

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial

Last name

Your social security number

Keisha Lance

Bottoms

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

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

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

Presidential Election Campaign

Atlanta, Georgia

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 and full name here. ► Derek W. Bottoms

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:

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If child under age 17 qualifying for child tax credit (see instructions). Includes entry for Derek W. Bottoms.

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you 1

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ► 2

Income

Main income table with rows 7-22. Includes wages (164,985), dividends, and other income (5,716). Total income: 172,488.

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.

Adjusted Gross Income

Adjusted Gross Income table with rows 23-37. Includes educator expenses, health savings account deduction (6,750), and other adjustments. Total adjusted gross income: 165,738.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 165,738 00

39a Check You were born before January 2, 1952, Blind. Total boxes
if: Spouse was born before January 2, 1952, Blind. checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 24,196 00

41 Subtract line 40 from line 38 41 141,542 00

42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 6,300 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 135,242 00

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 32,336 00

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 ▶ 47 32,336 00

48 Foreign tax credit. Attach Form 1116 if required. 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required. 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55 0

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶ 56 32,336 00

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax ▶ 63 00

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 1,032 00

65 2016 estimated tax payments and amount applied from 2015 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶ 74 1,032 00

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 00

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ 76a

b Routing number ▶ c Type: Checking Savings

d Account number

77 Amount of line 75 you want applied to your 2017 estimated tax ▶ 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78 31,304 00

79 Estimated tax penalty (see instructions) 79

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

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

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

Check if self-employed PTIN

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Itemized Deductions

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

OMB No. 1545-0074

2016

Attachment
Sequence No. 07

Your social security number

Keisha Lance Bottoms

| | | | | | |
|---|--|--|-------|----|-----------|
| Medical and Dental Expenses | | Caution: Do not include expenses reimbursed or paid by others. | | | |
| 1 | Medical and dental expenses (see instructions) | 1 | | | |
| 2 | Enter amount from Form 1040, line 38 <u>2</u> | 2 | | | |
| 3 | Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead | 3 | | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | | | |
| Taxes You Paid | | 5 State and local (check only one box): | | | |
| a | <input checked="" type="checkbox"/> Income taxes, or | 5 | 8,393 | 00 | |
| b | <input type="checkbox"/> General sales taxes | | | | |
| 6 | Real estate taxes (see instructions) | 6 | 4,891 | 00 | |
| 7 | Personal property taxes | 7 | | | |
| 8 | Other taxes. List type and amount ► | 8 | | | |
| 9 | Add lines 5 through 8 | 9 | | | 13,284 00 |
| Interest You Paid | | 10 Home mortgage interest and points reported to you on Form 1098 | | | |
| Note: Your mortgage interest deduction may be limited (see instructions). | | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | | | |
| | | 12 Points not reported to you on Form 1098. See instructions for special rules. | | | |
| | | 13 Mortgage insurance premiums (see instructions). | | | |
| | | 14 Investment interest. Attach Form 4952 if required. (See instructions.) | | | |
| | | 15 Add lines 10 through 14 | | | |
| Gifts to Charity | | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions. | | | |
| If you made a gift and got a benefit for it, see instructions. | | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | | | |
| | | 18 Carryover from prior year | | | |
| | | 19 Add lines 16 through 18 | | | 11,215 00 |
| Casualty and Theft Losses | | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | |
| Job Expenses and Certain Miscellaneous Deductions | | 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | | | |
| | | 22 Tax preparation fees | | | |
| | | 23 Other expenses—investment, safe deposit box, etc. List type and amount ► | | | |
| | | 24 Add lines 21 through 23 | | | |
| | | 25 Enter amount from Form 1040, line 38 <u>25</u> | | | |
| | | 26 Multiply line 25 by 2% (0.02) | | | |
| | | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | | |
| Other Miscellaneous Deductions | | 28 Other—from list in instructions. List type and amount ► | | | |
| Total Itemized Deductions | | 29 Is Form 1040, line 38, over \$155,650? | | | |
| | | <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | | |
| | | <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | | | |
| 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | | | | 24,196 00 |

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Itemized Deductions

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

Your social security number

Keisha L. Bottoms

| | | | | | |
|---|--|--|--------|----|--------------|
| Medical and Dental Expenses | | Caution: Do not include expenses reimbursed or paid by others. | | | |
| 1 | Medical and dental expenses (see instructions) | 1 | | | |
| 2 | Enter amount from Form 1040, line 38 2 | | | | |
| 3 | Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead | 3 | | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | | 4 |
| Taxes You Paid | | 5 State and local (check only one box): | | | |
| a | <input checked="" type="checkbox"/> Income taxes, or | 5 | 6,533 | 00 | |
| b | <input type="checkbox"/> General sales taxes | | | | |
| 6 | Real estate taxes (see instructions) | 6 | | | |
| 7 | Personal property taxes | 7 | | | |
| 8 | Other taxes. List type and amount ► <u>Ad Valorem Tax</u> | 8 | 3,920 | 00 | |
| 9 | Add lines 5 through 8 | | | | 9 10,453 00 |
| Interest You Paid | | 10 Home mortgage interest and points reported to you on Form 1098 | | | |
| Note: Your mortgage interest deduction may be limited (see instructions). | | 10 | | | |
| | | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | | | |
| | | 11 | | | |
| | | 12 Points not reported to you on Form 1098. See instructions for special rules | | | |
| | | 12 | | | |
| | | 13 Mortgage insurance premiums (see instructions) | | | |
| | | 13 | | | |
| | | 14 Investment interest. Attach Form 4952 if required. (See instructions.) | | | |
| | | 14 | | | |
| | | 15 Add lines 10 through 14 | | | 15 |
| Gifts to Charity | | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions. | | | |
| | | 16 | 24,800 | 00 | |
| If you made a gift and got a benefit for it, see instructions. | | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | | | |
| | | 17 | | | |
| | | 18 Carryover from prior year | | | |
| | | 18 | | | |
| | | 19 Add lines 16 through 18 | | | 19 24,800 00 |
| Casualty and Theft Losses | | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 20 |
| Job Expenses and Certain Miscellaneous Deductions | | 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | | 21 | |
| | | 22 Tax preparation fees | | 22 | |
| | | 23 Other expenses—investment, safe deposit box, etc. List type and amount ► | | 23 | |
| | | | | 24 | |
| | | 24 Add lines 21 through 23 | | | |
| | | 25 Enter amount from Form 1040, line 38 25 | | 25 | |
| | | 26 Multiply line 25 by 2% (.02) | | 26 | |
| | | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | | 27 |
| Other Miscellaneous Deductions | | 28 Other—from list in instructions. List type and amount ► | | | 28 |
| Total Itemized Deductions | | 29 Is Form 1040, line 38, over \$154,950? | | | |
| | | <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | | 29 35,253 00 |
| | | <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | | | |
| | | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | | |

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.
▶ Attach to Form 1040 or Form 1040NR.

2015
Attachment
Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

Keisha L. Bottoms

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | | | | |
|----|---|----|--------|----|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions). | | | | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions). | 2 | 21,465 | 00 | | |
| 3 | If you were under age 55 at the end of 2015, and on the first day of every month during 2015, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,650 for family coverage). All others, see the instructions for the amount to enter. | 3 | 6,650 | 00 | | |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs. | 4 | 0 | | | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 6,650 | 00 | | |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter. | 6 | 6,650 | 00 | | |
| 7 | If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions). | 7 | | | | |
| 8 | Add lines 6 and 7 | 8 | 6,650 | 00 | | |
| 9 | Employer contributions made to your HSAs for 2015 | 9 | | | | |
| 10 | Qualified HSA funding distributions | 10 | | | | |
| 11 | Add lines 9 and 10 | 11 | 0 | | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 6,650 | 00 | | |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25. | 13 | 6,650 | 00 | | |

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | | |
|-----|--|-----|--|--|
| 14a | Total distributions you received in 2015 from all HSAs (see instructions) | 14a | | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) | 14b | | |
| c | Subtract line 14b from line 14a | 14c | | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount | 16 | | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/> | | | |
| b | Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box | 17b | | |

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | | |
|-----------|---|-----------|--|--|
| 18 | Last-month rule | 18 | | |
| 19 | Qualified HSA funding distribution | 19 | | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount | 20 | | |
| 21 | Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box | 21 | | |

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20

Your first name and initial: **Keisha Lance** Last name: **Bottoms** See separate instructions.
 If a joint return, spouse's first name and initial: _____ Last name: _____ Your social security number: _____
 Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Atlanta, Georgia _____
 Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

▲ Make sure the SSN(s) above and on line 6c are correct.
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. ► **Derek W. Bottoms**
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
 5 Qualifying widow(er) with dependent child

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

| c Dependents: | | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| (1) First name | Last name | | | |
| _____ | _____ | _____ | | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

 If more than four dependents, see instructions and check here
 d Total number of exemptions claimed: **2**

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

Income

| | | | | |
|-----|---|------------------|--------|----|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 43,300 | 00 |
| 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 <input type="checkbox"/> | 13 | | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | | |
| 15a | IRA distributions | 15a | | |
| | | b Taxable amount | | |
| 16a | Pensions and annuities | 16a | | |
| | | b Taxable amount | | |
| 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 | | |
| 21 | Other income. List type and amount: Schedule K1, Fiduciary Fees, Gifts | 21 | 4,711 | 00 |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income ► | 22 | 48,011 | 00 |

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 | 0 | |
| 37 | Subtract line 36 from line 22. This is your adjusted gross income ► | 37 | 48,011 | 00 |

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning, 2015, ending, 20 See separate instructions.

| | | |
|--|-----------------------------|---|
| Your first name and initial Keisha L | Last name Bottoms | Your social security number [REDACTED] |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number [REDACTED] |

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED]
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Atlanta, Georgia Foreign country name Foreign province/state/county Foreign postal code

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

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. ► **Derek W. Bottoms**
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
 5 Qualifying widow(er) with dependent child

Exemptions

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

| c Dependents: | | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|------------|--|-------------------------------------|--|
| (1) First name | Last name | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Son | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **2**

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

| Income | 7 | 114,252 | 00 |
|--|-----|---------|----|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | | | |
| 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 | | | |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | | | |
| 14 Other gains or (losses). Attach Form 4797 | | | |
| 15a IRA distributions | 15a | | |
| b Taxable amount | | | |
| 16a Pensions and annuities | 16a | | |
| b Taxable amount | | | |
| 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 | | | |
| 21 Other income. List type and amount Schedule K1 Fiduciary Fees, Gifts | | 271 | 00 |
| 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ► | | 114,523 | 00 |

| Adjusted Gross Income | 23 | 24 | 25 | 6,650 | 00 |
|---|-----|----|---------|-------|----|
| 23 Educator expenses | | | | | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | | | | | |
| 25 Health savings account deduction. Attach Form 8889 | | | | | |
| 26 Moving expenses. Attach Form 3903 | | | | | |
| 27 Deductible part of self-employment tax. Attach Schedule SE | | | | | |
| 28 Self-employed SEP, SIMPLE, and qualified plans | | | | | |
| 29 Self-employed health insurance deduction | | | | | |
| 30 Penalty on early withdrawal of savings | | | | | |
| 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 | | 6,650 | | 00 |
| 37 Subtract line 36 from line 22. This is your adjusted gross income ► | 37 | | 107,873 | | 00 |

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 107,873 00

39a Check You were born before January 2, 1951, Blind. Spouse was born before January 2, 1951, Blind. Total boxes checked **39a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,300
 - Married filing jointly or Qualifying widow(er), \$12,600
 - Head of household, \$9,250

