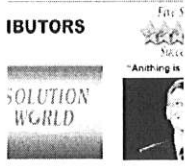


Testimonials

See what our customers are saying about us. If you have any questions and want to know more information, contact us.



— ()

Offers

Below you will find some of our special offers. If you have any questions and want to know more information, contact us.

100 PLASTIC YARD SIGNS 18 x 24 1 side 1 color \$2ea inc. stakes
(<http://5starprintme.com/offer/yard-signs/>)

This is the most common sign used in the world, is light material, made of plastic composite. You use it to market and make your business campaign. We have them as low as \$2 each 18 x 24 with stands included. Must order 100 pieces or more in order to get this offer. SIGNS R PRINTED the same day and shipped the next day. Turn around is 24 hrs ASK ABOUT FULL COLOR SIGNS 100 signs 1 side 1 color 100 metal stands ready to use Delivery is about \$75 GET A QUOTE NOW CALL JC 407-947-2044 (ASK ABOUT FULL COLOR SIGNS)

100 CUSTOM T-SHIRTS \$3.99 EA. 1 SIDE 1 COLOR + Delivery. 407-947-2044/EMAIL
(<http://5starprintme.com/offer/custom-t-shirts/>)

SIMPLY TELL US WHAT YOU ARE LOOKING CALL TODAY 407-947-2044 T-SHIRTS ARE LIKE CLAY.. YOU CAN CREATE ALL DAY LONG. IF YOU KNOW WHAT YOU ARE LOOKING FOR, WE WILL SURELY QUOTE AND SERVICE YOUR ORDER. SAME FOR ANYTHING YOU NEED...

PHOTOGRAPHY / VIDEO (<http://5starprintme.com/offer/photography-video-2/>)

Commercial or Personal Keep the moment alive...Pro photographers will work the magic to make and keep memorable moments crisp and fresh. Let 5 Star photography studio do just that. Look like a movie star or simply be one...Simply call to make your appointment to select the day, occasion, location and shooting time. Custom packages available for: MODEL PORFOLIO, HEADSHOTS, WEDDINGS, ANNIVERSARY, FAMILY REUNIONS, SWEET SIXTEEN, CORPORATE OR COMPANY SHOOTS OR ANY OCASSION. WE ARE HERE TO HELP AND MAKE YOU LOOK MARVELOUS... Do you need a Video for your website, a business presentation, or acting visual? well here is where it happens. Make that appointment today! 407-947-2044

Get in touch with us!

Feel free to give us a call during office hours, or send us a message using our contact form. We aim to respond to all queries from our site within 24 hours.

5 Star Marketing

54 S Kirkman Rd.
Orlando FL 32811, FL 32808

Phone: (407)947-2044 (tel:(407)947-2044)
Email: 5starjc@gmail.com (mailto:5starjc@gmail.com)

Business Hours

Monday 10:00 AM - 6:00 PM
Tuesday 10:00 AM - 6:00 PM
Wednesday 10:00 AM - 6:00 PM
Thursday 10:00 AM - 6:00 PM
Friday 9:00 AM - 5:00 PM
Saturday Closed
Sunday Closed

Please fill out all the fields below.

Name (required)

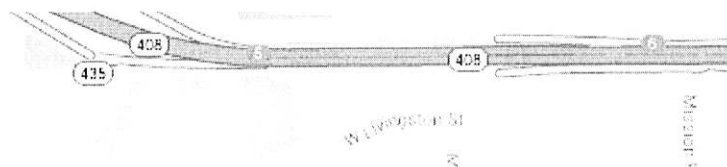
Email

Phone

Comment (required)

Submit »

W Amenia St
S Ave
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(<http://maps.google.com/maps?ll=28.539861,-81.447955&z=15&hl=en&gl=US&mapclient=apiv3>)

Map data ©2014 Google

Route

Your location:

Show route

© 5 Star Marketing

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Add custom javascript in the footer

Estimate

May 19, 2015

TO:

Ms. Casarah Henderson
Little Kings and Queens Learning Center

From:

Rhonda R. Jones
854 Nelson Drive
Orlando, Fl 34758

Charmed Consulting / Planning

P.O. Box 590421 Orlando, FL 32859

Phone: 407-595-7404

rhondajones91@gmail.com

Sales Rep.	P.O. Number	Ship Date	Ship Via	FOB	Terms
R. Jones	2 #		R. Jones		

Quantity	Description	Unit Price	Total
4	Marketing for Open Houses at Learning Center Open Houses will be held quarterly July 2015 October 2015 January 2016 April 2016	\$ 1,612.50	\$ 6450.00
1	Consulting Fee	\$ 650.00	\$ 650.00
4	ITEMIZING MATERIAL NEEDED Marketing : Reprint flyers , and invitatons and new banners for centr Information Packets for futre clinents	\$ 800.00	800.00

Make all checks payable to Rhonda R. Jones

THANK YOU FOR YOUR BUSINESS!



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

2012, ending

20

See separate instructions.

Your first name and initial

CaSarah M

Last name

Henderson

Your social security number

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

Last name

Spouse's social security number

Home address (number and street).

798 squirrel ct

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).

Kissimmee

FL

34759

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 ☐ Single

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

3 ☐ Married filing separately. Enter spouse's SSN above

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.

and full name here. ▶

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) Chk if child under age 17 qualifying for child tax credit (see instructions)
Zarriah	Jones		Daughter	<input checked="" type="checkbox"/>
Messiah	Jones		Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

3

Boxes checked on 6a and 6b

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 ▶

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	13,934
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	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	13,934

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

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

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

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
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	13,934

Tax and Credits

Standard Deduction for -

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$5,950
 - Married filing jointly or Qualifying widow(er), \$11,900
 - Head of household, \$8,700

38	Amount from line 37 (adjusted gross income)	38	13,934
39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input checked="" type="checkbox"/> 39a		
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	8,700
41	Subtract line 40 from line 38	41	5,234
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	11,400
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
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"/> 962 election	44	0
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 credit. 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	0

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	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	0

Payments

62	Federal income tax withheld from Forms W-2 and 1099	62	1,539
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	5,236
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Schedule 8812	65	1,640
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"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	8,415

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	8,415
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	8,415
b	Routing number		
d	Account number		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ 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	Date	Your occupation	Daytime phone number
12345	01-23-2013	Direct Support Profession	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)

Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
----------------------	------	---	------

Paid Preparer Use Only

Print/Type preparer's name	
Firm's name	Firm's EIN
Firm's address	Phone no.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service (99)

- Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
- Information about Sch. EIC (Form 1040A or 1040) and its inst. is at www.irs.gov/form1040.

