SAMPLE : 1040 page 1

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 — See separate instructions.

Your first name and initial	Last name	Your social security number
Mary S.	Smith	0 0 0 0 0 0 0 0 0
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. — Apt. no.

⚠ Make sure the SSN(s) above and on line 6c are correct.

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

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 Check only one box.

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:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
April Smith	0 0 0 0 0 0 0 0 0	Daughter	☑
May Smith	0 0 0 0 0 0 0 0 0	Daughter	☑
			☐
			☐

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

Boxes checked on 6a and 6b: 2
No. of children on 6c who: • lived with you: 2 • did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above:
Add numbers on lines above ▶: 3

d Total number of exemptions claimed

Household Verification

Income

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

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	24,733
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	
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 ▶ ☐		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	24,733

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	24,733

Adjusted Gross Income

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Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	24,733
	39a	Check if: ☐ You were born before January 2, 1949, ☐ Blind. ☐ Spouse was born before January 2, 1949, ☐ Blind. Total boxes checked ▶ 39a			
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	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	
	41	Subtract line 40 from line 38		41	
	42	Exemptions. If line 38 is $150,000 or less, multiply $3,900 by the number on line 6d. Otherwise, see instructions		42	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	
	44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐		44	
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	
	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	
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	
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62		
If you have a qualifying child, attach Schedule EIC.	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	
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid		73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐		74a	
Direct deposit? See instructions.	b	Routing number ▶ c Type: ☐ Checking ☐ Savings			
	d	Account number			
	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 ▶ 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 [signature] Date 2/1/16 Your occupation CNA 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 ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

Form 1040 (2013)

★ MUST be signed, even if filed electronically

SAMPLE TAX ATTACHMENT FOR OVER 4 DEPENDENTS

Form 1040
Line 6c

Additional Dependents Statement
► Attach to return (after all IRS forms)

2010
Statement

Your social security number

Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit
Mary			Daughter	X
John		-3006	Son	X

Sample Child Support Annual Summary

www.nebraskachildsupport.com

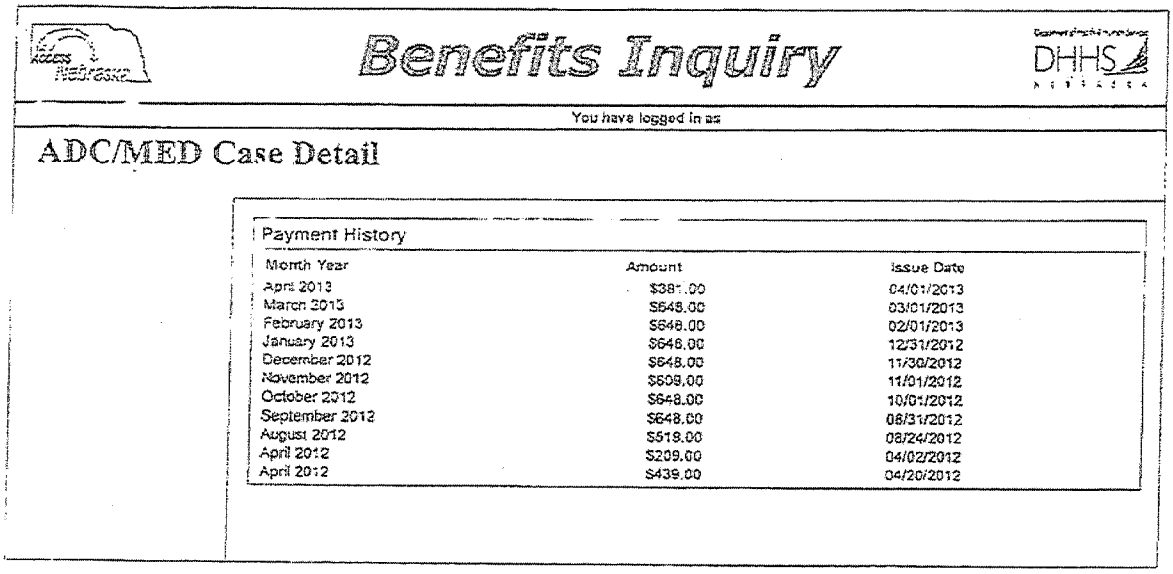
Recipient/ Dependent	Reason	Name	Date of Birth	Judgment Amount	Freq	Day of Wk/Mo	Start Date	Stop Date
D*P00*			11/16/2001	324.00	M	01	11/01/2006	11/15/2020

