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7 **STATE OF WASHINGTON**
8 **KING COUNTY SUPERIOR COURT**

9 STATE OF WASHINGTON,

10 Plaintiff,

11 v.

12 MIRIAM a/k/a MIRIAM SHAFFER
13 d/b/a PRIMERA SERVICES,

14 Defendant.

NO. 16-2-26649-5 SEA

PLAINTIFF STATE OF WASHINGTON'S
FIRST SET OF INTERROGATORIES AND
REQUESTS FOR PRODUCTION TO
DEFENDANT MIRIAM LOZANO A/K/A
MIRIAM SHAFFER D/B/A PRIMERA
SERVICES

15 **TO:** MIRIAM LOZANO A/K/A MIRIAM SHAFFER D/B/A PRIMERA
16 SERVICES
17 1344 King Street, Ste. 204
18 Bellingham, WA 98226

19 **Correct Address:**

20 **5694 Salish Road**
21 **Blaine, WA 98230**

22 **AND TO:** WILLIAM FRICK, Attorney for Defendant

23 In accordance with CR 33, you are hereby required to answer, in writing, the following
24 Interrogatories separately and fully under oath, within thirty (30) days of their service upon you.
25 These Interrogatories are deemed continuing in nature and you must supplement your Answers
26 pursuant to CR 26(e).

1 Also contained herein are Requests for Production pursuant to CR 34, by which the
2 Plaintiff requests the Defendant to produce the described documents for inspection and copying
3 by the Plaintiff's attorneys at the address stated below by no later than thirty (30) days from the
4 date of service.

5 These Requests for Production are deemed continuing in nature and you must supplement
6 your Responses pursuant to CR 26(e).

7 I. TIME AND PLACE OF PRODUCTION

8 The requested documents and written Answers to Interrogatories are to be produced to
9 Benjamin Roesch and Patricia Bower, Assistant Attorneys Generals, at the Attorney General's
10 Office at 800 5th Avenue, Suite 2000, Seattle, WA 98104, within thirty (30) days of being
11 served with these Interrogatories and Requests for Production, or at such other time and place
12 as is agreed to by the parties.

13 II. COMMUNICATIONS

14 2.1 All notices, questions or communications concerning these Interrogatories and
15 Requests for Production should be directed to Benjamin Roesch, Assistant Attorney General,
16 800 Fifth Avenue, Suite 2000, Seattle, Washington 98104-3188, or by email address:
17 BenjaminR@atg.wa.gov; and Patricia Bower, Assistant Attorney General, 800 Fifth Avenue,
18 Suite 2000, Seattle, WA 98104-3188, or by email address: PatriciaB1@atg.wa.gov.

19 2.2 If in answering any of the questions or requests below you are unable to answer
20 due to the space allotted, please continue your answer on a separate sheet of paper, noting which
21 question/request to which you are responding.

22 2.3 In order for your response to these Interrogatories and Requests for Production
23 to be complete, submit with your response the attached Certification and Certification of
24 Attorney.

25 III. DEFINITIONS

26 As used in these Interrogatories and Requests for Production:

1 3.1 The term “Relating to” means in whole or in part constituting, containing,
2 concerning, discussing, describing, analyzing, identifying, pertaining to, or stating.

3 3.2 “Document” means, without limitation, any “writing,” and includes, without
4 limitation, any book, pamphlet, report, memorandum, note, statement, minute entry, diary,
5 transcript, working paper, telegram, letter, paper, chart, drawing, graph, photograph,
6 publication, tape recording, videotaped or graphic matter, accounting material, records of
7 purchase or sale, contracts, agreements, invoices, and any other existing source of stored
8 information, whether written, printed, typed, recorded, stored in a computer, or filmed. The
9 term includes originals or duplicates of or copies of the writings, and non-identical copies
10 bearing or having any attachments, notes or marks which distinguish them from the originals,
11 and any electronic records, including, without limitation, electronic mail, spreadsheets, word
12 processing files, and records saved as .pdf or other electronic files. Electronic mail subject to
13 these discovery requests includes messages and/or attachments now only available on backup
14 or archive tapes or disks. Also, if a print-out of an electronic record is a non-identical copy of
15 the electronic version (for example, because the print-out has a signature, handwritten notation,
16 or other mark or attachment not included in the computer document), both the electronic
17 version in which the document was created and the original print-out must be produced. It
18 includes “writings” and “recordings” as defined in ER 1001(a).

19 3.3 “Identify” when applied to a natural person or entity means (a) to state the
20 person or entity's full name, residence or business address and telephone number, and job title
21 or position, and (b) to give the name, address, and telephone number of the person's employer,
22 if known to you.

23 3.4 “Identify” when applied to a document means (a) to state the nature of the
24 document (e.g., item of correspondence, note, contract, etc.) in detail sufficient to enable the
25 document to be produced upon motion or request, (b) to give the specific location of the
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1 document (e.g., building name, street address, and room number), and (c) to give the name and
2 address of the individual who has physical possession and control of the document.

3 3.5 "Communication" means any conversations, meetings, correspondence,
4 conference, and any other means or manner by which information or opinion is or was
5 communicated to or received from others, whether written, electronic, or oral. The term
6 includes every disclosure, transfer, exchange, or transmission of information, whether oral,
7 written, or electronic, and whether face-to-face, by telecommunications, computer, mail, tele-
8 copier, facsimile (fax) machine, or otherwise.

9 3.6 "Residential mortgage loan modification" shall have the meaning ascribed to it
10 in RCW 19.146.101(20).

11 3.7 "Residential mortgage loan modification services" shall mean any and all of the
12 activities set forth in RCW 19.146.101(21).