Attachment
Sequence No. **43**

Name(s) shown on return

CaSarah M Henderson

Your social security number

Before you begin:

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

CAUTION!

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	Messiah	Jones	Zarriah	Jones		
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2012. If your child was born and died in 2012 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
3 Child's year of birth	Year <u>2012</u> <small>If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year <u>2008</u> <small>If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>
4a Was the child under age 24 at the end of 2012, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2012?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON	DAUGHTER				
6 Number of months child lived with you in the United States during 2012 <ul style="list-style-type: none"> If the child lived with you for more than half of 2012 but less than 7 months, enter "7." If the child was born or died in 2012 and your home was the child's home for more than half the time he or she was alive during 2012, enter "12." 	<u>12</u> months Do not enter more than 12 months.	<u>12</u> months Do not enter more than 12 months.				

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

Schedule EIC (Form 1040A or 1040) 2012

SCHEDULE 8812

**(Form 1040A
or 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Child Tax Credit

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **47**

Your social security number

CaSarah M Henderson

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)

! Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.

CAUTION If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c, Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here ☐

Part II Additional Child Tax Credit Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).		
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).		
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).	1	2,000
If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48	2	
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	2,000
4 a	Earned income (see instructions)	4a	13,934
b	Nontaxable combat pay (see separate instructions)	4b	
5	Is the amount on line 4a more than \$3,000?		
	<input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6.		
	<input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	10,934
6	Multiply the amount on line 5 by 15% (.15) and enter the result	6	1,640
Next. Do you have three or more qualifying children?			
	<input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.		
	<input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

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

Schedule 2012 (Form 1040A or 1040) 2012

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see separate instructions	7		
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.	8		
9	Add lines 7 and 8	9		
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 65.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12		

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	1,640
----	--	----	-------

Enter this amount on
Form 1040, line 65,
Form 1040A, line 39, or
Form 1040NR, line 63.

Unreimbursed Employee Business Expenses

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service(99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. 129A▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

Your name

CaSarah M Henderson

Occupation in which you incurred expenses

Direct support profession

Social security number

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2012.

Caution: You can use the standard mileage rate for 2012 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 55.5 cents (.555). Enter the result here	1	5,051
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	112
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	50
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	50
5	Meals and entertainment expenses: \$ <u>287</u> x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	144
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	5,407

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (year, month, day) ▶ 2012-01-05

8 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:

a Business 9,100 b Commuting (see instructions) 9,100 c Other (9,100)

9 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

10 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

11a Do you have evidence to support your deduction? ☐ Yes ☒ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

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

Form 2106-EZ (2012)

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

OMB No. 1545-0908

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

CaSarah M Henderson

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a donated vehicle, enter the year, make, model condition, and mileage, unless Form 1098-C is attached.)
A	The Childrens Home Society Winter Park, FL 32792	<input type="checkbox"/>	
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (yr/mo.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A		2011-12			300	Thrift store
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest. If Part II applies to more than one property, attach a separate statement. ▶ _____
- b** Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee) _____
Address (number, street, and room or suite no.) _____
City or town, state, and ZIP code _____
- d** For tangible property, enter the place where the property is located or kept ▶ _____
- e** Name of any person, other than the donee organization, having actual possession of the property ▶ _____

- 3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?
- b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?
- c** Is there a restriction limiting the donated property for a particular use?

Yes	No

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ See separate instructions to find out if you are eligible to take the credits.

▶ Instructions and more are at www.irs.gov/form8863. Attach to Form 1040 or Form 1040A.**2012**Attachment
Sequence No. **50**

Name(s) shown on return

CaSarah M Henderson

Your social security number

CAUTION!

Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	13,934
4	Subtract line 3 from line 2. If zero or less, stop ; you cannot take any education credit	4	76,066
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000
6	If line 4 is: <ul style="list-style-type: none"> Equal to or more than line 5, enter 1.000 on line 6 Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you cannot take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 9 below	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 8 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	14,230
11	Enter the smaller of line 10 or \$10,000	11	10,000
12	Multiply line 11 by 20% (.20)	12	2,000
13	Enter: \$124,000 if married filing jointly; \$62,000 if single, head of household, or qualifying widow(er)	13	62,000
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	13,934
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	48,066
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000
17	If line 15 is: <ul style="list-style-type: none"> Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	2,000
19	Nonrefundable education credits. Enter the amount from line 13 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	19	

Name(s) shown on return

Your social security number

CaSarah M Henderson

CAUTION!

Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return)

21 Student social security number (as shown on page 1 of your tax return)

CaSarah Henderson

22 Educational institution information (see instructions)

a. Name of first educational institution

b. Name of second educational institution (if any)

Nova Southeastern University

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

3301 college Ave
Fort Lauderdale, FL 33314(2) Did the student receive Form 1098-T from this institution for 2012? ☒ Yes ☐ No(2) Did the student receive Form 1098-T from this institution for 2012? ☐ Yes ☐ No(3) Did the student receive Form 1098-T from this institution for 2011 with Box 2 filled in and Box 7 checked? ☒ Yes ☐ No(3) Did the student receive Form 1098-T from this institution for 2011 with Box 2 filled in and Box 7 checked? ☐ Yes ☐ No

If you checked "No" in both (2) and (3), skip (4).

If you checked "No" in both (2) and (3), skip (4).

(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).
59-1083502

(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 prior tax years?

☒ Yes - **Stop!** Go to line 31 for this student. ☐ No - Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began in 2012 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)

☐ Yes - Go to line 25. ☐ No - **Stop!** Go to line 31 for this student

25 Did the student complete the first 4 years of post-secondary education before 2012?

☐ Yes - **Stop!** Go to line 31 for this student. ☐ No - Go to line 26.

26 Was the student convicted, before the end of 2012, of a felony for possession or distribution of a controlled substance?