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40** 35,253 00

41 Subtract line 40 from line 38 **41** 72,620 00

42 **Exemptions.** If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions **42** 8,000 00

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 64,620 00

44 **Tax** (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c **44** 11,950 00

45 **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

46 Excess advance premium tax credit repayment. Attach Form 8962 **46**

47 Add lines 44, 45, and 46 **47** 11,950 00

48 Foreign tax credit. Attach Form 1116 if required **48**

49 Credit for child and dependent care expenses. Attach Form 2441 **49**

50 Education credits from Form 8863, line 19 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit. Attach Schedule 8812, if required. **52**

53 Residential energy credits. Attach Form 5695 **53**

54 Other credits from Form: a 3800 b 8801 c **54**

55 Add lines 48 through 54. These are your **total credits** **55** 0

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **56** 11,950 00

Other Taxes

57 Self-employment tax. Attach Schedule SE **57**

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 **58**

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59**

60a Household employment taxes from Schedule H **60a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **60b**

61 Health care: individual responsibility (see instructions) Full-year coverage **61**

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) **62**

63 Add lines 56 through 62. This is your **total tax** **63** 11,950 00

Payments

64 Federal income tax withheld from Forms W-2 and 1099 **64** 15,877 00

65 2015 estimated tax payments and amount applied from 2014 return **65**

66a **Earned income credit (EIC)** **66a**

b Nontaxable combat pay election **66b**

67 Additional child tax credit. Attach Schedule 8812 **67**

68 American opportunity credit from Form 8863, line 8 **68**

69 Net premium tax credit. Attach Form 8962 **69**

70 Amount paid with request for extension to file **70**

71 Excess social security and tier 1 RRTA tax withheld **71**

72 Credit for federal tax on fuels. Attach Form 4136 **72**

73 Credits from Form: a 2439 b Reserved c 8885 d **73**

74 Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** **74** 15,877 00

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid** **75** 3,927 00

76a Amount of line 75 you want **refunded to you**. If Form 8888 is attached, check here **76a** 3,927 00

Direct deposit? See instructions.

b Routing number **b** Type: Checking Savings

d Account number **d**

77 Amount of line 75 you want **applied to your 2016 estimated tax** **77**

Amount You Owe

78 **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions **78**

79 Estimated tax penalty (see instructions) **79**

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.

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.

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

Your first name and initial **Keisha Lance** Last name **Bottoms** See separate instructions.
 If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Atlanta, Georgia Foreign country name Foreign province/state/county Foreign postal code
▲ Presidential Election Campaign
 Check: here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status
 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. **▶ Derek W. Bottoms**
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse
 c **Dependents:**

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| | | | Son | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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

Income

| | | | | |
|-----|---|-----|--------|----|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 26,406 | 00 |
| 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 <input type="checkbox"/> | 13 | | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | | |
| 15a | IRA distributions | 15a | | |
| b | Taxable amount | 15b | | |
| 16a | Pensions and annuities | 16a | | |
| b | Taxable amount | 16b | | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | | |
| 19 | Unemployment compensation | 19 | | |
| 20a | Social security benefits | 20a | | |
| b | Taxable amount | 20b | | |
| 21 | Other income. List type and amount Schedule K-1 | 21 | 944 | 00 |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | 27,350 | 00 |

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 | 31a | | |
| b | Recipient's SSN ▶ | | | |
| 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 | 27,350 | 00 |

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 27,350 00

39a Check You were born before January 2, 1949, Blind. Spouse was born before January 2, 1949, Blind. **Total boxes checked** **39a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 6,100 00

41 Subtract line 40 from line 38 **41** 21,250 00

42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions **42** 7,800 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 13,450 00

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c **44** 1,568 00

45 Alternative minimum tax (see instructions). Attach Form 6251 **45**

46 Add lines 44 and 45 **46** 1,568 00

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48** 840 00

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** 728 00

52 Residential energy credits. Attach Form 5695 **52**

53 Other credits from Form: a 3800 b 8801 c **53**

54 Add lines 47 through 53. These are your total credits **54** 1,568 00

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 4137 b 8919 **57**

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58**

59a Household employment taxes from Schedule H **59a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **59b**

60 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) **60**

61 Add lines 55 through 60. This is your total tax **61** 0

Payments

62 Federal income tax withheld from Forms W-2 and 1099 **62** 0

63 2013 estimated tax payments and amount applied from 2012 return **63**

64a Earned income credit (EIC) **64a**

b Nontaxable combat pay election **64b**

65 Additional child tax credit. Attach Schedule 8812 **65** 272 00

66 American opportunity credit from Form 8863, line 8 **66**

67 Reserved **67**

68 Amount paid with request for extension to file **68**

69 Excess social security and tier 1 RRTA tax withheld **69**

70 Credit for federal tax on fuels. Attach Form 4136 **70**

71 Credits from Form: a 2439 b Reserved c 8885 d **71**

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments **72** 272 00

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid **73** 272 00

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here **74a** 272 00

b Routing number **c** Type: Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2014 estimated tax **75**

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions **76**

77 Estimated tax penalty (see instructions) **77**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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.

Standard Deduction for—

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

If you have a qualifying child, attach Schedule EIC.

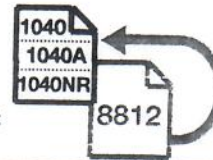
Direct deposit? See instructions.

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

Keisha Lance Bottoms

Your social security number

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.