13 3.8 "Person" means any individual, corporation, partnership, association, joint
14 venture, commercial entity, limited liability company, governmental entity, municipality, firm,
15 commission, or agency.

16 3.9 "Relating", "Reflect", "Refer", or "Pertaining to" as used herein shall mean any
17 information which is relevant in any way to the subject matter, including without limitation to
18 the foregoing, all information which contain, record, reflect, summarize, evaluate, comment
19 upon, transmit or discuss the subject matter of any request, as well as drafts, work papers or
20 other preparation material, exhibits shown or circulated at any meeting, and the text or notes of
21 any oral or written presentation or conversation.

22 3.10 The term "You" or "Your" means Miriam Lozano, also known as Miriam
23 Shaffer, and all other aliases.

24 3.9 Unless otherwise specified or clearly required by the context of a particular
25 request, the time period of these requests is the period from January 1, 2008 to the date of your
26 response.

1 **IV. INSTRUCTIONS**

2 4.1 These discovery Requests request production of all described documents in your
3 possession, custody or control without regard to the person or persons by whom or for whom
4 the documents were prepared (e.g., your employees, distributors, representatives, competitors,
5 or others).

6 4.2 This Request includes documents in possession of your employees, agents,
7 representatives and attorneys, unless privileged. If any document or information is withheld
8 under claim of privilege, identify the document and state the basis for the privilege, and
9 provide a detailed privilege log that contains at least the following information for each
10 document or information that you have withheld:

11 a. The name of each author, writer, sender, creator, or initiator of such
12 document, and each such person's title and his or her employer or firm;

13 b. The name of all recipients, addressees or parties for whom such
14 document was intended or to whom the document was sent;

15 c. The date of such document, or an estimate thereof if no date appears on
16 the document;

17 d. The Interrogatory or Request for Production to which the allegedly
18 privileged document corresponds;

19 e. The general subject matter of the document; and

20 f. The claimed grounds for withholding the document; including, but not
21 limited to, the nature of any claimed privilege and grounds in support thereof, stated in a
22 manner that does not reveal privileged information but that provides information sufficiently
23 detailed so as to enable the State to assess the applicability of the privileged claimed.

24 4.3 Pursuant to CR 26(e), these Interrogatories and Requests for Production impose
25 a continuing duty to supplement your responses in the event additional documents and
26

1 information comes into your knowledge, possession, custody or control after your initial
2 production of responses to these Requests.

3 4.4 In each instance in which a document is produced in response to a request,
4 produce the current edition, along with all earlier editions or predecessor documents serving
5 the same function, even though the title of earlier documents may differ from current versions.

6 4.5 The following procedures shall apply to the production of documents and
7 information in response to these Interrogatories and Requests for Production:

8 a. The recipient of these Interrogatories and Requests for Production shall
9 label each responsive document (i.e., Response to Request No. 1, Response to Request No. 2,
10 and so forth), group all documents responsive to a particular request together, and place a label
11 on each group of documents which identifies the corresponding Request;

12 b. All attachments to responsive documents or information shall be
13 produced with, and attached to, the responsive documents (or digitally in corresponding order);

14 c. Each responsive document or information shall be produced in its
15 entirety and no portion of any document or information shall be edited, cut, masked, redacted
16 or otherwise altered, unless for applicable privilege which shall be logged according to the
17 procedures set forth above;

18 d. The recipient of these Interrogatories and Requests for Production shall
19 provide a key to all abbreviations used in the documents or information and shall attach the key
20 to the corresponding documents or information.

21 4.6 Documents or information that may be responsive to more than one (1)
22 numbered request in these Requests need not be submitted more than once. However, for each
23 such document or information, the recipient of these Interrogatories and Requests for
24 Production shall identify all of the numbered requests to which the document or information is
25 responsive. If any responsive document or information has been previously supplied to the
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1 Washington Attorney General's Office, You shall identify the document(s) or information
2 previously provided and the date(s) of submission.

3 4.7 You shall consecutively number each page of all documents or information
4 produced with your response and indicate the total number of pages produced with your
5 response. This page numbering must be separate from and must not alter any original page
6 numbering on the responsive documents or information.

7 4.8 Your responses to these Requests should include all relevant electronically
8 stored information in your possession, custody or control. Washington considers electronically
9 stored information to be an irreplaceable source of evidence in this matter. Accordingly, the
10 State of Washington insists that you implement appropriate safeguard against the destruction of
11 evidence until the final resolution of this issue.

12 4.9 Production of electronically stored information and other documents in
13 electronic format shall conform to the standards set forth below:

14 **General Production Requirements**

- 15 • Reference the specific portion of the request to which you are responding.
- 16 • All submissions must be organized by **custodian**, unless otherwise instructed.
- 17 • Electronic files must be produced in their native format, i.e., the format in which they
18 are ordinarily used and maintained during the normal course of business. For example,
19 an MS Excel file must be produced as an MS Excel file rather than an image of a
20 spreadsheet.
- 21 • Emails and attachments if produced natively must be produced as PST files. The file
22 name must include the name of the email custodian. (**Note:** An Adobe PDF file is **not**
23 considered a native file unless the document was initially created as a PDF.)
- 24 • Productions must be submitted on media such as a CD, DVD, thumb drive or hard
25 drive. The media must be clearly marked with the **matter name, producing party, and**
26 **production date** at a minimum.
- Only alphanumeric characters and the underscore character are permitted in file names.
Special characters are not permitted.
- Documents designated as confidential pursuant to a protective order should be clearly
labeled as such to avoid inadvertent disclosure of confidential information.