☐ Yes - **Stop!** Go to line 31 for this student. ☐ No - See Tip below and complete **either** lines 27-30 **or** line 31 for this student.**TIP**

When you figure your taxes, you may want to compare the American opportunity credit and lifetime learning credits, and choose the credit for each student that gives you the lower tax liability. You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000

27

28 Subtract \$2,000 from line 27. If zero or less enter -0-

28

29 Multiply line 28 by 25% (.25)

29

30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1

30

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10

31

14,230

e-Collect Product Information

EFIN 530393

Parent EFIN _____

Taxpayer(s) Information:Taxpayer: CaSarah M Henderson

SSN: _____

DOB: _____

Home Phone (Evening): 407-580-4902Work Phone (Daytime): 407-580-4902

Cell Phone: _____

E-mail: _____

Address: 798 squirrel ct
Kissimmee FL 34759

Spouse: _____

SSN: _____

DOB: _____

Home Phone (Evening): _____

Work Phone (Daytime): _____

Cell Phone: _____

E-mail: _____

Alternate: _____

Dollar Summary

This section is intended to provide estimated payment and fee amounts based on anticipated amounts.
These are only estimates. Actual amounts will be determined once the product request has been processed.

Refund InformationSelected Federal Refund 8,415.00

Selected State Refund(s) _____

FeesTax Preparation Paid to Online Tax Prep 29.95

Franchise/Network Paid to _____

Software Paid to Drake Software 6.95e-Collect Paid to EPS Financial 13.00

Additional withheld on behalf of _____

Anticipated Disbursement(s)Federal 8,365.10

State _____

State _____

State _____

e-Collect Account Information:

RTN: _____

DAN: _____

Disbursement Method:☐ E1 Visa Card E1 Visa PRN Number _____☒ Direct Deposit Taxpayer RTN: _____ DAN: _____ ☒ Checking ☐ Savings☐ Paper Check

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

EPS Financial, LLC PO Box 1484 Easton, PA 18044	
TAXPAYER CaSarah M Henderson	
Address: 798 squirrel ct Kissimmee, FL 34759	
Home Phone Number: 407-580-4902	Mobile Phone Number:
JOINT-TAXPAYER	
Address:	
Home Phone Number:	Mobile Phone Number:

Options for receiving your Tax Refund. As a taxpayer, you need to understand your options for receiving your Tax Refund. If you are owed a federal Tax Refund, you have a right to choose how you will file your tax return, and how you will receive your Tax Refund. Multiple options are available to you. Some options cost a separate fee and some options do not. Please read about these options below.

1. **No Cost Options for Receiving your Federal Tax Refund.** You have two no cost options for receiving your individual federal income tax refund: a paper check or direct deposit (electronic funds transfer) into a checking or savings account. You can file your tax return electronically or by paper and obtain your federal tax refund directly from the IRS without incurring a separate fee, and the IRS will send you a refund check or electronically deposit my refund to my existing bank account. If you file a complete accurate paper tax return, your refund will be issued within six weeks from the received date. If you file electronically, refund checks will be issued within three weeks after the acknowledgement date. See, <http://www.irs.gov/taxtopics/tc152.html> for additional information. If you chose either of these filing options, you will still have to pay your Tax Preparer to prepare Tax Return.
2. **Low Cost Options for Receiving your Federal or State Tax Refund.** If you choose to file your federal tax return electronically and enter into this Agreement, EPS will arrange the opening of an account with The Bancorp Bank to receive via direct deposit your federal and/or state tax refund. From this account, EPS will deduct and pay from your tax refund any fees charged by your Tax Preparer for the preparation and filing of your electronic Tax Return, the e-Collect Fee and any other amounts authorized by you. EPS will then disburse the balance of your refund to you in the manner in which you have agreed below. **The cost for this service is based upon the disbursement method you choose below.**

In this e-Collect Taxpayer Agreement, (the "Agreement") the words "you" and "your" mean the taxpayers who have signed it. The words "we," "us" and "our" mean **EPS Financial, LLC unless**

otherwise referenced. In order to complete your transaction with us, you must electronically sign this Agreement by typing your name and clicking the "I Agree" button below.

e-Collect Account Terms and Conditions and Truth-In-Savings Disclosures. By selecting an EPS e-Collect Disbursement Method and in consideration of your agreeing to pay us a fee in the amount designated below ("EPS e-Collect Fee"), we will establish a deposit account with Bancorp, an FDIC insured financial institution in your name (your "e-Collect Account") for the purpose of receiving your 2012 federal and, if applicable, your state income tax refund(s) from the IRS and/or state taxing authorities (collectively "Tax Refund"). EPS must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the e-Collect Account can be opened. You irrevocably agree to have your tax refund disbursed to Bancorp and deposited in your e-Collect Account. Upon funding of the e-Collect Account with your tax refund(s), we will direct payment from the e-Collect Account of (i) the amount you owe for the Tax Preparation Software, (ii) the fee you owe EPS for providing these services, (iii) any other fee you approve directly. Upon payment of these fees, we agree to notify Bancorp to transfer the balance of funds remaining in your e-Collect Account. No other deposits other than tax refunds may be made to the e-Collect Account. No other withdrawals will be allowed from the e-Collect Account. The Annual Percentage Yield and interest rate on the e-Collect Account will be 0%. This means you will not receive any interest on funds in the e-Collect Account. You will not receive a periodic statement for the e-Collect Account. The e-Collect Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. If the IRS does not fund your Tax Refund into the e-Collect Account, then no funds will be available to pay the Tax Software Provider Fee. If for any reason, any part of the anticipated tax refund is disallowed or offset by the IRS, or if you should receive a refund check from the IRS or state taxing authority in the mail, you will advise EPS immediately and promptly pay your tax software provider any fees owed to them involving your tax return. You represent and warrant that you have not filed nor do you anticipate filing a petition under federal bankruptcy laws.

Confidential Information: EPS and Bancorp have received disclosure of your tax refund information from your tax software provider. You acknowledge and agree that you authorized the sharing of your tax refund and have your given consent to the disclosure of tax return information in accordance with Internal Revenue Code Section 7216. You acknowledge that you have received a copy of the Privacy Policy of EPS and Bancorp, and that EPS and Bancorp may share your confidential non-public personal information, including your tax return information as allowed by law.

