

Tax Return Transcript **Accepted**

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Tax Return Transcript

Request Date: 03-04-2009
Response Date: 03-04-2009
Tracking Number: 10000070432

SSN Provided: 000-00-0100
Tax Period Ending: Dec. 31, 2008

The following items reflect the amount as shown on the return (FF), and the amount as adjusted (FC), if applicable. They do not show subsequent activity on the account.

SSN: 000-00-0100 SPOUSE SSN: 000-00-0200
NAME(S) SHOWN ON RETURN: JOHN DOE & JANE DEE
ADDRESS: 390 ANYSTREET BLVD
DALLAS, TX 75000-0000-000

FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20091400
RECEIVED DATE: Feb. 15, 2009
REMITTANCE: 0.00
EXEMPTION NUMBER: 5
DEPENDENT 1 NAME CTRL: ANGR
DEPENDENT 1 SSN: 000-00-0300
DEPENDENT 2 NAME CTRL: ANGR
DEPENDENT 2 SSN: 000-00-0400
DEPENDENT 3 NAME CTRL: ANGR
DEPENDENT 3 SSN: 000-00-0500
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PREPARER SSN:
PREPARER EIN:

Income

WAGES, SALARIES, TIPS, ETC: 67,000.00
TAXABLE INTEREST INCOME: SCH B: 0.00
TAX-EXEMPT INTEREST: 0.00
ORDINARY DIVIDEND INCOME: SCH B: 0.00
QUALIFIED DIVIDENDS: 0.00
REFUNDS OF STATE/LOCAL TAXES: 0.00
ALIMONY RECEIVED: 0.00
BUSINESS INCOME OR LOSS (Schedule C): 0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: 0.00
CAPITAL GAINS OR LOSS: (Schedule D): 0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: 0.00
OTHER GAINS OR LOSSES (Form 4797): 0.00
TOTAL IRA DISTRIBUTIONS: 0.00
TAXABLE IRA DISTRIBUTIONS: 0.00

1040, 1040A and 1040EZ **NOT Accepted**

1040 U.S. Individual Income Tax Return **2014**

For Return Jan. 1 to Dec. 31, 2013, or other tax year beginning: 2014

Your Social Security Number: 00-00000000

File this return as: **Married**

Check only one box:
 Single
 Married (flag party whose 7 only one had income)
 Married (flag separately: Enter spouse's SSN below and full name: **Male**)
 Married (flag separately: Enter spouse's SSN below and full name: **Female**)
 Qualifying widow(er) with dependent child

Check only one box:
 Yearly: If someone can claim you as a dependent, check this box. **File separately**: If you are a dependent, check this box.
 Spouse: If you are a spouse, check this box.
 Dependent: If you are a dependent, check this box.
 Head of household: If you are a head of household, check this box.
 Surviving spouse: If you are a surviving spouse, check this box.

Check the box that best describes your filing status:
 Married: If you are married, check this box. Enter your spouse's SSN below and full name: **Male**
 Single: If you are single, check this box.
 Head of household: If you are a head of household, check this box.
 Married (separate): If you are married and filing separately, check this box. Enter your spouse's SSN below and full name: **Male**
 Surviving spouse: If you are a surviving spouse, check this box.

Income

1 Wages, salaries, tips, etc. Attach Form W-2, 1099-R, etc. 7
2 Taxable interest. Attach Schedule B, 1099-INT, etc. 8a
3 Tax-exempt interest. Do not enter. 8b
4 Ordinary dividends. Attach Schedule D, 1099-DIV, etc. 9
5 Qualified dividends 9a
6 Taxable annuities, pensions, IRAs, etc. 10
7 Rollover annuities, pensions, IRAs, etc. 10a
8 Alimony received 11
9 Business income or loss. Attach Schedule C, 1099-MISC, etc. 12
10 Capital gain or loss. Attach Schedule D, 1099-CAP, etc. 13
14 Other gains or losses. Attach Form 4797, etc. 14
15a IRA distributions 15a
15b Rollover IRA distributions 15b
16a Pensions and annuities 16a
16b Rollover pensions, annuities, IRAs, etc. 16b
16c Farm income or loss. Attach Schedule F 16c
17 Unemployment compensation 17
18 Social security benefits 18a
19 Other income. List type and amount 19
20 Exclude the amounts in the left column for lines 7 through 21. This is your **total income** 20

Adjusted Gross Income

21 Education expenses 21
22 Other tax-exempt interest, net of tax 22
23 Health savings account deduction. Attach Form 5305-SSA 23
24 Self-employed health insurance deduction 24
25 Penalty on early withdrawal of savings 25
26 Charitable contributions. Attach Form 990-B, etc. 26
27 State and local tax deduction 27
28 Tax on prior year's refund 28
29 Other deductions. Attach Form 1041-SSA, etc. 29
30 Add lines 22 through 29. This is your **adjusted gross income** 30

Record of Account **Accepted**

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Record of Account

Request Date: 10-31-2012
Response Date: 10-31-2012
Tracking Number: 00000000000

FORM NUMBER: 1040
TAX PERIOD: Dec. 31, 2010

TAXPAYER IDENTIFICATION NUMBER: 000-00-0000
SPOUSE TAXPAYER IDENTIFICATION NUMBER: 000-00-0000

JOHN Q & JANE Q TAXPAYER
000 HOPE STREET
ANY CITY, ST 00000-0000-000

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

Account Transcript **NOT Accepted**

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Account Transcript

Request Date: 10-24-2012
Response Date: 10-24-2012
Tracking Number: 00000000000

FORM NUMBER: 1040
TAX PERIOD: Dec. 31, 2011

TAXPAYER IDENTIFICATION NUMBER: 000-00-0000
SPOUSE TAXPAYER IDENTIFICATION NUMBER: 000-00-0000

JOHN Q & JANE Q TAXPAYER
000 HOPE STREET
ANY CITY, ST 00000-0000-000

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---