1 **Productions of Imaged Collections**

2 While the AGO accepts imaged productions **in addition to** native formats, imaged
3 productions without native formats are not permitted unless the original document only exists
4 in hard copy form. When images are produced, they must comply with the following
5 requirements:

- 6 • Black and white images must be 300 DPI Group IV single-page TIFF files.
- 7 • Color images must be produced in JPEG format.
- 8 • File names cannot contain embedded spaces or special characters.
- 9 • Images must be endorsed with sequential Bates numbers in the lower right corner of
10 each image.

11 (Note: Adobe PDF files are **not** acceptable as imaged productions. PDF files are acceptable
12 only when the document content was initially created as a PDF and not converted from
13 another format.)

14 **Load Ready Productions**

15 Whenever possible, the AGO strongly encourages the production of documents in a
16 Concordance load-ready format with native files (most ESI and legal copy vendors are familiar
17 with this format).

18 When data is produced in a Concordance load-ready format, the following requirements
19 apply:

- 20 • Include native files, extracted text, fielded data, OCR and linked image files, if these
21 elements exist.
- 22 • If the production includes imaged emails and attachments, the attachment fields must
23 be included in the delimited text file to preserve the parent/child relationship between
24 an email and its attachments.
- 25 • For production with native files, a NATIVELINK field must be included in the
26 delimited text file to provide the file path and name of the native file on the produced
27 storage media. Extracted text must be included in a separate folder, one text file per
28 Document.
- 29 • The delimited text file must contain an IMAGEKEY field (image key used to reference
30 images in Concordance Image). The image key must be unique, fixed length and can
31 contain the same value as the Bates number endorsed on each Document image.
- 32 • The delimited text file must include a header record identifying field names.
- 33 • The delimiters for the file must be Concordance default delimiters as follows:
34 Field delimiter - ASCII character 20
35 Text delimiter – ASCII character 254

1 Newline indicator – ASCII character 174.

- 2 • OCR text produced to the AGO must be delivered as multi-page text (.txt) files, but the
3 name of the file must match the value in the IMAGEKEY field. OCR text files should
4 reside in their own directory separate from the image and native files.
- 5 • Whenever possible (regardless of delivery method), place page markers at the
6 beginning or end of each OCR text page as shown:

7 ***SAMPLE-LA0000001***

8 The data surrounded by *** is the IMAGEKEY value (see example below).

9 **Sample Concordance Image Cross-reference File:**

10 SAMPLE-LA0000001,,E:\001\00010001.TIF,Y,,,
11 SAMPLE-LA0000002,,E:\001\00010002.TIF,,,,
12 SAMPLE-LA0000003,,E:\001\00010003.TIF,Y,,,
13 SAMPLE-LA0000004,,E:\001\00010004.TIF,,,,

- 14 • Include a comma delimited Concordance cross-reference file that contains a line for
15 every image in the database and it needs to consist of six fields per line. The format for
16 the file is as follows:

17 *ImageKey, VolumeLabel, ImageFilePath, DocumentBreak, FolderBreak, BoxBreak*

- 18 • **ImageKey:** This is the unique designation that Concordance and Concordance
19 Image uses to identify and retrieve an image. This value may be the same as the
20 Bates number endorsed on each image.
- 21 • **VolumeLabel:** Leave this field empty.
- 22 • **ImageFilePath:** This is the full path to the image file on the produced storage
23 media.
- 24 • **DocumentBreak:** This field is used delineate the beginning of a new document.
25 If this field contains the letter “Y,” then this is the first page of a document. If
26 this field is blank, then this page is not the first page of a document.
- **FolderBreak:** This field is used to delineate the beginning of a new folder in the
same manner as the *DocumentBreak* field. If this information is not available,
then it may be left empty.
- **BoxBreak:** This field is used to delineate the beginning of a new box in the
same manner as the *DocumentBreak* and *FolderBreak* fields. If this information
is not available, then it may be left empty.

The following fielded data must be included in all productions:

Field	Description	Required
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Field	Description	Required
Begno	Displays the Document identifier of the first page in a Document or the entire Document of an E-Doc.	Yes
Endno	Page ID of the last page in a Document (for image collections only).	If it exists
BegAttach	Displays the Document identifier of a parent record.	If it exists
EndAttach	Displays the Document identifier of the last attached Document in a family.	If it exists
PgCount	Number of pages in a Document (for image collections only).	If it exists
FileDescription	Description of a native file type.	Yes
Filename	Original filename of a native file or the subject of an e-mail message for e-mail records.	Yes
RecordType	Displays the record type for each entry in the load file.	Yes
ParentID	Displays the Document identifier of the attachment record's parent (only for attachments).	If it exists
NumAttach	Total number of records attached to the Document. The value will always be zero (0) for the actual attachment records.	If it exists
Attachment	Populates parent records with Document identifier of each attached record and is separated by semi-colons.	If it exists
From	Author of the e-mail message.	If it exists
To	Main recipient(s) of the e-mail message.	If it exists
CC	Recipient(s) of "Carbon Copies" of the e-mail message.	If it exists
BCC	Recipient(s) of "Blind Carbon Copies" of the e-mail message.	If it exists
Email_Subject	Subject of the e-mail message.	If it exists
DateSent	Sent date of an e-mail message.	If it exists
TimeSent	Time the e-mail message was	If it exists