Event Date	Event	Amount	Collection ID	Pay Source	Interest Rate	Accumulated Current	Delinquent	Arrears	Interest	Total
12/31/2010	UPD INTRST	0.00			7.0140			772.59	50.41	823.00
12/23/2010	COLL	224.31	CL3CQZWJRFKO7	EWW	7.0140			772.59	49.22	821.81
12/10/2010	COLL	224.31	CL3CN4SWQJWQQ	EWW	7.0140		99.69	897.21	46.98	1,043.88
12/12/2010	DELQ	0.00			7.0140		324.00	897.21	45.60	1,266.81
12/01/2010	AMT DUE	324.00			7.0140	324.00		897.21	45.43	1,266.64
11/29/2010	COLL	224.31	CL3CLJPLR6SH2	EWW	7.0140			897.21	44.57	941.78
11/12/2010	COLL	224.31	CL3CH4ZZZCGHM	EWW	7.0140		99.69	1,021.83	41.82	1,163.34
11/12/2010	DELQ	0.00			7.0140		324.00	1,021.83	39.88	1,385.69
11/01/2010	AMT DUE	324.00			7.0140	324.00		1,021.83	39.65	1,385.48
10/29/2010	COLL	224.31	CL3CFPFKZ49F8	EWW	7.0140			1,021.83	39.07	1,060.00
10/15/2010	COLL	224.31	CL3CDJODYNKL	EWW	7.0140		99.69	1,146.45	35.99	1,282.13
10/12/2010	DELQ	0.00			7.0140		324.00	1,146.45	33.13	1,503.58
10/01/2010	AMT DUE	324.00			7.0140	324.00		1,146.45	32.91	1,503.36
09/30/2010	UPD INTRST	0.00			7.0140			1,146.45	32.69	1,179.14
09/27/2010	COLL	224.31	CL3BN7...ARHJN7	EWW	7.0140			1,146.45	29.83	1,176.28
09/03/2010	COLL	224.31	CL3B20XRFHSM6	EWW	7.0140		99.69	1,371.07	26.41	1,397.17
09/12/2010	DELQ	0.00			7.0140		324.00	1,271.07	26.17	1,621.24
09/01/2010	AMT DUE	324.00			7.0140	324.00		1,271.07	25.93	1,621.00
08/16/2010	COLL	224.31	CL3BZLSM3D258	EWW	7.0140			1,271.07	23.63	1,294.67
08/13/2010	COLL	224.31	CL3BXCQBGWWJ7	EWW	7.0140		99.69	1,395.69	19.25	1,514.63
08/12/2010	DELQ	0.00			7.0140		324.00	1,395.69	18.13	1,737.87
08/01/2010	AMT DUE	324.00			7.0140	324.00		1,395.69	17.91	1,737.60
07/31/2010	ARR	0.00			7.0140			1,395.69	17.91	1,413.60
07/01/2010	ARR	0.00			7.0140		324.00	1,071.69	11.67	1,407.36
06/12/2010	DELQ	0.00			7.0140		423.69	747.69	11.45	1,407.14
06/01/2010	AMT DUE	324.00			7.0140	324.00	99.69	972.00	11.46	1,407.15
05/31/2010	COLL	224.31	CL3BLRS4SKR2S4	EWW	7.0140		99.69	972.00	7.72	1,083.41
05/12/2010	DELQ	0.00			7.0140		324.00	772.00	6.04	1,102.04
05/01/2010	AMT DUE	324.00			7.0140	324.00		772.00	5.85	1,301.85
04/30/2010	ARR	0.00			7.0140			772.00	5.85	977.85
04/01/2010	ARR	0.00			7.0140		324.00	648.00	2.05	974.05
03/12/2010	DELQ	0.00			7.0140		648.00	324.00	1.99	973.99
03/01/2010	AMT DUE	324.00			7.0140	324.00	324.00	324.00	1.93	973.93
02/28/2010	DELQ	0.00			7.0140		324.00	324.00	0.12	648.12
02/01/2010	AMT DUE	324.00			7.0140	324.00		324.00	0.06	648.06
01/31/2010	ARR	0.00			7.0140			324.00	0.06	324.06
01/03/2010	COLL	2,162.75	CL29Y267RFFMJ		7.0140		324.00			324.00
01/02/2010	DELQ	0.00			7.0140		324.00	1,728.98	433.44	2,486.42
01/01/2010	AMT DUE	324.00			7.0140	324.00		1,728.98	433.11	2,486.09
12/31/2009	COLL	224.31	CL29Y47KQXJJ4		7.0140			1,728.98	427.13	2,156.11
12/12/2009	DELQ	0.00			7.0141		324.00	1,728.98	424.85	2,553.54
12/01/2009	AMT DUE	324.00			7.0140	324.00		1,772.43	423.72	2,520.26
11/30/2009	COLL	224.31	CL29QYXN5F49K	EWW	7.0140			1,772.43	420.31	2,192.75
09/17/2009	COLL	224.31	CL29JX1J3RVWN	EWW	7.0140		115.94	2,081.44	417.51	2,613.39
09/12/2009	DELQ	0.00			7.0140		324.00	2,081.44	415.31	2,817.75
09/01/2009	AMT DUE	324.00			7.0140	324.00		2,081.44	411.91	2,817.35