Federal Electronic Fund Transfer Disclosures (EFTA) from Bancorp for e-Collect Account. For purposes of the EFTA Disclosures in the paragraphs hereunder, the words "you" and "your" mean the Taxpayer(s), and the words "we," "us," and "our" mean Bancorp an FDIC insured financial institution. Your refund will be deposited into the e-Collect Account electronically and only the payments listed above will be made electronically from the e-Collect Account. Other than the fees listed below payable to EPS, no fees are charged by us for electronic fund transfers to and from the e-Collect Account. We do not allow preauthorized transfers from the e-Collect Account. You cannot access funds from the e-Collect Account from an electronic terminal. You will not be liable for any unauthorized electronic transfers. We will disclose information to third parties about your e-Collect Account or the transfers you make where it is necessary for completing transfers, in order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant, in order to comply with government agency or court orders or if you give us your written permission. If we do not complete a transfer to or from the e-Collect Account on time or in the correct amount according to this Agreement, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable, for instance, if circumstances beyond our control (such as fire or flood or your provision of

CaSarah M Henderson

incorrect information) prevent the transfer, despite reasonable precautions that we have taken. If you believe that there has been an unauthorized transfer, or if you have a question about the e-Collect Account, write to EPS Financial, LLC, PO Box 1484 Easton, PA 18044 or telephone (484) 546-2242, and provide us with your name, a description or explanation of the error and the dollar amount of the suspected error. We will advise you of the results of its investigation within 10 business days. For purposes of these disclosures, Bancorp's business days are Monday through Friday. Holidays are not included. Hours of Operation are as follows: Monday through Friday 8:00 am EST to 5:00 pm EST.

In Case of Errors or Questions About Your Electronic Transfers, or If You Need More Information About a Transfer, telephone us or write us at the address listed above as soon as you can.

- (1) Tell us your name and e-Collect Account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. 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 EPS OPENS AN ACCOUNT FOR YOU WITH BANCORP, EPS WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW BANCORP TO IDENTIFY YOU. WE MAY ALSO ASK YOU TO MAKE AVAILABLE COPIES OF YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS. ADDITIONALLY, THE IRS MUST ACCEPT YOUR FEDERAL INCOME TAX REFUND TO OPEN AN ACCOUNT.

Disbursement Method:

Please click the box indicating your choice.

☒ **e-Direct: The EPS e-Collect fee is \$13.00 for a federal tax refund and state refund(s).**

By choosing this option, we will electronically transfer the balance of the e-Collect Account to your personal bank account, after deducting the fees owing to us, your Tax Software Provider or any other authorized recipient. Please enter your personal bank account information below:

Account type: Checking (Savings or Checking); Bank routing and transit number: _____; and Account Number: (_____)

If you selected **e-Direct**, please note that if a joint return is filed, the account (Savings or Checking) may be a joint account or the individual account of either spouse. **Note: The name of the taxpayer must match the name on the bank account.** Furthermore, to insure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct Bank Routing and Transit Number "RTN" and Bank Account number. Entering your personal bank account information incorrectly may delay the disbursement of your remaining funds, and we may mail you a check in the amount of the anticipated disbursement to the address listed above.

Waiver of Jury Trial and Arbitration Provision. Arbitration is a process in which persons with a dispute: (a) waive their rights to file a lawsuit and proceed in court and to have a jury trial to resolve their disputes; and (b) agree, instead, to submit their disputes to a neutral third person (an "arbitrator") for a decision. Each party to the dispute has an opportunity to present some evidence to the arbitrator. Pre-arbitration discovery may be limited. Arbitration proceedings are private and less formal than court trials. The arbitrator will issue a final and binding decision resolving the dispute, which may be enforced as a court judgement. A court rarely overturns an arbitrator's decision. **THEREFORE, YOU ACKNOWLEDGE AND AGREE AS FOLLOWS:**

1. For purposes of this Waiver of Jury Trial and Arbitration Provision (hereinafter the "Arbitration Provision"), the words "you" and "your" mean the Taxpayer(s), and the words "we," "us," and "our" mean Bancorp an FDIC insured financial institution and EPS. The words "dispute" and "disputes" are given the broadest possible meaning and include, without limitation (a) all claims, disputes, or controversies arising from or relating directly or indirectly to the signing of this Arbitration Provision, the validity and scope of this Arbitration Provision and any claim or attempt to set aside this Arbitration Provision; (b) all federal or state law claims, disputes or controversies, arising from or relating directly or indirectly to this Agreement (including the Arbitration Provision), the information you gave us before entering into this Agreement, including the Applicant/Personal Forms, and/or any past agreement or agreements between you and us; (c) all counterclaims, cross-claims and third-party claims; (d) all common law claims, based upon contract, tort, fraud, or other intentional torts; (e) all claims based upon a violation of any state or federal constitution, statute or regulation; (f) all claims asserted by us against you, including claims for money damages to collect any sum we claim you owe us; (g) all claims asserted by you individually against us and/or any of our employees, agents, directors, officers, shareholders, governors, managers, members, parent company or affiliated entities (hereinafter collectively referred to as "related third parties"), including claims for money damages and/or equitable or injunctive relief; (h) all claims asserted on your behalf by another person; (i) all claims asserted by you as a private attorney general, as a representative and member of a class of persons, or in any other representative capacity, against us and/or related third parties (hereinafter referred to as "Representative Claims"); and/or (j) all claims arising from or relating directly or indirectly to the disclosure by us or related third parties of any non-public personal information about you.

2. You acknowledge and agree that by entering into this Arbitration Provision:

- (a) **YOU ARE WAIVING YOUR RIGHT TO HAVE A TRIAL BY JURY TO RESOLVE ANY DISPUTE ALLEGED AGAINST US OR RELATED THIRD PARTIES;**
- (b) **YOU ARE WAIVING YOUR RIGHT TO HAVE A COURT, OTHER THAN A SMALL CLAIMS TRIBUNAL, RESOLVE ANY DISPUTE ALLEGED AGAINST US OR RELATED THIRD PARTIES; and**
- (c) **YOU ARE WAIVING YOUR RIGHT TO SERVE AS A REPRESENTATIVE, AS A PRIVATE ATTORNEY GENERAL, OR IN ANY OTHER REPRESENTATIVE CAPACITY, AND/OR TO PARTICIPATE AS A MEMBER OF A CLASS OF CLAIMANTS, IN ANY LAWSUIT FILED AGAINST US AND/OR RELATED THIRD PARTIES.**