Field	Description	Required
	sent.	
InMsgID	Internet Message ID assigned to an e-mail message by the outgoing mail server.	If it exists
ConversationIndex	E-mail thread identification.	If it exists
EntryID	Unique identifier of e-mails in mail stores.	If it exists
Author	Author value pulled from metadata of the native file.	If it exists
Organization	Company extracted from metadata of the native file.	If it exists
Subject	Subject value extracted from metadata of the native file.	If it exists
DateCreated	Creation date of the native file.	If it exists
DateLastMod	Date the native file was last modified.	If it exists
DateLastPrnt	Date the native file was last printed.	If it exists
MD5Hash	MD5 hash value.	Yes
EDSource	Fully qualified original path to the source folder, files, and/or mail stores.	Yes
NativeFile	Hyperlink to the native file.	Yes
*Any other fields considered relevant by the producing party		

4.10 If you are unable to fully answer any particular Interrogatory or Request for Production, supply all of whatever information is actually available. Designate such incomplete information as incomplete and accompany the information with an explanation that includes the reasons for the incomplete answer; a description of any and all of your efforts to obtain the information; and the source from which the Office of the Attorney General may obtain information to complete your response. If books, records, or other sources that provide accurate answers are not available, provide your best estimates and describe how you derived the estimates, including the sources or bases of such estimates. Designate estimated data as such by marking it with the "est." notation. If there is no reasonable way for you to make an estimate, provide an explanation.

1 4.11 If particular documents responsive to these Interrogatories and Requests for
2 Production no longer exist for reasons other than the ordinary course of business but you have
3 reason to believe they have been in existence, describe the documents; state the circumstances
4 under which such documents were lost or destroyed, and identify any persons having
5 knowledge of the content of the documents.

6 4.12 **Do not destroy any documents relating to any of these Interrogatories or**
7 **Requests for Production.**

8
9 **V. INTERROGATORIES**

10 **INTERROGATORY NO. 1:** Identify each person with whom you or Primera Services
11 contracted to provide services relating to obtaining a residential mortgage loan modification
12 and state:

- 13 a. Date of contract;
14 b. Date and amount of all payments made to you or Primera Services; and
15 c. Whether you or Primera Services were successful in obtaining a residential mortgage
16 loan modification.

17 **ANSWER:**

18 **A. Neither Primera Services or I entered into a contract to provide services to obtain**
19 **a residential mortgage loan modification.**

20 **B. Neither Primera Services or I were paid to obtain a residential mortgage loan**
21 **mortgage.**

22 **C. Because Primera Services nor I were contracted by any person to prepare, submit**
23 **and/or obtain a residential mortgage loan modification, neither Primera Services**
24 **nor I can provide any documents to show “successful” residential mortgage loan**
25 **modification(s) procured. Primera Services and I only provided translation/**
26

1 interpreter service to individuals for completing the forms. If the client required
2 accounting services for their residential mortgage loan modification, they would
3 contract with Primera Services for this bookkeeping to prepare a Profit & Loss
4 Statement. Primera Services and I only translated the forms; any information
5 inserted into the form was information provided by the client; there was no
6 representation to the client that Primera Services and/or I would represent the
7 client in their application for a residential mortgage loan modification; we only
8 provided translation/interpreter services; Primera Services provided bookkeeping
9 service(s) upon the client's request, if the client requested financial statements to
10 accompany their residential mortgage loan modification. I did not provide
11 bookkeeping service(s) to any client.
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MIRIAM SHAFFER

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17 **INTERROGATORY NO. 2:** Identify each person with whom you or Primera Services
18 contracted to provide services relating to filing for bankruptcy protection (including without
19 limitation completing bankruptcy forms and schedules).

20 **ANSWER:**

21 **Primera Services and I only provided translation/ interpreter service to individuals for**
22 **completing bankruptcy forms. Neither Primera Services or myself ever represented to a**
23 **client that we would represent them in any bankruptcy proceedings. Primera Services**
24 **and I provided translation/interpreter service for individuals who required completion of**
25 **the online Credit Counseling class. Neither Primera Services nor I maintained a file. We**
26

1 only translated/interpreted the forms and the client kept all of their own records; they
2 did not provide our office with their records or a copy of the bankruptcy forms. Primera
3 Services is no longer in business. There is no list of persons whom I and/or Primera
4 Services provided interpreter/translation services to.

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8 **MIRIAM SHAFFER**

9 **INTERROGATORY NO. 3:** Identify all professional certifications and licenses you hold
10 or have held at any time since January 1, 2008.

11 **ANSWER:**

12 **None.**

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15 **MIRIAM SHAFFER**

16 **INTERROGATORY NO. 4:** Identify all formal and informal education you have received
17 at any time relating to mortgages, foreclosure prevention, and residential mortgage loan
18 modifications.

19 **ANSWER:**

20 **I have completed three days of online classes for non-profit housing counselor through**
21 **Bank of America. I do not have a certificate of completion; the bank gave me a**
22 **confirmation number for completion of these classes.**

23 **I have not completed any class(es) related to mortgages, foreclosure prevention, and/or**
24 **residential mortgage loan modifications.**

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26 _____
27 **MIRIAM SHAFFER**

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2 **INTERROGATORY NO. 5:** State your relationship with Harbour Pointe Mortgage for all
3 times during the last five (5) years and provide a list of individuals you helped with residential
4 mortgage loan modifications services, if applicable.

5 **ANSWER:**

6 **None.**

7 
8 _____
9 **MIRIAM SHAFFER**

9 **INTERROGATORY NO. 6:** State your relationship with Primera Services for all time
10 during the last five (5) years.

11 **ANSWER:**

12 **President/Director of Primera Services, a Washington non-profit corporation.**

13 
14 _____
15 **MIRIAM SHAFFER**

16 **INTERROGATORY NO. 7:** Describe all residential mortgage loan modification services
17 that you have provided to Washington homeowners.