Summary Balances

From Date 01/01/2010 To Date 12/31/2010 ← need 2015

Beginning Balance	2,817.35		
Amount Owed	0.00	Last Payment Date	12/23/2010
Arrears Balance	772.59	Last Payment Amount	224.31
Interest Balance	50.41		
Total Balance Due	823.00	Amount Paid to Date	5,630.62



Benefits Inquiry

You have logged in as

ADC/MED Case Detail

Payment History

Month Year	Amount	Issue Date
April 2013	$381.00	04/01/2013
March 2013	$648.00	03/01/2013
February 2013	$648.00	02/01/2013
January 2013	$648.00	12/31/2012
December 2012	$648.00	11/30/2012
November 2012	$509.00	11/01/2012
October 2012	$648.00	10/01/2012
September 2012	$648.00	08/31/2012
August 2012	$518.00	08/24/2012
April 2012	$209.00	04/02/2012
April 2012	$439.00	04/20/2012

SAMPLE

ADC DOCUMENTATION

SAMPLE FOOD STAMP DOCUMENTATION - PREFERRED

Food Stamp Issuance History List

Case Details

Page

Master Case 188361

EBT Account 68838334

Program Case Name

SSN XXX-XX-7961

Address

SOUTH SIOUX CITY NE 68776

Entitle Date	Issuance Type	Status	Auth Amt	Recoup Amt	Offset Amt
04/2011	MAJOR/REGULAR	Authorized	697.00	0.00	0.00
03/2011	MAJOR/REGULAR	Authorized	697.00	0.00	0.00
02/2011	MAJOR/REGULAR	Authorized	694.00	0.00	0.00
01/2011	MAJOR/REGULAR	Authorized	694.00	0.00	0.00
12/2010	SUPPLEMENT	Authorized	184.00	0.00	0.00
12/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
11/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
10/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
09/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
08/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
07/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
06/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
05/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
04/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
03/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
02/2010	MAJOR/REGULAR	Authorized	510.00	0.00	0.00
01/2010	MAJOR/REGULAR	Authorized	372.00	0.00	0.00
12/2009	MAJOR/REGULAR	Authorized	372.00	0.00	0.00
11/2009	MAJOR/REGULAR	Authorized	372.00	0.00	0.00
10/2009	MAJOR/REGULAR	Authorized	372.00	0.00	0.00
09/2009	MAJOR/REGULAR	Authorized	372.00	0.00	0.00
08/2009	MAJOR/REGULAR	Authorized	357.00	0.00	0.00

5,100.00
744.00
$ 5,844.00

ARTMENT OF HEALTH AND HUMAN SERVICES
4 EAST 5TH ST
REMONT, NE 68025-0770

Case Number: 395567
Case Name: -
CONTACT -
Telephone Number -
Fax Number: -
Notice Date: - 02-04-2011
Mail Date - 02-07-2011

SAMPLE FOOD STAMP NOTIFICATION -- ACCEPTABLE

NOTICE OF ACTION

Supplemental Nutrition Assistance Program (SNAP) formerly known as the Food Stamp Program

Your application has been approved for 2-2011. The monthly benefit is $952.00.