3. Except as provided in Paragraph 6 below, all disputes including any Representative Claims against us and/or related third parties shall be resolved by binding arbitration only on an individual basis with you. **THEREFORE, THE ARBITRATOR SHALL NOT CONDUCT CLASS ARBITRATION; THAT IS, THE ARBITRATOR SHALL NOT ALLOW YOU TO SERVE AS A REPRESENTATIVE, AS A PRIVATE ATTORNEY GENERAL, OR IN ANY OTHER REPRESENTATIVE CAPACITY FOR OTHERS IN THE ARBITRATION.**

4. Any party to a dispute, including related third parties, may send the other party written notice by certified mail return receipt requested of their intent to arbitrate and setting forth the subject of the dispute along with the relief requested, even if a lawsuit has been filed. Regardless of who demands arbitration, you shall have the right to select either of the following arbitration organizations to administer the arbitration: the American Arbitration Association (1-800-778-7879) <http://www.adr.org> or J.A.M.S. (1-800-352-5267) <http://www.jamsadr.com>. However, the parties may agree to select a local arbitrator who is an attorney, retired judge, or arbitrator registered and in good standing with an arbitration association or any other arbitration organization mutually agreed upon in writing by you and us, and arbitrate pursuant to such arbitrator's or other arbitration organization's rules. The party receiving notice of arbitration will respond in writing by certified mail return receipts requested within twenty (20) days. If you demand arbitration, you must inform us in your demand of the arbitration organization you have selected or whether you desire to select a local arbitrator. If related third parties or we demand arbitration, you must notify us within twenty (20) days in writing by certified mail return receipt requested of your decision to select an arbitration organization or your desire to select a local arbitrator. If you fail to notify us, then we have the right to select an arbitration organization. The parties to such dispute will be governed by the rules and procedures of such arbitration organization applicable to consumer disputes, to the extent those rules and procedures do not contradict the express terms of this Agreement of the Arbitration Provision including the limitations on the arbitrator contained herein. You may obtain a copy of the rules and procedures by contacting the arbitration organizations listed above. If the arbitration associations listed above are not available and the parties cannot otherwise agree on a substitute, then any party may petition a Court pursuant to section 5 of the Federal Arbitration Act ("FAA") to select an arbitrator or arbitration organization, provided such arbitrator or arbitration organization shall enforce the terms of the Arbitration Provision, including the prohibition of class arbitration.

5. Regardless of who demands arbitration, we will advance your portion of the expenses associated with the arbitration, including the filing, administrative, hearing and arbitrator's fees ("Arbitration Fees"). Throughout the arbitration, each party shall bear his or her own attorneys' fees and expenses, such as witness and expert witness fees. The arbitrator shall apply applicable substantive law consistent with the FAA, and applicable statutes of limitation, and shall honor claims of privilege recognized at law. The arbitration hearing will be conducted in the county of your residence. The arbitrator may decide, with or without a hearing, any motion that is substantially similar to a motion to

dismiss for failure to state a claim or a motion for summary judgment. In conducting the arbitration proceeding, the arbitrator shall not apply any federal or state rules of civil procedure or evidence. If allowed by statute or applicable law, the arbitrator may award statutory damages and/or reasonable attorney's fees and expenses. If the arbitrator renders a decision or an award in your favor resolving the dispute, then you will not be responsible for reimbursing us for your portion of the Arbitration Fees, and we will reimburse you for any Arbitration Fees you have previously paid. Regardless of whether the arbitrator renders a decision or an award in your favor resolving the dispute, you will not be responsible for reimbursing us for your portion of the Arbitration Fees. At the timely request of any party, the arbitrator shall provide a written explanation for the award. The arbitrator's award may be filed with any court having jurisdiction.

6. All parties, including related third parties, shall retain the right to seek adjudication in a small claims tribunal for disputes within the scope of such tribunal's jurisdiction. Any dispute, which cannot be adjudicated within the jurisdiction of a small claims tribunal, shall be resolved by binding arbitration. Any appeal of a judgement from small claims tribunal shall be resolved by binding arbitration.

7. This Arbitration Provision is made pursuant to a transaction involving interstate commerce and shall be governed by the FAA. If a final non-appealable judgment of a court having jurisdiction over this transaction finds, for any reason, the FAA does not apply to this transaction, then our agreement to arbitrate shall be governed by the arbitration law of Delaware.

8. This Arbitration Provision is binding upon and benefits you, your respective heirs, successors and assigns. The Arbitration Provision is binding upon and benefits us, our successors and assigns, and related third parties. The Arbitration Provision continues in full force and effect, even if your obligations have been prepaid, paid or discharged through bankruptcy. The Arbitration Provision survives any termination, amendment, expiration or performance of any transaction between you and us and continues in full force and effect unless you and we otherwise agree in writing.

9. **OPT-OUT PROCESS.** You may choose to opt out of this Arbitration Provision but only by following the process set forth below. If you do not wish to be subject to this Arbitration Provision, then you must notify us in writing within thirty (30) calendar days of the date of this Agreement at the following address: EPS Financial, LLC, Attn: Opt-Out, PO Box 1484 Easton, PA 18044. Your written notice must include your name, address, social security number, the date of this Agreement, and a statement that you wish to opt out of the Arbitration Provision. Your decision to opt out on this transaction applies to this transaction only and no subsequent transactions with us. Your decision to opt out on subsequent transactions with us will only apply to the particular transaction and no previous transactions with us.

10. **Notice of Grievance.** Prior to initiating a lawsuit or arbitration proceeding regarding any dispute, the party asserting the dispute (the "Claimant") shall give the other party or parties (the "Defending Party") a written Claim Notice and a reasonable opportunity, not less than 30 days, to resolve the Claim. Any Claim Notice to you shall be sent in writing by mail or email to the address you have provided us (or any updated address you subsequently provide). Any Claim Notice to us shall be sent by mail to EPS Financial, LLC, Attn: Claim Notice, PO Box 1484 Easton, PA 18044, (or any updated address we subsequently provide). Any Claim Notice you send must give your name, address, social security number and telephone number. Any Claim Notice must explain the nature of the dispute and the relief that is demanded. You may only submit a Claim Notice on your own behalf and not on behalf of any other party. The Claimant must reasonably cooperate in providing any information about the dispute that the Defending Party reasonably requests and must give the Defending Party a reasonable opportunity to respond to the demand for relief. If an aggrieved party ultimately pursues arbitration or

litigation, then to the extent allowed by applicable law, the adjudicator shall award reasonable attorney fees, court costs, and litigation expenses to the opposing party, if the adjudicator determines the (a) aggrieved party cannot prove compliance with this paragraph or (b) opposing party timely offered a reasonable settlement.