18 **ANSWER:**

19 **Primera Services and I provided only translation/interpreter services to individuals to**
20 **assist them in completing home modification forms.**

21 **Primera Services would fax home modification forms, financial statements and any other**
22 **documents when the client would request fax services.**

23 **Primera Services provided bookkeeping services, i.e., financial statements, for a client**
24 **who requested in bookkeeping services for their home modification application. I did not**
25 **prepare, submit, advise or otherwise participate in these bookkeeping services.**
26

1
2 MIRIAM SHAFFER

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4 **INTERROGATORY NO. 8:** Describe all residential mortgage loan modification services
5 that Primera Services provided to Washington homeowners.

6 **ANSWER:**

7 **See Response to Interrogatory No. 7 above.**

8 
9 MIRIAM SHAFFER

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12 **INTERROGATORY NO. 9:** Identify all persons with whom you have worked to provide
13 residential mortgage loan modification services to Washington homeowners since May 4,
14 2006.

15 **ANSWER:**

16 **Ruth Salazar, Officer of Primera Services, a Washington non-profit corporation.**

17 **It is my understanding that Ruth Salazar has returned to her home country, Bolivia.**

18 
19 MIRIAM SHAFFER

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2 **INTERROGATORY NO. 10:** Describe all bankruptcy-related services you have provided
3 to Washington consumers.

4 **ANSWER:**

5 **I have only provided translation/interpreter services for completing bankruptcy forms. I**
6 **have never represented nor claimed to represent anyone in a bankruptcy proceeding.**

7
8 
9 _____
10 **MIRIAM SHAFFER**

11 **INTERROGATORY NO. 11:** Describe all bankruptcy-related services Primera Services
12 provided to Washington consumers.

13 **ANSWER:**

14 **Primera Services only provided translation/interpreter services for completing**
15 **bankruptcy forms. Primera Services never represented nor claimed to represent anyone**
16 **in a bankruptcy proceeding.**

17 
18 _____
19 **MIRIAM SHAFFER**

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3 **INTERROGATORY NO. 12:** Identify all of your criminal convictions (including pleas of
4 guilty and nolo contendere), including the crime committed, the date of conviction, the court in
5 which the conviction was entered, and the amount of jail time served, if any.

6 **ANSWER:**

7 **Whatcom County Superior Court, State of Washington v. Miriam Mabel Lozano, Case**
8 **No. 05-1-01876-6, six (6) months confinement reduced to 30 days confinement, five (5)**
9 **months EHD.**

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MIRIAM SHAFFER

13 **INTERROGATORY NO. 13:** Have you ever been engaged, married and/or divorced, and if
14 so, to whom and on what dates?

15 **ANSWER:**

16 **Rudy Alexander Villeda Mejia**
17 **Married: 10/24/2014**
18 ***Still Married***

19 **Robert Morse Hagen**
20 **Married: 08/05/1994**
21 **Divorced: 06/17/2014**

22 **Daniel Raymond Shaffer**
23 **Married: 05/12/1983 - Bolivia**
24 **Separated: 02/1992 – United States**
25 **Divorced: 06/1992 – Bolivia**

26 

MIRIAM SHAFFER

1 **INTEROGATORY NO. 14:** Identify Hain Noriega and describe your relationship, or
2 former relationship, with him or her at all times since you first met him or her.

3 **ANSWER:**

4 **Hain Noriega is my ex-boyfriend. We were never engaged or married.**

5
6 
7 _____
8 **MIRIAM SHAFFER**

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10 **VI. REQUESTS FOR PRODUCTION**

11 **REQUEST FOR PRODUCTION NO. 1:** Produce all documents relating to Hector Perez
12 and/or Hector Perez Garcia.

13 **RESPONSE:**

14 **See Exhibit 1, Retainer Letter between Primera Services and Hector Perez a/k/a Hector**
15 **Perez Garcia.**

16 **Hector Perez came to Primera Services two (2) days before his residential property was**
17 **to be foreclosed. He had applied for a home loan modification several months prior and**
18 **requested Primera Services to assist him in translation/interpretation of the forms. Mr.**
19 **Perez also requested Primera Services to assist him in translation/interpretation of the**
20 **bankruptcy forms, as he wanted to file for bankruptcy to stop the sale of his home. I**
21 **agreed to assist Mr. Perez in completing the bankruptcy forms; he provided the**
22 **information as I translated the form to him. Mr. Perez paid for the online bankruptcy**
23 **application and the online credit counseling class; I translated and he eventually obtained**
24 **his certificate of completion for the credit counseling class. We worked many hours that**
25 **day to complete the forms and the online credit counseling class. At the end of the day, I**
26

1 printed the documents and Mr. Perez took these with him, as he stated he planned to go
2 to the courthouse the next morning to file bankruptcy.

3 The next day, Mr. Perez brought me his certificate of bankruptcy filing and his bank
4 statements, and asked Primera Services to prepare a profit and loss statement. He also
5 requested Primera Services to fax the application for his home loan modification to his
6 bank.

7 I translated/interpreted the home loan modification forms to Mr. Perez; he provided the
8 information to complete the forms; and he provided Primera Services his bank
9 statements to prepare year to date financial statements, and three months of profit and
10 loss statements.

11 Mr. Perez did ask me to go to the court with him. I specifically told Mr. Perez that I
12 would not attend any court hearing; that I was not an attorney; that I could provide no
13 legal advice; that he should obtain a bankruptcy attorney; and the court would provide
14 him a translator.

