STANDARD TIME AT THE INSURED'S ADDRESS

Insured	Your Agent
JAMES VINCENT 577 SCITUATE AVE CRANSTON, RI 02921	AUTOMOBILE CLUB INS AGENCY INC(#042-017-233) 110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 PHONE: 401-868-2046

Important Messages

THIS IS THE FOURTH OF FOUR PAYMENTS DUE ON THE BUDGET PLAN YOU SELECTED.
 YOUR POLICY PROVIDES COVERAGE FOR THE FOLLOWING PROPERTY:

**577 SCITUATE AVE
 CRANSTON, RI 02921**

TOTAL POLICY PREMIUM	\$ 954.00
TOTAL TAXES AND SERVICE CHARGES	\$ 15.00*
TOTAL AMOUNT PAID TO DATE	\$ 725.50
TOTAL BALANCE DUE	\$ 243.50
MINIMUM AMOUNT DUE	\$ 243.50

* A \$ 5.00 SERVICE CHARGE APPLIES TO EACH PAYMENT UNDER YOUR BUDGET PLAN.

PLEASE PAY EITHER THE TOTAL BALANCE OR THE MINIMUM AMOUNT DUE. JUST A REMINDER...WE MUST RECEIVE YOUR PAYMENT IN OUR OFFICE BY THE PAYMENT DUE DATE SHOWN IN ORDER TO CONTINUE YOUR COVERAGE.



American Commerce Insurance Company

Insuring AAA Members since 1946
P.O. Box 182293
Columbus, Ohio 43218-2293

**Automobile Insurance
Notice of Payment Due**



INVOICE NUMBER 5381302

THIS NOTICE WAS PREPARED: 2/10/14

Policy Number	Payment Due	Policy Period
XXXXXXXXXX	3/05/14	12:01 AM, 12/04/13 TO MIDNIGHT 6/04/14 STANDARD TIME AT THE INSURED'S ADDRESS

Named Insured	Your Agent
JAMES VINCENT 577 SCITUATE AVE CRANSTON, RI 02921	AUTOMOBILE CLUB INS AGENCY INC (#042-017-233) 110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904

PHONE: 401-868-2046

Important Messages

THIS IS THE SECOND OF TWO PAYMENTS DUE ON THE BUDGET PLAN YOU SELECTED.
YOUR POLICY PROVIDES COVERAGE FOR THE FOLLOWING VEHICLE(S)

2004 LEXS ES 330

TOTAL POLICY PREMIUM	\$ 510.07
TOTAL TAXES AND SERVICE CHARGES	\$ 5.50*
TOTAL AMOUNT PAID TO DATE	\$ 255.53

6 MONTHS

TOTAL BALANCE DUE	\$ 260.04
MINIMUM AMOUNT DUE	\$ 260.04

* A \$ 5.00 SERVICE CHARGE APPLIES TO EACH PAYMENT UNDER YOUR BUDGET PLAN.

PLEASE PAY EITHER THE TOTAL BALANCE OR THE MINIMUM AMOUNT DUE. JUST A REMINDER...WE MUST RECEIVE YOUR PAYMENT IN OUR OFFICE BY THE PAYMENT DUE DATE SHOWN IN ORDER TO CONTINUE YOUR COVERAGE.

SUPERIOR PLUS ENERGY SERVICES (OIL)

PO BOX 2206, PROVIDENCE RI 02905 401-467-6510 FEIN 16-0736353 LIC 2227 REG 61

User Name: amoran

Transaction Report

19-Mar-2014

4:05 pm

Cust# [REDACTED]
 JAMES VINCENT
 577 SCITUATE AVE

 CRANSTON, RI 02921-1809
 Options: Posting Codes = 2,32

Date Type: Event Date
 Transactions from 01/01/2013 thru 12/31/2013
 Current Balance: 0.00