By signing this Agreement you acknowledge it was filled in before you did so, and you received a completed copy of it. You further acknowledge everything you have stated in this Agreement is true and correct. You also acknowledge you have read and understand each of the terms and conditions of this Agreement, and you voluntarily enter into this Agreement with us.

ELECTRONICALLY SIGN HERE:

Taxpayer: _____

EPS Financial, LLC

Date

Date

I AGREE
YES

o
r

I DO NOT AGREE

Joint-Taxpayer: _____

Date

I AGREE

o
r

I DO NOT AGREE

CaSarah M Henderson

Privacy Policy

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms (such as name, address, social security number, assets and income);
- Information about your transactions with us (such as your account balance, activity, and payment history);
- Information you send to us in an e-mail message;
- Information that your Internet service provider automatically provides to our Web server, such as its Web site address and possibly your e-mail address;
- Information about your visits to and use of the web site to help us maintain the appropriate features, functionality and user experience;
- Information from your computer about your computer and your visits to our web site, such as your IP address, geographical location, browser type, referral source, length of visit, and page views through the use of log files; and
- Information that you submit to us in a Common Gateway Interface (CGI) or similar form (for example, when you submit an information request on our Web site).

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by federal and state law. We restrict access to nonpublic personal information about you to those employees or organizations who need to know that information to provide services to you.

We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Child Tax Credit Worksheet

Keep for your records.

Name(s) as shown on return

Your social security number

CaSarah M Henderson

CAUTION! To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2012 and meet the other requirements listed in instructions.

- Part 1**
1. Number of qualifying children: 2 X \$1,000. Enter the result. **1** 2,000
2. Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. **2** 13,934
3. **1040 Filers.** Enter the total of any -
- Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.
- 1040A and 1040NR Filers.** Enter -0-.
4. Add lines 2 and 3. Enter the total. **4** 13,934
5. Enter the amount shown below for your filing status.
- Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,000
6. Is the amount on line 4 more than the amount on line 5?
- ☒ **No.** Leave line 6 blank. Enter -0- on line 7.
- ☐ **Yes.** Subtract line 5 from line 4. **6** _____
- If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.
7. Multiply the amount on line 6 by 5% (.05). Enter the result. **7** 0
8. Is the amount on line 1 more than the amount on line 7?
- ☐ **No. STOP**
- You cannot take the child tax credit on Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48. You also cannot take the additional child tax credit on Form 1040, line 65; Form 1040A, line 39; or Form 1040NR, line 63. Complete the rest of your Form 1040, 1040A, or Form 1040NR.
- ☒ **Yes.** Subtract line 7 from line 1. Enter the result. Go to Part 2. **8** 2,000

- Part 2**
9. Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 44. **9** _____
10. Add the following amounts from:
- | Form 1040 | or | Form 1040A | or | Form 1040NR | |
|---------------------|----|------------|----|-------------|---|
| Line 47 | | | | Line 45 | + |
| Line 48 | | Line 29 | | Line 46 | + |
| Line 49 | | Line 31 | | | + |
| Line 50 | | Line 32 | | Line 47 | + |
| Form 5695, line 14 | | | | | + |
| Form 8834, line 23 | | | | | + |
| Form 8910, line 22 | | | | | + |
| Form 8936, line 15 | | | | | + |
| Schedule R, line 22 | | | | | + |
- Enter the total. **10** _____
11. Are you claiming any of the following credits?
- Mortgage interest credit, Form 8396.
 - Residential energy efficient property credit, Form 5695, Part II.
 - District of Columbia first-time homebuyer credit, Form 8859.
 - Adoption credit, Form 8839
- ☒ **No.** Enter the amount from line 10. **11** _____
- ☐ **Yes.** Complete the Line 11 Worksheet on the next page to figure the amount to enter here. **12** _____
12. Subtract line 11 from line 9. Enter the result. **12** _____
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
- ☐ **No.** Enter the amount from line 8.
- ☒ **Yes.** Enter the amount from line 12. See the **TIP** below. **13** _____
- This is your child tax credit.**

TIP

- You may be able to take the **additional child tax credit** on Form 1040, line 65; Form 1040A, line 39; or Form 1040NR, line 63, only if you answered "Yes" on line 13.
- First, complete your Form 1040 through line 64a (also complete line 69), Form 1040A through line 38a, or Form 1040NR through line 62 (also, complete line 65).
 - Then, use Form 8812 to figure any additional child tax credit.

Enter this amount on
Form 1040, line 51;
Form 1040A, line 33;
or Form 1040NR, line 48.

1040

Individual Diagnostic Summary

2012

Name(s)

CaSarah M Henderson

Social Security #

DemographicsMailing Address:

798 squirrel ct
Kissimmee, FL 34759

Daytime Phone: 407-580-4902

Evening Phone: 407-580-4902

Cell Phone:

Resident State: 0

Date of Birth: Taxpayer 08-26-1988 Spouse

Dependent Information: (*If more than 5 dependents see last page of summary)

Name	SSN	Relationship	Date of Birth
Zarriah Jones		DAUGHTER	
Messiah Jones		SON	

Diagnostics

Preparer:

Invoice:

Date: 01-23-2013

Return Information

Form Type: 1040

Item on Return	2012 Federal	2011 Federal (If available)
Filing Status	4	
Exemptions	3	
Total Income	13,934	
AGI	13,934	
Deductions	8,700	
Taxable Income		
Tax (before credits)		
Tax (after credits)		
Tax Rate Percentage	10	
EIC	5,236	
Overpayment	8,415	
Refund	8,415	
Refund Applied to ES		
Balance Due		

Form of Refund/Payment:

State/City Information (* If more than 4 states see last page of summary)T/S/JState/CityAGITaxable
IncomeTaxRefund/
(Balance Due)

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

2012

(Keep for your records)