15 Approximately 7-10 days later, I called Mr. Perez because Primera Services, in their
16 bookkeeping service to Mr. Perez, discovered somewhere between \$17,000 and \$21,000 in
17 his bank account, enough to bring his home mortgage current. I explained to him the
18 importance of being honest with the court. Mr. Perez communicated very clearly with
19 me that he would not be attending any of creditors meetings, and that he would not
20 provide his bank statements or any other financial statements to the court or the
21 creditors. I explained to him he needed to be upfront and honest and cooperative.

22 Approximately one month later, Mr. Perez sent me a telephone text message regarding
23 his house and stated his house was sold. He gave me no particulars of this sale, i.e., sold
24 through bankruptcy proceedings, conventional sale, etc. Then, he advised me that he did
25 not go to his meeting of creditors and his house was sold the first or second week of
26 January 2016. Mr. Perez was very angry about the sale of his home; he tried to blame

1 the sale on me, despite him not attending the meeting of creditors, not advising the court
2 or his creditors of the \$17,000-\$21,000 balance in his bank account; and making no
3 attempt to cure his home mortgage balance.

4 Mr. Perez eventually had eviction proceedings filed against him. He asked me to
5 interpret/translate the documents to him and complete forms that were provided to him.
6 He asked me to go to court with him. I, again, told Mr. Perez that I could not represent
7 him in court, and that I am not an attorney, and the court would provide him an
8 interpreter. He became very angry with this. He told me I should sleep at his house and
9 go to court with him the next day; I absolutely refused.

10 During this time, Mr. Perez and his wife were separated; Mr. Perez explained that he
11 stopped making the mortgage payments in order to get his wife to move out of the home.
12 He explained that he was very angry with his wife because she was having an affair. He
13 owned an automotive repair shop at this time.

14 Shortly thereafter, Mr. Perez began to accuse me of wrongdoing, making slanderous and
15 defaming rumors about me to others in the community – through newspaper articles,
16 advertisements, and radio announcements/advertisements. He encouraged others to
17 make untrue statements about me – offering to pay individuals \$2,000 to sign a letter,
18 which included untrue statements and accusations. As far as I know, no one was willing
19 to participate in Mr. Perez's false accusations. This was the last I heard from Mr. Perez
20 until this litigation.

21
22
23 
24

25 **MIRIAM SHAFFER**
26

1
2 **REQUEST FOR PRODUCTION NO. 2:** Produce all documents relating to Armando
3 Campos Castros.

4 **RESPONSE:**

5 **I have no documents related to Armando Campos Castros.**

6 **Primera Services prepared profit and loss statements for Mr. Armando Campos Castros**
7 **on several occasions. Primera Services charged \$300 to \$350 for each time profit and loss**
8 **statements were prepared for Mr. Campos Castros. At that time, Mr. Campos Castros**
9 **was working with a mediator regarding his home loan modification.**

10 **During the three-year period that Mr. Campos Castros was trying to obtain a home loan**
11 **modification, his wife, Elena, would come to Primera Services frustrated with the home**
12 **loan modification process and her husband's lack of cooperation with the process.**

13 **I wrote several letters of hardship to the bank based upon the financial information Mr.**
14 **Campos Castros provided Primera Services. I remember charging approximately \$25.00**
15 **for each letter to cover my time in drafting and mailing the letter for Mr. & Mrs. Campos**
16 **Castros.**

17 **I had no further contact with Mr. & Mrs. Campos Castros for approximately five**
18 **months. I then saw them in Bellingham, Washington. They told me their house was sold**
19 **and needed to file for bankruptcy. I advised them that I was no longer**
20 **translating/interpreting for completing the forms. Mrs. Campos Castros became very**
21 **distraught and they both requested I help them complete the forms by**
22 **translating/interpreting the forms to them. I told them I could only translate/interpret.**
23 **Mr. & Mrs. Campos Castros paid approximately \$49.00 for a bankruptcy form program;**
24 **I translated/interpreted for them for the credit counseling class; and then we began to**
25 **print the completed forms when my printer ran out of printer ink. Mr. Campos was kind**
26 **enough to purchase printer ink; I printed the forms for them; they reviewed and signed**

1 the forms; and I gave them all of the forms and their documents to them. I did not
2 charge a fee to them to translate/interpret for them.

3
4
5 
6 MIRIAM SHAFFER

7 **REQUEST FOR PRODUCTION NO. 3:** Produce all documents related to Hilda Simon
8 and/or Ted Simon.

9 **RESPONSE:**

10 **See Exhibit 2, Retainer Letter between Primera Services and Ted & Hilda Simon; bank**
11 **statements of Ted & Hilda Simon; Request for Mortgage Assistance Form; handwritten**
12 **Profit Sales from Hilda Simon Insurance Agent; Hardship Letter; Letter from Wells**
13 **Fargo Bank re: Valuation Report; Letter from Wells Fargo Home Mortgage re: Decision**
14 **on the federal government's Home Affordable Modification Program (HAMP); BECU**
15 **Bank Statements for Hilda M. Simon & Theodore F. Simon; Income Tax Return 2013 &**
16 **2014.**

17 **Hilda Simon came to Primera Services and presented a letter stating that her house was**
18 **in foreclosure. I do not recall how many months she was behind on her mortgage**
19 **payments. I advised Ms. Simon that Primera Services' fee to prepare profit and loss**
20 **statements and a letter of hardship for her would be \$1,400.00. Ms. Simon reported that**
21 **she was employed as an insurance agent.**

22 **I wrote a letter of hardship on behalf of Mr. & Mrs. Simon; they reviewed the letter,**
23 **signed it; and retained Primera Services to complete the profit and loss statements.**

24 **Shortly thereafter, Primera Services closed its business and the landlord to the office**
25
26

1 locked all employees out of the office – preventing access to our computers, equipment,
2 and any documents that remained in the office from the day prior. Included in the
3 documents locked inside Primera Services’ office were Mr. & Mrs. Simons’ bank
4 statements. At this same time, Mrs. Simons telephoned me, advising me she was going on
5 vacation to Mexico for the holidays. I was very embarrassed that Primera Services had
6 been locked out of its office at that time.