Event Date	Posting Code	Description	Reference#	TLS	Units	Ppu	Amount	*Balance
12/13/2013	2	#2 FUEL OIL	623865	Tank 1	130.50	4.199000	547.97	547.97
11/09/2013	2	#2 FUEL OIL	623232	Tank 1	88.60	3.898984	345.45	0.00
08/13/2013	2	#2 FUEL OIL	523148	Tank 1	149.20	3.699000	551.89	-345.45
04/11/2013	32	#2OIL-SLPP	274845	Tank 1	164.80	3.949000	650.80	-897.34
03/05/2013	32	#2OIL-SLPP	274238	Tank 1	163.70	3.949000	646.45	-1,548.14
02/04/2013	32	#2OIL-SLPP	273653	Tank 1	153.20	3.949000	604.99	-2,194.59
01/07/2013	32	#2OIL-SLPP	311406	Tank 1	14.70	3.949000	58.05	-2,799.58
01/06/2013	32	#2OIL-SLPP	120885	Tank 1	220.10	3.949000	869.17	-2,857.63
Totals:						Debits:	4,274.77	
						Credits:	0.00	
					Units:	1084.80	Net:	4,274.77

*.The balance column reflects a running balance based on the transactions selected and order in which they are posted. Whenever the selection criteria include a date range, and the transactions involved have not been posted in event date order, the running balance shown here may differ from other transaction history screens and documents.

BANK ACCOUNT

Home Manage Accounts Transfer Money Pay Bills & People Service Center Manage Fea
 Account Summary Alerts Center Message Center Preferences

James Vincent

Shortcuts...

INFORMATION CENTER

79 New Alerts

- [eStatement Notification Alert](#)
- [eStatement Notification Alert](#)
- [eStatement Notification Alert](#)
- [eStatement Notification Alert](#)

[View Alerts](#) | [Manage Alerts](#)

0 New Messages

No New Messages

[View Messages](#) | [Send Message](#)

Today's Date: Wednesday, 03/19/2014
 Last Log In: Tuesday, 03/18/2014 1:00 PM

[View Session Receipt](#)

[Open a Checking or Savings Account](#)
[Open a CD or Money Market Account](#)
[Act Now for Home Equity](#)

DEPOSIT ACCOUNTS

Account ▲	Account Number	Available Balance	eStatements
Circle Gold Checking w/ Interest	xxxx4771	\$495.62	View
Circle Gold Checking w/ Interest	xxxx9325	\$152.03	View
Circle Gold Savings	xxxx3018	\$4,000.26	View
Totals:		\$4,647.91	

CREDIT LINE ACCOUNTS

[+ Add Overdraft](#)

Account ▲	Account Number	Available Balance	eStatements
Equity Line of Credit	xxxxx7187	9,558.76	View
Totals:		9,558.76	

CREDIT CARD ACCOUNTS

[+ Add Overdraft](#)

Account ▲	Account Number	Previous Day Balance
MasterCard Platinum	xxxxxxxxxxxx2658	0.

Note: Previous Day Balance is as of the end of the previous business day.

Totals:

PENDING TRANSFERS AND PAYMENTS

Transfer From	Transfer To	Amount	Status	Send Date
---------------	-------------	--------	--------	-----------

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

Your first name and initial **JAMES VINCENT** Last name

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see instructions. **577 SCITUATE AVENUE** Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **CRANSTON RI 02921-1809**

Foreign country name Foreign province/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

Exemptions

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

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instr.)	No. of children on 6c who:
(1) First name	Last name				
					lived with you
					did not live with you due to divorce or separation (see instructions)
					Dependents on 6c not entered above
d Total number of exemptions claimed					1

Income		7	56,375.
7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	56,375.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	877.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	3,962.
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 col for lines 7 through 21. This is your total income ▶	22	61,214.
Adjusted Gross Income			
23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. 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	61,214.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	61,214.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1949, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	20,888.
41	Subtract line 40 from line 38	41	40,326.
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	36,426.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	5,035.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	5,035.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	5,035.

Standard Deduction for-

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others: Single or Married filing separately, \$6,100
- Married filing jointly or Qualifying widow(er), \$12,200
- Head of household, \$8,950

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	5,035.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	9,599.
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Form 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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	9,599.