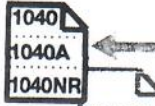
- A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes No
- B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax 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. | | | | | | | | |
| 2 | Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 | | | | | | | | |
| 3 | Subtract line 2 from line 1. If zero, stop ; you cannot take this credit | | | | | | | | |
| 4a | Earned income (see separate instructions) | 4a | | | 27,350 | | | | 00 |
| 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 | | | 24,350 | | | | 00 |
| 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 | | | | | | 3,653 | 00 |

Child and Dependent Care Expenses



2013

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Name(s) shown on return

Your social security number

Keisha Lance Bottoms

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

| 1 | (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid (see instructions) |
|---|--------------------------|--|--|---------------------------------------|
| | [Redacted] | Atlanta, Georgia [Redacted] | [Redacted] | |

Did you receive dependent care benefits? No Yes

Complete only Part II below.
Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a) | |
|------------------------------|------------|--|--|----|
| First | Last | | | |
| [Redacted] | [Redacted] | [Redacted] | 3,000 | 00 |

| 3 | Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 | 3 | 3,000 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------|--------------|-------------------|------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---|--|--|------|--------------|-------------------|-----------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|---------------|--|-----|-----------------|--|-----|
| 4 | Enter your earned income . See instructions | 4 | 27,350 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4 | 5 | 27,350 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Enter the smallest of line 3, 4, or 5 | 6 | 3,000 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 | 7 | 27,350 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Enter on line 8 the decimal amount shown below that applies to the amount on line 7 | 8 | X . | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If line 7 is:</p> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0—15,000</td><td></td><td>.35</td></tr> <tr><td>15,000—17,000</td><td></td><td>.34</td></tr> <tr><td>17,000—19,000</td><td></td><td>.33</td></tr> <tr><td>19,000—21,000</td><td></td><td>.32</td></tr> <tr><td>21,000—23,000</td><td></td><td>.31</td></tr> <tr><td>23,000—25,000</td><td></td><td>.30</td></tr> <tr><td>25,000—27,000</td><td></td><td>.29</td></tr> <tr><td>27,000—29,000</td><td></td><td>.28</td></tr> </tbody> </table> | | Over | But not over | Decimal amount is | \$0—15,000 | | .35 | 15,000—17,000 | | .34 | 17,000—19,000 | | .33 | 19,000—21,000 | | .32 | 21,000—23,000 | | .31 | 23,000—25,000 | | .30 | 25,000—27,000 | | .29 | 27,000—29,000 | | .28 | <p>If line 7 is:</p> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000—31,000</td><td></td><td>.27</td></tr> <tr><td>31,000—33,000</td><td></td><td>.26</td></tr> <tr><td>33,000—35,000</td><td></td><td>.25</td></tr> <tr><td>35,000—37,000</td><td></td><td>.24</td></tr> <tr><td>37,000—39,000</td><td></td><td>.23</td></tr> <tr><td>39,000—41,000</td><td></td><td>.22</td></tr> <tr><td>41,000—43,000</td><td></td><td>.21</td></tr> <tr><td>43,000—No limit</td><td></td><td>.20</td></tr> </tbody> </table> | | | Over | But not over | Decimal amount is | \$29,000—31,000 | | .27 | 31,000—33,000 | | .26 | 33,000—35,000 | | .25 | 35,000—37,000 | | .24 | 37,000—39,000 | | .23 | 39,000—41,000 | | .22 | 41,000—43,000 | | .21 | 43,000—No limit | | .20 |
| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0—15,000 | | .35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15,000—17,000 | | .34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17,000—19,000 | | .33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19,000—21,000 | | .32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21,000—23,000 | | .31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23,000—25,000 | | .30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25,000—27,000 | | .29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27,000—29,000 | | .28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$29,000—31,000 | | .27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31,000—33,000 | | .26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33,000—35,000 | | .25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35,000—37,000 | | .24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37,000—39,000 | | .23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39,000—41,000 | | .22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41,000—43,000 | | .21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43,000—No limit | | .20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see the instructions | 9 | | 840 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | 10 | 1,568 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46 | 11 | 840 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

, 2012, ending

, 20

See separate instructions.

Your first name and initial Keisha L.

Last name Bottoms

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.

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). Atlanta, Georgia

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. [X] 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 [X] Married filing separately. Enter spouse's SSN above and full name here. Derek W. Bottoms
4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 [] Qualifying widow(er) with dependent child

Exemptions

Table with columns for exemption types (6a, 6b, 6c dependents), number of children, and total exemptions claimed (2).

Income

Table for income reporting with lines 7 through 22, including wages, interest, dividends, and total income (28,150.00).

Adjusted Gross Income

Table for adjusted gross income with lines 23 through 37, including deductions for educator expenses, health savings, and other adjustments.

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 28,150 00

39a Check You were born before January 2, 1948, Blind. Spouse was born before January 2, 1948, Blind. **Total boxes checked** ▶ 39a

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40** 5,950 00

41 Subtract line 40 from line 38 **41** 22,200 00

42 **Exemptions.** Multiply \$3,800 by the number on line 6d. **42** 7,600 00

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 14,600 00

44 **Tax** (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 election **44** 1,751 00

45 **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

46 Add lines 44 and 45 **46** 1,751 00

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48** 840 00

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** 911 00

52 Residential energy credits. Attach Form 5695 **52**

53 **Other credits from Form:** a 3800 b 8801 c **53**

54 Add lines 47 through 53. These are your **total credits** **54** 1,751 00

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 4137 b 8919 **57**

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58**

59a Household employment taxes from Schedule H **59a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **59b**

60 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** 6 00

63 2012 estimated tax payments and amount applied from 2011 return **63**

64a **Earned income credit (EIC)** **64a**

b Nontaxable combat pay election **64b**

65 **Additional child tax credit.** Attach Schedule 8812 **65** 89 00

66 American opportunity credit from Form 8863, line 8 **66**

67 **Reserved** **67**

68 Amount paid with request for extension to file **68**

69 Excess social security and tier 1 RRTA tax withheld **69**

70 **Credit for federal tax on fuels.** Attach Form 4136 **70**

71 Credits from Form: a 2439 b Reserved c 8801 d 8885 **71**

72 Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** **72** 95 00

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid** **73** 95 00

74a Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ **74a** 95 00

b Routing number ▶ c Type: Checking Savings

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

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.)