7
8 I contacted an attorney, Jeffrey Pollock, seeking advice as to how Primera Services could
9 get into their office to obtain its computers and client documents. I was very concerned;
10 as Mr. & Mrs. Simons’ bank statements were in the office and I considered them
11 confidential and Primera Services needed to complete the profit and loss statements for
12 them.

13
14 Mrs. Simons returned from Mexico, and we spoke. She communicated to me that
15 someone had advised her that she needed to sell her home. She became very angry with
16 me and requested I return the \$1,400 she had paid Primera Services to prepare her profit
17 and loss statements. I advised her that I did not have access to Primera Services bank
18 account and I could not return her money to her and that I was personally having
19 financial difficulties, so I could not refund her myself. We did agree that I could
20 reimburse her at \$300.00 per month, as I wanted to be sure that she was made whole
21 despite Primera Services office being closed. I also stated my concern to her that instead
22 of addressing the foreclosure proceedings of her home, she went on vacation to Mexico
23 instead. This time away was harmful in her effort to retain her home.

24
25 I then received a telephone call from someone who claimed to be her “best attorney
26

1 friend". I told this male person that I could not talk to him; that I would need Mr. &
2 Mrs. Simons consent to speak with him. I was advised later that this "best attorney
3 friend" was Vincente Omar Barraza (WSBA 43589).

4 I attempted to make payment/reimbursement to Mrs. Simons. I told her I could make a
5 direct deposit payment to her bank account, but she refused this payment. I then asked if
6 I could mail payment to her mailing address; she refused my payment again. She then
7 demanded me to pay by cashier's check to a P.O. box number. I followed up with Mrs.
8 Simons to confirm she received payment, which I mailed to the P.O. box number she gave
9 me. She became very angry and told me she did not receive the payment. I then followed
10 up on the money order that I had mailed to her and confirmed that the money order had
11 been cashed. See Exhibit 3, a copy of the money order and confirmation that it was
12 cashed.
13

14 I attempted to contact Mrs. Simons to pay the balance owed to her, but she would not
15 take my call and refused to give me mailing instructions as to where to send payment. I
16 have had no other contact with Mrs. Simons.
17

18
19 
20

MIRIAM SHAFFER

21
22 **REQUEST FOR PRODUCTION NO. 4:** Produce all documents related to Gabriela
23 Rendon Gamero.

24 **RESPONSE:**

25 I have no documents related to Gabriela Rendon Gamero.
26

1 **Gabriela Rendon Gamero retained Primera Services to translate/interpret forms for her**
2 **to file bankruptcy. Ms. Rendon Gamero paid \$189.00 to obtain the online bankruptcy**
3 **forms; I translated/interpreted the forms to her; she provided the information to**
4 **complete the forms; she paid \$25.00 to complete the credit counseling course; and she**
5 **paid me \$285 to translate/interpret the forms to her and fill in the information as she**
6 **provided to me. Ms. Rendon Gamero advised that she worked full-time and was not able**
7 **to go to the court to file the forms and requested Primera Services to mail the completed**
8 **forms to the court, which we did. I have had no other contact with Ms. Rendon Gamero.**

9
10 
11 **MIRIAM SHAFFER**

12 **REQUEST FOR PRODUCTION NO. 5:** Produce all advertisements in any language for
13 your residential mortgage loan modification and/or bankruptcy-related services.

14 **RESPONSE:**

15 **I never advertised for residential mortgage loan modification and/or bankruptcy-related**
16 **services. See Exhibit 4, advertisements for Primera Services.**

17
18 **REQUEST FOR PRODUCTION NO. 6:** Produce all advertisements in any language for
19 Primera Service's residential mortgage loan modification and/or bankruptcy-related services.

20 **RESPONSE:**

21 **Primera Services never advertised for residential mortgage loan modification and/or**
22 **bankruptcy-related services. See Exhibit 4, advertisements for Primera Services.**

23
24 **REQUEST FOR PRODUCTION NO. 7:** Produce all contracts and invoices between you
25 and Washington consumers relating to residential mortgage loan modification services.

26 **RESPONSE:**

1 Primera Services closed in year 2014. Ruth Salazar, an officer of Primera Services,
2 returned to reside in Bolivia in year 2014. Primera Services did not maintain customer
3 documents; all documents would be returned to the customer. I do not currently possess
4 any contracts and/or invoices between Primera Services, myself, and/or Washington
5 consumers related to residential mortgage loan modification services, bankruptcy-related
6 services, or any other service provided by Primera Services or myself.

7
8 
9

MIRIAM SHAFFER

10 **REQUEST FOR PRODUCTION NO. 8:** Produce all contracts and invoices between
11 Primera Services and Washington consumers relating to residential mortgage loan modification
12 services.

13 **RESPONSE:**

14 See Response to Request for Production No. 7.

15
16 
17

MIRIAM SHAFFER

18 **REQUEST FOR PRODUCTION NO. 9:** Produce all records of payments made to you
19 for residential mortgage loan modification-related services.

20 **RESPONSE:**

21 See Response to Request for Production No. 7.

22
23 
24

MIRIAM SHAFFER

1 **REQUEST FOR PRODUCTION NO. 10:** Produce all records of payments made to
2 Primera Services for residential mortgage loan modification-related services.