Individual	Status
	Eligible
	Eligible
	Eligible
	Eligible
	Eligible
	Eligible

Since you needed SNAP benefits right away the required interview or some required verification may have been delayed. If required verification was delayed, you were notified in writing, including the deadline date for providing the verification. No additional SNAP benefits will be issued until the delayed interview takes place and/or delayed verifications are received. Your second and subsequent issuances may be reduced if expenses, such as medical costs, are not verified. If you begin receiving an ADC grant or the additional information shows that your SNAP benefits should be a smaller amount or that you are not eligible for SNAP benefits, this action will be taken without further notice to you.

The benefit amount(s) listed above may be reduced if your household has a SNAP claim that has not been paid in full.

Your household is assigned to the Simplified Reporting category. You must report to DHHS if your household's income for the month goes above $3200.00. Income includes gross earned and unearned income before deductions, such as taxes.

If your household includes an Able Bodied Adult Without Dependents (ABAWD) who is working or volunteering, you must report if the ABAWD's work or volunteer hours drop below 20 hours per week averaged over a four-week period.

See Reverse

SAMPLE SOCIAL SECURITY DOCUMENTATION

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2010 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

Box 2. Beneficiary's Social Security Number

Box 3. Benefits Paid in 2010	Box 4. Benefits Repaid to SSA in 2010	Box 5. Net Benefits for 2010 (box 3 minus box 4)
$7,084.00	$506.00	$6,578.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit	$7,084.00	Checks returned to SSA	$506.00
Total for 2010	$7,084.00	Benefits repaid to SSA in 2010	$506.00

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

PO BOX
OMAHA NE 68

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form SSA-1099-SM (1-2011) DO NOT RETURN THIS FORM TO SSA OR IRS

www.ssa.gov

SAMPLE SOCIAL SECURITY DOCUMENTATION

Social Security Administration
OMAHA NE

Date: March 24, 2011
Claim Number: 505-35-1256 DM

Name:

OMAHA, NE 68107-5511

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

For the period 01/2010 to 12/2010 you received a total of $ 7,692.80 in Supplemental Security Income benefits.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 866-716-8299. We can answer most questions over the phone. You can also write or visit any Social Security office. Your closest office is located at:

SOCIAL SECURITY
OLD MILL CENTRE
604 N 109TH CT
OMAHA NE 68154

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Office Manager

SAMPLE Housing Subsidy

April 13, 2011

OMAHA, NE 68131

Voucher # V... 3059 Owner Code: the

She said it was the same amt. in 2011

Dear Tenant:

Effective June 01, 2011, the Lease, Lease Addendum, and Housing Assistance Payments contract are amended as follows:

	CURRENT		NEW AMOUNT
OHA Rent Port:	$650.00	x 12 =	$650.00
Your Rent Portion:	$0.00	$7800	$0.00
Total Contract Rent:	$650.00		$650.00

This amendment is presented to you with the terms and conditions of the Housing Assistance Payments Contract and/or Lease Agreement and shall be attached to and made a part of your Housing Assistance Payments Contract and/or Lease Agreement. All other covenants, terms, and conditions of the original Housing Assistance Payments Contract and/or Lease Agreement shall remain the same.

If you require further explanation, please contact your housing representative. If you disagree with this decision, you may request an informal hearing. If a hearing is desired, you must submit a written request to this office within 10 days of this notice or your right to a hearing will be waived.

THE OWNER MAY NOT COLLECT ADDITIONAL RENT OR SECURITY DEPOSIT BEYOND THE AMOUNTS DETERMINED AS SHOWN ABOVE.

NOTICE: All Housing Quality Standards must be maintained.

Sincerely,

C. Mendoza

Housing Specialist
444-4200 ext 734