

LATEST #13

FORMS REQUIRED: FORM 1040, SCH C, SCH SE, SCH M, IT540, SCH E, SCH F, SCH G

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: 1040, LINE 20A: 23456, LINE 62: 12000 (4X 3000 PAYMENT)

TAXPAYER: NAME CHANGE

NAME: LATEST L JONES SSN: 400-00-4313

DOB: 02/01/1943

DISABLED: NO

DAYTIME PHONE: 888-555-2222

NAME: AMBER JONES (DECEASED 10/15/2009) SSN: 400-00-4323

DOB: 09/13/1943

DISABLED: YES BLIND

DAYTIME PHONE:

ADDRESS: 123 MAIN STREET

METAIRIE LA 70001

FILING STATUS: MARRIED FILING JOINTLY

DEPENDENT	DOB	AGE	SSN	DISABLED
AMANDA JONES	050590	19	400003013	DEAF

SCHEDULE A

LINE 5: ST 1003

LINE 6: 1084

LINE 9: 2087

LINE 10: 10039

LINE 14: 10039

LINE 16: 2200

LINE 19: 2200

LINE 28: 2145 GAMBLING LOSSES

LINE 29: NO 16471

**LATEST #13**

**SCH C #1**

**NAME OF PROPRIETOR : L JONES**

**SSN: 400-00-4313**

**LINE A: PIANO TUNING**

**LINE B: 811490**

**LINE C: FINE TUNING**

**LINE F: (1) CASH**

**LINE G: YES**

**LINE 1: 158578**

**LINE 2: 155**

**LINE 3: 158423**

**LINE 4: 54924**

**LINE 5: 103499**

**LINE 7: 103499**

**LINE 8: 3250**

**LINE 15: 1600**

**LINE 16B: 450**

**LINE 17: 1059**

**LINE 18: 7483**

**LINE 20A: 21380**

**LINE 20B: 2400**

**LINE 21: 300**

**LINE 22: 3650**

**LINE 23: 1736**

**LINE 24A: 1784**

**LINE 25: 2981**

**LINE 28: 48073**

**LINE 29: 55426**

**LATEST #13**

**LINE 31: 39126**

**LINE 33A: COST**

**LINE 34: NO**

**LINE 35: 9234**

**LINE 36: 55868**

**LINE 40: 65102**

**LINE 41: 10178**

**LINE 42: 54924**

**SCHEDULE SE**

**SSN: 400-00-4313**

**LINE 2: 55426**

**LINE 3: 55426**

**LINE 4: 51186**

**LINE 5: 7831**

**LINE 6: 3916**

**SCHEDULE M**

**SSN: 400-00-4313**

**LINE 10: YES            500**

**LATEST #13**

**LA AMENDED RETURN**

<b>LA PROPERTY INSURANCE PREMIUM</b>	<b>1500</b>	
<b>LA CITIZENS INSURANCE CREDIT</b>	<b>246</b>	<b>ANYTHING 0325C897</b>
<b>MILITARY FAMILY ASSISTANCE FUND</b>	<b>10</b>	
<b>COASTAL PROTECTION AND RESTORATION FUND</b>	<b>5</b>	
<b>LA CANCER TRUST FUND</b>	<b>5</b>	
<b>LA ANIMAL WELFARE COMMISSION</b>	<b>5</b>	
<b>NATIONAL LUNG CANCER PARTNERSHIP</b>	<b>5</b>	
<b>AMOUNT TO BE CREDITED TO 2010</b>	<b>100</b>	
<b>CREDIT CARRY FORWARD FROM 2008</b>	<b>789</b>	
<b>RECAPTURE OF START CONTRIBUTION</b>	<b>2100</b>	
<b>INVENTORY TAX</b>	<b>94</b>	
<b>CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES</b>	<b>214</b>	

**INVENTORY TAX BILL:**

<b>PARISH</b>	<b>EAST BATON ROUGE</b>
<b>ASSESSMENT NUMBER</b>	<b>21358</b>
<b>TOTAL ASSESSMENT</b>	<b>6529</b>
<b>TOTAL TAXES PAID</b>	<b>203</b>
<b>CHECK NUMBER</b>	<b>5678</b>
<b>CHECK DATE</b>	<b>12/15/2009</b>