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	4,564.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	4,564.
b	Routing number <input type="checkbox"/> 011500120 <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> 21404771		
75	Amount of line 73 you want 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. No

Designee's name LAWRENCE E BROWN CPA Phone no. 401-461-4442 Personal identification number (PIN) 28031

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
<input type="checkbox"/>		MANAGER	
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.)
<input type="checkbox"/>			

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
LAWRENCE E BROWN CPA	LAWRENCE E BROWN CPA	02/28/2014		P13156444
Firm's name <input type="checkbox"/> LAWRENCE E BROWN CPA	Firm's EIN <input type="checkbox"/> 05-0402678			
Firm's address <input type="checkbox"/> 810 EDDY STREET	Phone no.			
PROVIDENCE RI 02905-4808	401-461-4442			

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
► Attach to Form 1040.

OMB No. 1545-0074

2013

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

JAMES VINCENT

Your social security number

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.																																		
	1 Medical and dental expenses (see instructions)	1																																	
	2 Enter amount from Form 1040, line 38	2																																	
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1949, multiply line 2 by 7.5% (.075) instead	3																																	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4																																		
Taxes You Paid	5 State and local (check only one box):	5																																	
	a <input checked="" type="checkbox"/> Income taxes, or						2,646.																												
	b <input type="checkbox"/> General sales taxes																																		
	6 Real estate taxes (see instructions)	6					4,273.																												
	7 Personal property taxes	7					540.																												
	8 Other taxes. List type and amount ►	8																																	
	9 Add lines 5 through 8	9																																	
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10					10,579.																												
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ►	11																																	
	Note. Your mortgage interest deduction may be limited (see instructions).																																		
	12 Points not reported to you on Form 1098. See instructions for special rules	12																																	
	13 Mortgage insurance premiums (see instructions)	13																																	
14 Investment interest. Attach Form 4952 if required. (See instructions.)	14																																		
15 Add lines 10 through 14	15																																		
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16					2,850.																												
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17																																	
	18 Carryover from prior year	18																																	
	19 Add lines 16 through 18	19																																	
20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20																																		
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21																																	
	22 Tax preparation fees	22																																	
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23																																	
	24 Add lines 21 through 23	24																																	
	25 Enter amount from Form 1040, line 38	25																																	
	26 Multiply line 25 by 2% (.02)	26																																	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27																																	
28 Other - from list in the inst. List type and amount ►	28																																		
Total Itemized Deductions	29 Is Form 1040, line 38, over \$150,000?	29																																	
	<input checked="" type="checkbox"/> No. 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.																																		
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.																																		
30 If you elect to itemize deductions even though they are less than your standard deduction, check here																																			

W-2 DETAIL REPORT - 2013

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
RHODE ISLAND HOUSING	05-0354769	X	11976	2375	743	174	RI	11976	490		
RHODE ISLAND COLLEGE	05-6016315	X	3500	287	217	51	RI	3500	131		
RI PUBLIC TRANSIT AUTHOR	05-0311968	X	40899	6937	2616	612	RI	40899	1534	TDI	491
			-----	-----	-----	---		-----	-----		---
			56375	9599	3576	837		56375	2155		491

1099G DETAIL REPORT - 2013



Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
-----	----	-----	-----	-----	-----
RI DEPART OF LABOR & TRAINING	X	3962			RI

		3962			

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

2013

Submission Identification
Number (SID) 

Taxpayer's name
JAMES VINCENT

Social security number


Spouse's name

Spouse's social security number

Part I Tax Return Information-Tax Year Ending December 31, 2013 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	61,214.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	5,035.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	9,599.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	4,564.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize LAWRENCE E BROWN CPA to enter or generate my PIN
ERO firm name



Enter five numbers, but do not enter all zeros

as my signature on my tax year 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 02/28/2014

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN
ERO firm name



Enter five numbers, but do not enter all zeros

as my signature on my tax year 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only-continue below

Part III Certification and Authentication-Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.



Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 02/28/2014

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Name: JAMES VINCENT

SSN: [REDACTED]

	2011	2012	2013
Gross Income			
Wages and salaries	74,938.	111,197.	56,375.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			3,962.
Other income	1,491.	374.	877.
Total gross income	76,429.	111,571.	61,214.
Adjustments to Income			
Adjusted gross income	76,429.	111,571.	61,214.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes	7,714.	10,081.	7,459.
Interest	10,132.	9,943.	10,579.
Contributions	3,810.	4,780.	2,850.
Miscellaneous deductions			
Other itemized deductions			
Total deductions	21,656.	24,804.	20,888.
Exemptions	3,700.	3,800.	3,900.
Taxable Income	51,073.	82,967.	36,426.
Tax (2013 - 1040, line 44)	8,894.	16,774.	5,035.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding	13,889.	26,124.	9,599.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments	13,889.	26,124.	9,599.
Tax liability after credits	8,894.	16,774.	5,035.
Estimated tax penalty			
Refund or (Balance Due)	4,995.	9,350.	4,564.
Federal marginal tax bracket	25.0 %	25.0 %	25.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)	RI 374.	RI 877.	RI 300.
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2013:

State of Rhode Island and Providence Plantations
2013 Form RI-1040
 Resident Individual Income Tax Return



13100110450101

Your name JAMES VINCENT		Your social security number ██████████	
Spouse's name		Spouse's social security number	
Address 577 SCITUATE AVENUE		Daytime phone number	
City, town or post office CRANSTON	State RI	ZIP code 02921-1809	City or town of legal residence CRANSTON

ELECTORAL CONTRIBUTION If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes

If you wish the 1st \$2.00 (\$4.00 if a joint return) to be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

STATUS FILING Check only one box

1 Single 3 Married filing separately 5 Qualifying widow(er)

2 Married filing jointly 4 Head of household

INCOME, TAX AND CREDITS	Line	Amount
1 Federal AGI from Federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4	1	61,214.
2 Net modifications to Federal AGI from RI Schedule M, line 3. If no modifications, enter zero on this line	2	
3 Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)	3	61,214.
4 Deductions. RI Standard Deduction (left margin). If line 3 is over \$188,550, see Standard Deduction Worksheet	4	8,000.
5 Subtract line 4 from line 3	5	53,214.
6 Exemptions. Enter federal exemptions in box, multiply by \$3,750 and enter result on line 6. If line 3 is over \$186,550, see Exemption Worksheet on page i	6	3,750.
7 RI TAXABLE INCOME. Subtract line 6 from line 5	7	49,464.
8 RI income tax from Rhode Island Tax Table or Tax Computation Worksheet	8	1,855.
9a RI percentage of allowable Federal credit from page 2, RI Sch. I, line 22	9a	
b RI Credit for income taxes paid to other states from page 2, RI Sch. II, line 29	9b	
c Other Rhode Island Credits from RI Schedule CR, line 4	9c	
d Total RI credits. Add lines 9a, 9b and 9c	9d	
10a Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero)	10a	1,855.
b Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 7	10b	
11 RI checkoff contributions from page 2, RI Checkoff Schedule, line 37 (Contributions reduce your refund or increase your balance due.)	11	
12 USE/SALES tax due from page I-4, line 6 of the Individual Consumer's Use/Sales Tax Worksheet	12	
13 TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11 and 12	13	1,855.
PAYMENTS AND PROPERTY TAX RELIEF CREDIT		
14a RI 2013 income tax withheld from RI Schedule W, line 16 (Attach all Forms W-2 and 1099 with RI withholding, AND Schedule W)	14a	2,155.
b 2013 estimated tax payments and amount applied from 2012 return	14b	
c Property tax relief credit from RI-1040H, line 7 or 14. Attach RI-1040H	14c	
d RI earned income credit from page 2, RI Schedule EIC, line 46	14d	
e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238	14e	
f Other payments	14f	
g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f	14g	2,155.
AMOUNT DUE		
15a AMOUNT DUE. If line 13 is LARGER than line 14g, subtract line 14g from line 13	15a	
b Check <input checked="" type="checkbox"/> if RI-2210 or RI-2210A is attached and enter underestimating interest due. This amount should be added to line 15a or subtracted from line 16, whichever applies.	15b	
c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment	15c	
REFUND		
16 AMOUNT OVERPAID. If line 14g is LARGER than line 13, subtract line 13 from line 14G. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16.	16	300.
17 Amount of overpayment to be refunded	17	300.
18 Amount of overpayment to be applied to 2014 estimated tax	18	

RETURN MUST BE SIGNED - SIGNATURE LINE IS LOCATED ON PAGE 2
 Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806