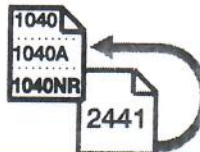
Paid Preparer Use Only

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.

Child and Dependent Care Expenses



2012

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.**

Name(s) shown on return

Your social security number

Keisha Lance Bottoms

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

| 1 | (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid (see instructions) |
|---|--------------------------|--|--|---------------------------------------|
| | [REDACTED] | Atlanta, Georgia [REDACTED] | [REDACTED] | |

Did you receive dependent care benefits? No Yes

No → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| | (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2012 for the person listed in column (a) | |
|--|------------------------------|------------|--|--|----|
| | First | Last | | | |
| | [REDACTED] | [REDACTED] | [REDACTED] | 3,000 | 00 |

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. **7** 28,150 00

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

| If line 7 is: | | | If line 7 is: | | |
|---------------|--------------|-------------------|-----------------|--------------|-------------------|
| Over | But not over | Decimal amount is | Over | But not over | Decimal amount is |
| \$0—15,000 | | .35 | \$29,000—31,000 | | .27 |
| 15,000—17,000 | | .34 | 31,000—33,000 | | .26 |
| 17,000—19,000 | | .33 | 33,000—35,000 | | .25 |
| 19,000—21,000 | | .32 | 35,000—37,000 | | .24 |
| 21,000—23,000 | | .31 | 37,000—39,000 | | .23 |
| 23,000—25,000 | | .30 | 39,000—41,000 | | .22 |
| 25,000—27,000 | | .29 | 41,000—43,000 | | .21 |
| 27,000—29,000 | | .28 | 43,000—No limit | | .20 |

8 X . 28

9 Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10** 1,751 00

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46 **11** 840 00

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

Keisha Lance Bottoms

Your social security number

[REDACTED]

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 | 1,000 | 00 | |
| 2 | Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 | 2 | 911 | 00 | |
| 3 | Subtract line 2 from line 1. If zero, stop ; you cannot take this credit | 3 | 89 | 00 | |
| 4a | Earned income (see separate instructions) | 4a | 28,150 | 00 | |
| 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 | 25,150 | 00 | |
| 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 | 3,773 | 00 | |

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.

| | | | | | |
|---|--|--|--|--|--|
| 8 | | | | | |
|---|--|--|--|--|--|

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

| | | | | | |
|---|--|--|--|--|--|
| 8 | | | | | |
|---|--|--|--|--|--|

10 **1040 filers:** Enter the total of the amounts from Form 1040, lines 64a and 69.

| | | | | | |
|---|--|--|--|--|--|
| 9 | | | | | |
|---|--|--|--|--|--|

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).

| | | | | | |
|---|--|--|--|--|--|
| 9 | | | | | |
|---|--|--|--|--|--|

1040NR filers: Enter the amount from Form 1040NR, line 65.

| | | | | | |
|---|--|--|--|--|--|
| 9 | | | | | |
|---|--|--|--|--|--|

11 Subtract line 10 from line 9. If zero or less, enter -0-

| | | | | | |
|---|--|--|--|--|--|
| 9 | | | | | |
|---|--|--|--|--|--|

12 Enter the larger of line 6 or line 11

| | | | | | |
|---|--|--|--|--|--|
| 9 | | | | | |
|---|--|--|--|--|--|

Next, enter the smaller of line 3 or line 12 on line 13.

| | | | | | |
|---|--|--|--|--|--|
| 9 | | | | | |
|---|--|--|--|--|--|

Part IV Additional Child Tax Credit

13 This is your additional child tax credit

| | | | | | |
|----|--|--|--|--|--|
| 9 | | | | | |
| 11 | | | | | |
| 12 | | | | | |

13 89 00

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

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning

, 2011, ending , 20

Your first name and initial

Last name

Keisha L.

Bottoms

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

Last name

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

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

ATLANTA, GEORGIA

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. **Derek W. Bottoms**
- 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**
- 5 Qualifying widow(er) with dependent child

Exemptions

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

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions) |
|----------------|------------|--|-------------------------------------|--|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | <input type="checkbox"/> |

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

d Total number of exemptions claimed

Add numbers on lines above **2**

Income

| | | | | |
|-----|---|------------------|--------|----|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 30,659 | 00 |
| 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 <input type="checkbox"/> | 13 | | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | | |
| 15a | IRA distributions | 15a | | |
| | | b Taxable amount | | |
| 15b | | 15b | | |
| 16a | Pensions and annuities | 16a | | |
| | | b Taxable amount | | |
| 16b | | 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 | | 20b | | |
| 21 | Other income. List type and amount Schedule K-1 | 21 | 3,154 | 00 |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | 33,813 | 00 |

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 | 33,813 | 00 |

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 33,813 00

39a Check You were born before January 2, 1947, Blind. Spouse was born before January 2, 1947, Blind. Total boxes checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 5,800 00

41 Subtract line 40 from line 38 41 28,013 00

42 Exemptions. Multiply \$3,700 by the number on line 6d. 42 7,400 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 20,613 00

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 election 44 2,669 00

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 2,669 00

47 Foreign tax credit. Attach Form 1116 if required. 47

48 Credit for child and dependent care expenses. Attach Form 2441 48 750 00

49 Education credits from Form 8863, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51 1,000 00

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a 3800 b 8801 c 53

54 Add lines 47 through 53. These are your total credits 54 1,750 00

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 919 00

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, \$5,800
 - Married filing jointly or Qualifying widow(er), \$11,600
 - Head of household, \$8,500

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 919 00

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 426 00

63 2011 estimated tax payments and amount applied from 2010 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 American opportunity credit from Form 8863, line 14 66

67 First-time homebuyer credit from Form 5405, line 10 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 426 00

If you have a qualifying child, attach Schedule EIC.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ 74a

b Routing number ▶ c Type: Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2012 estimated tax ▶ 75

Direct deposit? See instructions.