Name(s) as shown on form
CaSarah M Henderson

Your SSN

1. Enter the amount from Form 1040 or Form 1040A, line 7, or Form 1040EZ, line 1 plus any nontaxable combat pay elected to be included in earned income 1. 13,934
2. If you received a taxable scholarship or fellowship grant that was not reported on a W-2 form, enter that amount here; plus any amounts received for work performed while an inmate in a penal institution; plus any amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 2. _____
3. Subtract line 2 from line 1 3. 13,934
4. If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount from the worksheet for self employed taxpayers 4. _____
5. Add lines 3 and 4 5. 13,934
6. Look up the amount on **line 5** above in the **EIC Table** on pages **52-68** to find your credit. Enter the credit here. If line 6 is zero, **stop**. You **cannot** take the credit. Enter "**No**" directly to the right of Form 1040, line 64a, Form 1040A, line 38a, or Form 1040EZ, Line 8a. 6. 5,236
7. Enter your **AGI** or Form 1040EZ, line 4 7. 13,934
8. **Is line 7 less than -**
 - \$7,800 if you do not have a qualifying child? (\$13,000 if married filing joint)
 - \$17,100 if you have at least one qualifying child? (\$22,300 if married filing joint)
 - ☒ **Yes.** Go to line 9 now.
 - ☐ **No.** Look up the amount on **line 7** above in the **EIC Table** to find your credit. Enter the credit here 8. _____
9. **Earned income credit.**
 - If you checked "Yes" on line 8, enter the amount from line 6.
 - If you checked "No" on line 8, enter the **smaller** of line 6 or line 8 9. 5,236

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

Account Transaction Summary**2012**

Name(s) as shown on return

CaSarah M Henderson

Your Social Security Number

XXX-XX-5547

******* EPS Bank Product *******

You are getting this message because you have chosen a bank product. A temporary account has been setup by EPS through which the refund product will be routed:

Account #1

Financial Institution Name The Bancorp Bank**Routing Transit Number** 031101169**Account Number** 81221005947455475**Account Type** Checking**Federal Deposit** 8,415**Net Deposit** 8,415

The total refund (minus fees) will be direct deposited into the customer's chosen bank account:

Routing Transit Number 263179956**Account Number** 0028133280**Account Type** Checking******* End of Bank Product *******

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

THIS INFORMATION IS USED TO DEPOSIT YOUR REFUND. IF YOU HAVE PROVIDED THE INCORRECT INFORMATION OR YOU HAVE CLOSED THE ACCOUNT, YOU ARE RESPONSIBLE.

I have reviewed the above information and certify that this information is correct and authorize to use this account to deposit my refund.

Date

Date

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

See separate instructions.

Your first name and initial **CASARAH M** Last name **HENDERSON** Your social security number

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. **800 POLK ST** 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). **ORLANDO, FL 32805**

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

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) X if child under age 17 qualifying for child tax credit (see instr.)
ZARRIAH JONES		Daughter	<input checked="" type="checkbox"/>
MESSIAH JONES		Son	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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

Boxes checked on 6a and 6b **1**
No. of children on 6c who:
• lived with you **2**
• did not live with you due to divorce or separation (see instructions) **0**
Dependents on 6c not entered above **0**
Add numbers on lines above **3**

d Total number of exemptions claimed **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **10,864.**
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a **8b**
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends **9b**
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ **2,487.**
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ☐
14 Other gains or (losses). Attach Form 4797
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
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits **20a** b Taxable amount **20b**
21 Other income. List type and amount
22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **13,351.**

Adjusted Gross Income

23 Educator expenses **23** **250.**
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** **176.**
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** **4,000.**
35 Domestic production activities deduction. Attach Form 8903 **35**
36 Add lines 23 through 35 **36** **4,426.**
37 Subtract line 36 from line 22. This is your **adjusted gross income** **37** **8,925.**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	8,925.
	39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked 39a 0		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for-	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,950.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38	41	-25.
• All others: Single or Married filing separately, \$6,100	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions.	42	11,700.
Married filing jointly or Qualifying widow(er), \$12,200	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
Head of household, \$8,950	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	0.
	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 <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	0.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	351.
	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	351.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	792.
	63	2013 estimated tax payments and amount applied from 2012 return	63	
	64a	Earned income credit (EIC)	64a	5,270.
	b	Nontaxable combat pay election. 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	1,526.
	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"/> 2439b <input checked="" type="checkbox"/> Reserved 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	7,588.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	7,237.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	7,237.
Direct deposit? See instructions.	b	Routing number	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> 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	0.
	77	Estimated tax penalty (see instructions)	77	

Third Party DesigneeDo 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 instr. Keep a copy for your records.

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

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.
► 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

CASARAH M HENDERSON

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

CASE MANAGER

B Enter code from instructions

► **624100**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

59-3595260

E Business address (including suite or room no.) ► **800 POLK ST**

City, town or post office, state, and ZIP code **ORLANDO, FL 32805**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2013, check here ☒ Yes ☐ No

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 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	1	3,429.
2 Returns and allowances	2	
3 Subtract line 2 from line 1.	3	3,429.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	3,429.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	3,429.

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

8 Advertising	8	50.	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	85.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	557.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	250.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a **28** **942.**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **2,487.**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2013