**LATEST #13**

**FORM 1099-R**

**PAYER'S NAME, STREET ADDRESS CITY STATE AND ZIP**

**LASERS**

**6500 ESSEN**

**BATON ROUGE LA 70802**

**PAYER'S FEDERAL IDENTIFICATION NUMBER**

**72-8888875**

**RECIPIENT'S IDENTIFICATION NUMBER**

**400-00-4313**

**RECIPIENT'S NAME**

**LATEST L JONES**

**RECIPIENT'S STREET ADDRESS**

**123 MAIN STREET**

**RECIPIENT'S CITY STATE AND ZIP**

**METAIRIE LA 70001**

**BOX 1: GROSS DISTRIBUTION**

**21000**

**BOX 2A: TAXABLE AMOUNT**

**21000**

**BOX 4: FEDERAL INCOME TAX WITHHELD**

**4200**

**BOX 6: NET UNREALIZED**

**0**

**BOX 7: DISTRIBUTION CODE**

**7**

**LATEST #13**

**FORM 1099-R**

**PAYER'S NAME, STREET ADDRESS CITY STATE AND ZIP**

**CHASE BANK**

**450 FLORIDA BLVD**

**BATON ROUGE LA 70807**

**PAYER'S FEDERAL IDENTIFICATION NUMBER**

**72-4567890**

**RECIPIENT'S IDENTIFICATION NUMBER**

**400-00-4313**

**RECIPIENT'S NAME**

**LATEST L JONES**

**RECIPIENT'S STREET ADDRESS**

**123 MAIN STREET**

**RECIPIENT'S CITY STATE AND ZIP**

**METAIRIE LA 70001**

**BOX 1: GROSS DISTRIBUTION**

**5527**

**BOX 2A: TAXABLE AMOUNT**

**5527**

**BOX 4: FEDERAL INCOME TAX WITHHELD**

**1105**

**BOX 6: NET UNREALIZED**

**0**

**BOX 7: DISTRIBUTION CODE**

**7 IRA/SEP/SIMPLE X**

**FORM 1099-R**

**PAYER'S NAME, STREET ADDRESS CITY STATE AND ZIP**

**CHASE BANK**

**450 FLORIDA BLVD**

**BATON ROUGE LA 70807**

**PAYER'S FEDERAL IDENTIFICATION NUMBER**

**72-4567890**

**RECIPIENT'S IDENTIFICATION NUMBER**

**400-00-4323**

**RECIPIENT'S NAME**

**AMBER JONES**

**RECIPIENT'S STREET ADDRESS**

**123 MAIN STREET**

**BOX 1: GROSS DISTRIBUTION**

**8400**

**BOX 2A: TAXABLE AMOUNT**

**8400**

**BOX 4: FEDERAL INCOME TAX WITHHELD**

**1680**

**BOX 6: NET UNREALIZED**

**0**

**BOX 7: DISTRIBUTION CODE**

**7 IRA/SEP/SIMPLE X**

**LATEST #13**

**FORM W-2G**

**PAYER'S NAME ADDRESS ZIP CODE**

**HOLLYWOOD CASINO  
711 HOLLYWOOD BLVD  
BAY ST LOUIS MS 39500**

**FEDERAL ID**

**36-2365789**

**WINNER'S NAME ADDRESS ZIP CODE**

**LATEST L JONES  
123 MAIN ST  
METAIRIE LA 70001**

**LINE 1:**

**7145**

**LINE 2:**

**1429**

**LINE 3:**

**SLOTS**

**LINE 4:**

**09/15/09**

**LINE 11:**

**400-00-4313**

**LINE 13:**

**MS 234567**

**LINE 14:**

**214**

LATEST #13

FORM 1040

NAME: LATEST L JONES AMBER JONES

SSN: 400-00-4313 400-00-4323

ADDRESS: 123 MAIN ST  
METAIRIE LA 70001

FILING STATUS: MARRIED FILING JOINTLY

EXEMPTIONS:

NAME	SSN	RELATIONSHIP	CHILD TAX CREDIT
AMANDA JONES	400-00-3013	DAUGHTER	
LINE 12: BUSINESS INCOME			55426
LINE 15B: TAXABLE AMOUNT			13927
LINE 16B: TAXABLE AMOUNT			21000
LINE 20A: SOCIAL SECURITY BENEFITS			23456
LINE 20B: TAXABLE AMOUNT			19938
LINE 21: GAMBLING			7145
LINE 22: TOTAL INCOME			117436
LINE 27: ONE HALF SELF EMPLOYMENT			3916
LINE 36: ADD			3916
LINE 37: AGI			113520
LINE 38: AGI			113520
LINE 39A: BORN BEFORE 01/02/1944	X	X SPOUSE BLIND	X 3
LINE 40A: ITEMIZED DEDUCTIONS			16471
LINE 41: SUBTRACT			97049
LINE 42:			10950
LINE 43: TAXABLE INCOME			86099
LINE 44: TAX			13894
LINE 46: ADD			13894

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<b>LINE 55: SUBTRACT</b>	<b>138944</b>
<b>LINE 56: SELF EMPLOYMENT TAX</b>	<b>7831</b>
<b>LINE 60: TOTAL TAX</b>	<b>13894</b>
<b>LINE 61: TAX WITHHELD</b>	<b>8414</b>
<b>LINE 62:</b>	<b>12000</b>
<b>LINE 63: MAKING WORK PAY CREDIT</b>	<b>300</b>
<b>LINE 71: TOTAL PAYMENTS</b>	<b>20714</b>
<b>LINE 75: AMOUNT YOU OWE</b>	<b>1011</b>

LATEST #13

IT540

NAME CHANGE

NAME: LATEST L JONES AMBER JONES

SSN: 400-00-4313 400-00-4323

ADDRESS: 123 MAIN ST  
METAIRIE LA 70001

FILING STATUS: MARRIED FILING JOINTLY

LINE 6: EXEMPTIONS

LINE 6A: YOURSELF	X	65 OR OLDER	X
LINE 6B: SPOUSE	X	65 OR OLDER	X BLIND X
TOTAL 6A & 6B			5

LINE 6C: DEPNEDENTS

NAME	SSN	RELATIONSHIP	BIRTH DATE
AMANDA JONES	400-00-3013	DAUGHTER	05/05/1990

LINE 6D: TOTAL EXEMPTIONS 6

LINE 7: FEDERAL AGI SCHEDULE E 69575

LINE 8A: FEDERAL ITEMIZED DEDUCTIONS 16471

LINE 8B: FEDERAL STANDARD DEDUCTION 11400

LINE 8C: EXCESS FEDERAL ITEMIZED DEDUCTION 5071

LINE 9: FEDERAL INCOME TAX X 13884

LINE 10: TAX TABLE INCOME 50610

LINE 11: INCOME TAX 1265

LINE 14: OTHER NONREFUNDABLE 414

LINE 15: TOTAL NONREFUNDABLE 414

LINE 16: ADJUSTED LA INCOME TAX 851

LINE 18: TOTAL INCOME TAX 851

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<b>LINE 21: LA CITIZENS INSURANCE CREDIT</b>	<b>246</b>
<b>LINE 23: OTHER REFUNDABLE TAX CREDITS</b>	<b>94</b>
<b>LINE 25: AMOUNT OF CREDIT CARRIED FORWARD</b>	<b>789</b>
<b>LINE 29: TOTAL</b>	<b>1219</b>
<b>LINE 30: OVERPAYMENT</b>	<b>279</b>
<b>LINE 32: OVERPAYMENT</b>	<b>279</b>
<b>LINE 33: MILITARY FAMILY ASSISTANCE FUND</b>	<b>10</b>
<b>LINE 34: COASTAL PROTECTION FUND</b>	<b>5</b>
<b>LINE 37: LA PROSTATE CANCER TRUST</b>	<b>5</b>
<b>LINE 38: LA ANIMAL WELFARE COMMISSION</b>	<b>5</b>
<b>LINE 40: NATIONAL LUNG CANCER</b>	<b>5</b>
<b>LINE 41: TOTAL</b>	<b>30</b>
<b>LINE 41: SUBTOTAL</b>	<b>248</b>
<b>LINE 42: AMOUNT CREDITED TO 2010</b>	<b>100</b>
<b>LINE 44: AMOUNT TO BE REFUNDED</b>	<b>148</b>