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ 76 493 00

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.

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.)

Joint return? See instructions. Keep a copy for your records.

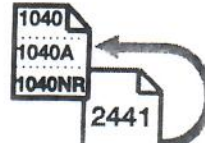
Paid Preparer Use Only

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. ▶

Child and Dependent Care Expenses



2011

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ See separate instructions.

Name(s) shown on return
Keisha Lance Bottoms

Your social security number
[REDACTED]

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

| 1 (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid (see instructions) |
|----------------------------|---|-------------------------------------|------------------------------------|
| [REDACTED] | [REDACTED] Atlanta, Georgia [REDACTED] | [REDACTED] | |
| | | | |

Did you receive dependent care benefits? No Yes
 No → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a) | |
|------------------------------|------------|--|--|----|
| First | Last | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | 3,000 | 00 |

| | | | |
|---|----------|--------|----|
| 3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 | 3 | 3,000 | 00 |
| 4 Enter your earned income . See instructions | 4 | 33,813 | 00 |
| 5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4 | 5 | 33,813 | 00 |
| 6 Enter the smallest of line 3, 4, or 5 | 6 | 3,000 | 00 |
| 7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. | 7 | 33,813 | 00 |

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

| If line 7 is: | | | If line 7 is: | | |
|---------------|--------------|-------------------|-----------------|--------------|-------------------|
| Over | But not over | Decimal amount is | Over | But not over | Decimal amount is |
| \$0—15,000 | | .35 | \$29,000—31,000 | | .27 |
| 15,000—17,000 | | .34 | 31,000—33,000 | | .26 |
| 17,000—19,000 | | .33 | 33,000—35,000 | | .25 |
| 19,000—21,000 | | .32 | 35,000—37,000 | | .24 |
| 21,000—23,000 | | .31 | 37,000—39,000 | | .23 |
| 23,000—25,000 | | .30 | 39,000—41,000 | | .22 |
| 25,000—27,000 | | .29 | 41,000—43,000 | | .21 |
| 27,000—29,000 | | .28 | 43,000—No limit | | .20 |

| | | | |
|---|-----------|-------|----|
| 9 Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions | 9 | 750 | 00 |
| 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. | 10 | 2,669 | 00 |
| 11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46 | 11 | 750 | 00 |

Part III Dependent Care Benefits

| | | | | |
|----|--|----|---|---|
| 12 | Enter the total amount of dependent care benefits you received in 2011. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership | 12 | | |
| 13 | Enter the amount, if any, you carried over from 2010 and used in 2011 during the grace period. See instructions | 13 | | |
| 14 | Enter the amount, if any, you forfeited or carried forward to 2012. See instructions | 14 | (|) |
| 15 | Combine lines 12 through 14. See instructions | 15 | | |
| 16 | Enter the total amount of qualified expenses incurred in 2011 for the care of the qualifying person(s) | 16 | | |
| 17 | Enter the smaller of line 15 or 16 | 17 | | |
| 18 | Enter your earned income . See instructions | 18 | | |
| 19 | Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. | 19 | | |
| 20 | Enter the smallest of line 17, 18, or 19 | 20 | | |
| 21 | Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). | 21 | | |
| 22 | Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here | 22 | | |
| 23 | Subtract line 22 from line 15 | 23 | | |
| 24 | Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions | 24 | | |
| 25 | Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21 | 25 | | |
| 26 | Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB". | 26 | | |

To claim the child and dependent care credit, complete lines 27 through 31 below.

| | | | | |
|----|---|----|--|--|
| 27 | Enter \$3,000 (\$6,000 if two or more qualifying persons) | 27 | | |
| 28 | Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25 | 28 | | |
| 29 | Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2010 expenses in 2011, see the instructions for line 9 | 29 | | |
| 30 | Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. | 30 | | |
| 31 | Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 | 31 | | |

Name, Address, and SSN

PRINCE: For the year Jan. 1–Dec. 31, 2010, or other tax year beginning, 2010, ending, 20. Your first name and initial: Keisha L., Last name: Bottoms. If a joint return, spouse's first name and initial, Last name. Home address (number and street), if you have a P.O. box, see instructions. Apt. no. City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Atlanta, Georgia.

OMB No. 1545-0074. Your social security number. Spouse's social security number. Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. You [checked] Spouse []

Filing Status

1 [] Single 2 [] Married filing jointly (even if only one had income) 3 [checked] Married filing separately. Enter spouse's SSN above and full name here. Derek W. Bottoms 4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child

Exemptions

6a [checked] 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) [checked] if child under age 17 qualifying for child tax credit (see page 15). d Total number of exemptions claimed: 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2: 31,676 00. 8a Taxable interest. Attach Schedule B if required: 37 00. 8b Tax-exempt interest. Do not include on line 8a. 9a Ordinary dividends. Attach Schedule B if required. 9b Qualified dividends. 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: (18,275 00). 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. 15b Taxable amount. 16a Pensions and annuities. 16b Taxable amount. 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. 20b Taxable amount. 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: 13,438 00.