UYA

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2013

Attachment
Sequence No. **17**

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

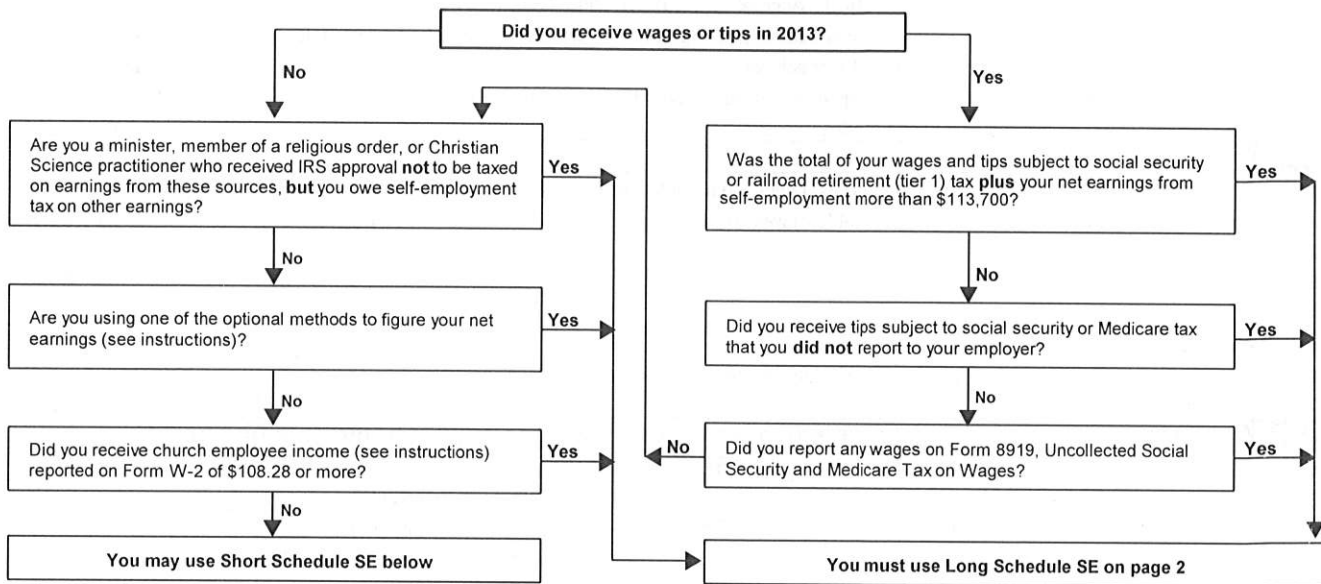
CASARAH M HENDERSON

Social security number of person
with self-employment income ►

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

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

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



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

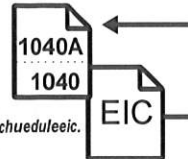
1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule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

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit
Qualifying Child Information

- ▶ Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
- ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.



OMB No. 1545-0074

2013

Attachment
Sequence No. **43**

Name(s) shown on return

CASARAH M HENDERSON

Your social security number

Before you begin:

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	ZARRIAH JONES		MESSIAH JONES			
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
3 Child's year of birth	Year <u>2 0 0 8</u> <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2 0 1 2</u> <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u> </u> <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Daughter		Son			
6 Number of months child lived with you in the United States during 2013 • If the child lived with you for more than half of 2013 but less than 7 months, enter "7." • If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u> </u> months <i>Do not enter more than 12 months.</i>	

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

Schedule EIC (Form 1040A or 1040) 2013

UYA

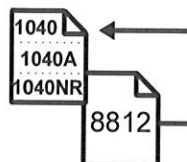
SCHEDULE 8812
(Form 1040A
or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Child Tax Credit

- ▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Information about Schedule 8812 and its separate instructions is at**
www.irs.gov/schedule8812.



OMB No. 1545-0074

2013

Attachment

Sequence No. 47

Your social security number

CASARAH M HENDERSON

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
☐ Yes ☐ No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
☐ Yes ☐ No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
☐ Yes ☐ No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
☐ Yes ☐ No

Note. If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here ☐

Part II Additional Child Tax Credit Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).		
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).		
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).		
	If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
		1	2,000.
2	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	2	
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	2,000.
4a	Earned income (see separate instructions)	4a	13,175.
b	Nontaxable combat pay (see separate instructions)	4b	
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	10,175.
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	1,526.

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

Schedule 8812 (Form 1040A or 1040) 2013

UYA

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions.	7		
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60.	8		0.
	1040A filers: Enter -0-.			
	1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.			
9	Add lines 7 and 8.	9		
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69.	10		
	1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).			
	1040NR filers: Enter the amount from Form 1040NR, line 65.			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		0.
12	Enter the larger of line 6 or line 11.	12		0.
	Next, enter the smaller of line 3 or line 12 on line 13.			

Part IV Additional Child Tax Credit

13	This is your additional child tax credit.	13	1,526.
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Enter this amount on
Form 1040, line 65,
Form 1040A, line 39, or
Form 1040NR, line 63.

Tuition and Fees Deduction

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8917 and its instructions is at www.irs.gov/form8917.

OMB No. 1545-0074

2013Attachment
Sequence No. 60

Name(s) shown on return

CASARAH M HENDERSON

Your social security number

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

Before you begin: ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions.
 ✓ If you file Form 1040, figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. See the 2013 Form 1040 instructions for line 36.

1 (a) Student's name (as shown on page 1 of your tax return) First name Last name CASARAH HENDERSON	(b) Student's social security number (as shown on page 1 of your tax return) 	(c) Adjusted qualified expenses (see instructions) 12,530.
2 Add the amounts on line 1, column (c), and enter the total		2 12,530.
3 Enter the amount from Form 1040, line 22, or Form 1040A, line 15 . . .		3 13,351.
4 Enter the total from either: • Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or • Form 1040A, lines 16 through 18		4 426.
5 Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop; you cannot take the deduction for tuition and fees		5 12,925.
6 Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000.		6 4,000.

Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.

Depreciation and Amortization
(Including Information on Listed Property)**2013**Attachment
Sequence No. **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CASARAH M HENDERSON**CASE MANAGER****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	0.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B — Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	557.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	557.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25									
26 Property used more than 50% in a qualified business use:									
CADALLIAC	01/15/13	79.59%	3,500.	2,786.5	200	DBHY	557.		
27 Property used 50% or less in a qualified business use:									
						S/L -			
						S/L -			
						S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	557.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	CADALLIAC Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)	3900											
31 Total commuting miles driven during the year	1000											
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	4900											
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?		X										

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

CASARAH M HENDERSON

Pursuant to IRC Sec. 168(k) (2) (C) (iii) taxpayer elects not to have the additional 50% bonus depreciation apply for all property in the 5 year class(es) for tax year ending 12/31/13.

Account Detail For CASARAH M HENDERSON Account Savings 0

YTD Dividends	Annual Percent Yield	Dividend Rate	Prior Year Dividend
\$0.07	0.15%	0.150%	\$1.40

Account History for 02/20/2015 to 02/23/2015

Effective Date	Description	Amount	Balance
02/20/2015	Share Deposit ACH-A-6233 ACH ASO SERVICES	\$6,695.00	\$6,503.00
02/02/2015	Share Withdrawal	\$1,000	\$5,503.00