Adjusted Gross Income

23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 One-half of self-employment tax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN. 32 IRA deduction. 33 Student loan interest deduction. 34 Tuition and fees. Attach Form 8917. 35 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 31a and 32 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income: 13,438 00.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 13,438 00

39a Check You were born before January 2, 1946, Blind. Spouse was born before January 2, 1946, Blind. Total boxes checked 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 5,700 00

41 Subtract line 40 from line 38 41 7,738 00

42 Exemptions. Multiply \$3,650 by the number on line 6d. 42 3,650 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 4,088 00

44 Tax (see instructions). Check if any tax is from: a Form(s) 8814 b Form 4972. 44 408 00

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 408 00

47 Foreign tax credit. Attach Form 1116 if required. 47

48 Credit for child and dependent care expenses. Attach Form 2441 48 408 00

49 Education credits from Form 8863, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a 3800 b 8801 c 53

54 Add lines 47 through 53. These are your total credits 54 408 00

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 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16 59

60 Add lines 55 through 59. This is your total tax 60 0

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 84 00

62 2010 estimated tax payments and amount applied from 2009 return 62

63 Making work pay credit. Attach Schedule M 63 400 00

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65 2,000 00

66 American opportunity credit from Form 8863, line 14 66

67 First-time homebuyer credit from Form 5405, line 10 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71

72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments 72 2,484 00

If you have a qualifying child, attach Schedule EIC.

Refund

73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid 73 2,484 00

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 2,484 00

b Routing number c Type: Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2011 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 60. 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.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name Firm's EIN Phone no.

Firm's address

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2010
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions for Schedule C (Form 1040).

Name of proprietor

Keisha L. Bottoms

Social security number (SSN)

[REDACTED]

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

Attorney

B Enter code from pages C-9, 10, & 11

[REDACTED]

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

D Employer ID number (EIN), if any

[REDACTED]

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code Atlanta, Georgia

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

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2010, check here

Part I Income

1 Gross receipts or sales. **Caution.** See instructions 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, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses.

| | | |
|---|--------|----|
| 1 | 10,050 | 00 |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | 10,050 | 00 |

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

| | | | | | | | | |
|-----|--|-----|-------|----|----------------|---|-------|----|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | 389 | 00 |
| 9 | Car and truck expenses (see instructions) | 9 | 1,795 | 00 | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | | 20a | Vehicles, machinery, and equipment | | |
| 12 | Depletion | 12 | | | 20b | Other business property | | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | | 21 | Repairs and maintenance | | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | | 22 | Supplies (not included in Part III) | 752 | 00 |
| 15 | Insurance (other than health) | 15 | | | 23 | Taxes and licenses | 300 | 00 |
| 16 | Interest: | | | | 24 | Travel, meals, and entertainment: | | |
| 16a | Mortgage (paid to banks, etc.) | 16a | | | 24a | Travel | | |
| 16b | Other | 16b | | | 24b | Deductible meals and entertainment (see instructions) | | |
| 17 | Legal and professional services | 17 | | | 25 | Utilities | 1,200 | 00 |
| 18 | | | | | 26 | Wages (less employment credits) | | |
| 19 | | | | | 27 | Other expenses (from line 48 on page 2) | | |
| 20 | | | | | 28 | Total expenses before expenses for business use of home. Add lines 8 through 27 | 4,436 | 00 |
| 21 | | | | | 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 5,614 | 00 |
| 22 | | | | | 30 | Expenses for business use of your home. Attach Form 8829 | | |
| 23 | | | | | 31 | Net profit or (loss). Subtract line 30 from line 29. | 5,614 | 00 |

• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (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, and Schedule SE, line 2, or on Form 1040NR, line 13 (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.

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2010
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions for Schedule C (Form 1040).

Name of proprietor

Keisha L. Bottoms

Social security number (SSN)

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

Real Estate

B Enter code from pages C-8, 10, & 11

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

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶ [Redacted]
City, town or post office, state, and ZIP code Atlanta, Georgia [Redacted]

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2010, check here

Part I Income

| | | | | |
|--|--------------------------|----------|-------|----|
| 1 Gross receipts or sales. Caution. See instructions 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, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. | <input type="checkbox"/> | 1 | 9,000 | 00 |
| 2 Returns and allowances | | 2 | | |
| 3 Subtract line 2 from line 1 | | 3 | | |
| 4 Cost of goods sold (from line 42 on page 2) | | 4 | | |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | | |
| 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 | | |

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

| | | | | | | | |
|--|------------|-------|----------|--|------------|--------|----|
| 8 Advertising | 8 | | | 18 Office expense | 18 | | |
| 9 Car and truck expenses (see instructions) | 9 | | | 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 | 5,803 | 00 | 21 Repairs and maintenance | 21 | 15,259 | 00 |
| 14 Employee benefit programs (other than on line 19) | 14 | | | 22 Supplies (not included in Part III) | 22 | | |
| 15 Insurance (other than health) | 15 | | 130 00 | 23 Taxes and licenses | 23 | 2,159 | 00 |
| 16 Interest: | | | | 24 Travel, meals, and entertainment: | | | |
| a Mortgage (paid to banks, etc.) | 16a | | 9,538 00 | a Travel | 24a | | |
| b Other | 16b | | | b Deductible meals and entertainment (see instructions) | 24b | | |
| 17 Legal and professional services | 17 | | | 25 Utilities | 25 | | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27 | 28 | | | 26 Wages (less employment credits) | 26 | | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | | 27 Other expenses (from line 48 on page 2) | 27 | | |
| 30 Expenses for business use of your home. Attach Form 8829 | 30 | | | | | | |
| 31 Net profit or (loss). Subtract line 30 from line 29. | 31 | | | | | | |
| • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (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, and Schedule SE, line 2, or on Form 1040NR, line 13 (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.

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

OMB No. 1545-0074

2010

Attachment
Sequence No. **166**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See separate instructions.

Name(s) shown on return

Keisha L. Bottoms

Your social security number



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No. Enter your earned income (see instructions)

| | | |
|-----------|--------|----|
| 1a | 13,475 | 00 |
|-----------|--------|----|

b Nontaxable combat pay included on line 1a (see instructions)

1b

2 Multiply line 1a by 6.2% (.062)

| | | |
|----------|-----|----|
| 2 | 835 | 00 |
|----------|-----|----|

3 Enter \$400 (\$800 if married filing jointly)

| | | |
|----------|-----|----|
| 3 | 400 | 00 |
|----------|-----|----|

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a)

| | | |
|----------|-----|----|
| 4 | 400 | 00 |
|----------|-----|----|

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22

| | | |
|----------|--------|----|
| 5 | 13,438 | 00 |
|----------|--------|----|

6 Enter \$75,000 (\$150,000 if married filing jointly)

| | | |
|----------|--------|----|
| 6 | 75,000 | 00 |
|----------|--------|----|

7 Is the amount on line 5 more than the amount on line 6?
 No. Skip line 8. Enter the amount from line 4 on line 9 below.
 Yes. Subtract line 6 from line 5

| | | |
|----------|--|--|
| 7 | | |
|----------|--|--|

8 Multiply line 7 by 2% (.02)

| | | |
|----------|--|--|
| 8 | | |
|----------|--|--|

9 Subtract line 8 from line 4. If zero or less, enter -0-

| | | |
|----------|-----|----|
| 9 | 400 | 00 |
|----------|-----|----|

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- No. Enter -0- on line 10 and go to line 11.
- Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly)

| | | |
|-----------|---|--|
| 10 | 0 | |
|-----------|---|--|

11 Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

| | | |
|-----------|-----|----|
| 11 | 400 | 00 |
|-----------|-----|----|

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2010

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See instructions on back.

Name(s) shown on return

Your social security number

Keisha L. Bottoms

Part I
Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶
Wachovia Bank

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

Note. If line 4 is over \$1,500, you must complete Part III.

| Amount | |
|--------|-------|
| 1 | 37 00 |
| 2 | 37 00 |
| 3 | |
| 4 | 37 00 |

Part II

5 List name of payer ▶

Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

Note. If line 6 is over \$1,500, you must complete Part III.

| Amount | |
|--------|--|
| 5 | |
| 6 | |

Part III
Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

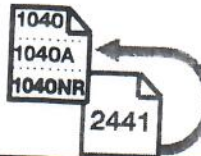
7a At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions on back for exceptions and filing requirements for Form TD F 90-22.1
b If "Yes," enter the name of the foreign country ▶
8 During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

| Yes | No |
|-----|----|
| | |
| | |

Child and Dependent Care Expenses

2010

Attachment Sequence No. **21**



Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ See separate instructions.

Name(s) shown on return

Keisha L. Bottoms

Your social security number

Part I Persons or Organizations Who Provided the Care—You must complete this part. (If you have more than two care providers, see the instructions.)

| 1 (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid (see instructions) |
|----------------------------|--|--|---------------------------------------|
| [REDACTED] | [REDACTED] | [REDACTED] | |
| | Atlanta, Georgia [REDACTED] | [REDACTED] | |

Did you receive dependent care benefits? No Yes

Complete only Part II below.
Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 58.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2010 for the person listed in column (a) | |
|------------------------------|------------|--|--|----|
| First | Last | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | 3,000 | 00 |
| [REDACTED] | [REDACTED] | [REDACTED] | 3,000 | 00 |

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

| Over | But not over | Decimal amount is |
|---------------|--------------|-------------------|
| \$0—15,000 | | .35 |
| 15,000—17,000 | | .34 |
| 17,000—19,000 | | .33 |
| 19,000—21,000 | | .32 |
| 21,000—23,000 | | .31 |
| 23,000—25,000 | | .30 |
| 25,000—27,000 | | .29 |
| 27,000—29,000 | | .28 |

If line 7 is:

| Over | But not over | Decimal amount is |
|-----------------|--------------|-------------------|
| \$29,000—31,000 | | .27 |
| 31,000—33,000 | | .26 |
| 33,000—35,000 | | .25 |
| 35,000—37,000 | | .24 |
| 37,000—39,000 | | .23 |
| 39,000—41,000 | | .22 |
| 41,000—43,000 | | .21 |
| 43,000—No limit | | .20 |

9 Multiply line 6 by the decimal amount on line 8. If you paid 2009 expenses in 2010, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46

| | | |
|----|--------|----|
| 3 | 6,000 | 00 |
| 4 | 13,438 | 00 |
| 5 | 13,438 | 00 |
| 6 | 6,000 | 00 |
| 7 | 13,438 | 00 |
| 8 | X | 35 |
| 9 | 2,100 | 00 |
| 10 | 408 | 00 |
| 11 | 408 | 00 |

Part III Dependent Care Benefits

| | | | | |
|---|--|----|---|---|
| 12 | Enter the total amount of dependent care benefits you received in 2010. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership | 12 | | |
| 13 | Enter the amount, if any, you carried over from 2009 and used in 2010 during the grace period. See instructions | 13 | | |
| 14 | Enter the amount, if any, you forfeited or carried forward to 2011. See instructions | 14 | (|) |
| 15 | Combine lines 12 through 14. See instructions | 15 | | |
| 16 | Enter the total amount of qualified expenses incurred in 2010 for the care of the qualifying person(s) | 16 | | |
| 17 | Enter the smaller of line 15 or 16 | 17 | | |
| 18 | Enter your earned income . See instructions | 18 | | |
| 19 | Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. | 19 | | |
| 20 | Enter the smallest of line 17, 18, or 19 | 20 | | |
| 21 | Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). | 21 | | |
| 22 | Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here | 22 | | |
| 23 | Subtract line 22 from line 15 | 23 | | |
| 24 | Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions | 24 | | |
| 25 | Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21 | 25 | | |
| 26 | Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB". | 26 | | |
| To claim the child and dependent care credit, complete lines 27 through 31 below. | | | | |
| 27 | Enter \$3,000 (\$6,000 if two or more qualifying persons) | 27 | | |
| 28 | Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25 | 28 | | |
| 29 | Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2009 expenses in 2010, see the instructions for line 9 | 29 | | |
| 30 | Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. | 30 | | |
| 31 | Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 | 31 | | |