3 **RESPONSE:**

4 See Response to Request for Production No. 7.

5
6 
7 _____
8 **MIRIAM SHAFFER**

8 **REQUEST FOR PRODUCTION NO. 11:** Produce all contracts and invoices between you
9 and Washington consumers relating to bankruptcy-related services.

10 **RESPONSE:**

11 See Response to Request for Production No. 7.

12
13 
14 _____
15 **MIRIAM SHAFFER**

15 **REQUEST FOR PRODUCTION NO. 12:** Produce all contracts and invoices between
16 Primera Services and Washington consumers relating to bankruptcy-related services.

17 **RESPONSE:**

18 See Response to Request for Production No. 7.

19
20 
21 _____
22 **MIRIAM SHAFFER**

22 **REQUEST FOR PRODUCTION NO. 13:** Produce all correspondence to and from the
23 Washington Secretary of State or any other governmental entity relating to Primera Services,
24 UBI No. 602935229.

25 **RESPONSE:**

1 **See Exhibit 5 the following:**

- 2 • **Master Business Application Record of Filing**
- 3 • **Certificate of Incorporation to Primera Services**

4
5 
6 _____
7 **MIRIAM SHAFFER**

8 **REQUEST FOR PRODUCTION NO. 14:** Produce all articles of incorporation, bylaws, or
9 other governing documents from Primera Services.

10 **RESPONSE:**

11 **I do not have articles of incorporation, bylaws, or other governing documents from**
12 **Primera Services.**

13
14 **REQUEST FOR PRODUCTION NO. 15:** Produce all documents relating to payment or
15 other compensation to you by Primera Services.

16 **RESPONSE:**

17 **I was not a signor on the bank account for Primera Services, therefore, I am not able to**
18 **request and obtain copies of any check payments to me from Primera Services. Ruth**
19 **Salazar was the only signor on this business bank account and she has returned to her**
20 **home in Bolivia.**

21 
22 _____
23 **MIRIAM SHAFFER**

24 **REQUEST FOR PRODUCTION NO. 16:** Produce all bank statements for Primera
25 Services since January 1, 2008.

26 **RESPONSE:**

1 I was not a signor on the bank account for Primera Services, therefore, I am not able to
2 request and obtain copies of any bank statements for Primera Services. Ruth Salazar
3 was the only signor on this business bank account and she has returned to her home in
4 Bolivia.

5
6 
7 _____
8 **MIRIAM SHAFFER**

9 **REQUEST FOR PRODUCTION NO. 17:** Produce all documents related to any criminal
10 conviction entered against you, including pleas of guilty and nolo contendere and any cases in
11 which you were formally charged or you and/or your business were listed as a defendant.

12 **RESPONSE:**

13 *See Exhibit 6, Judgment & Sentence, Whatcom County Superior Court, State of*
14 *Washington v. Miriam Mabel Lozano, Case No. 05-1-01876-6.*

15 
16 _____
17 **MIRIAM SHAFFER**

18 **REQUEST FOR PRODUCTION NO. 18:** Produce all documents relating to all
19 administrative orders involving you and/or Primera Services, whether issued by the
20 Washington Department of Financial Institutions or any other governmental entity.

21 **RESPONSE:**

22 *See Exhibit 7:*

- 23 • **Final Order, State of Washington, Department of Financial Institutions,**
24 **Consumer Services Division, Case No. C-04-133-07-FO01**
- 25 • **Final Order, State of Washington, Department of Financial Institutions,**
26 **Consumer Services Division, Case No. C-04-133-06-SC01**

1 I do not possess any other administrative orders involving myself and/or Primera
2 Services issued by the Washington Department of Financial Institutions or any other
3 governmental entity.

4
5 
6 MIRIAM SHAFFER

7 **REQUEST FOR PRODUCTION NO. 19:** Produce your income tax returns for each year
8 since January 1, 2008.

9 **RESPONSE:**

10 **See Exhibit 7, Income Tax Returns for tax year 2008 to 2009 and 2011 to 2016. I have**
11 **requested year 2010 and will supplement this Request for Production of Documents.**

12
13 
14 MIRIAM SHAFFER

15 **REQUEST FOR PRODUCTION NO. 20:** Produce a copy of your deposition taken by
16 attorney Ari Brown in connection with a civil suit against Channel Lending.

17 **RESPONSE:**

18 **I do not possess a copy of this deposition taken approximately 13 years ago.**

19
20 
21 MIRIAM SHAFFER

22 **REQUEST FOR PRODUCTION NO. 21:** Produce a handwriting sample.

23 **RESPONSE:**

24 *produce a hand writing sample.*
25
26

1 **REQUEST FOR PRODUCTION NO. 22:** Produce copies of your marriage and divorce
2 certificates to/from Hain Noriega.

3 **RESPONSE:**

4 **I was never married to Hain Noriega, therefore, cannot produce a marriage and/or**
5 **divorce certificate.**

6
7 
8 **MIRIAM SHAFFER**

9
10
11 DATED this ____ day of January, 2017.

12 **ROBERT W. FERGUSON**
13 **Attorney General**

14
15 **BENJAMIN J. ROESCH, WSBA #39960**
16 **PATRICIA C. BOWER, WSBA #49525**
17 **Assistant Attorneys General**
18 **Attorneys for Plaintiff, State of Washington**

1
2
3 **ATTORNEY VERIFICATION**

4 Answers, Responses, and Objections submitted this 17 day of March, 2017.

5
6 

7 William Frick, WSBA 26648
8 Law Office of William Frick
9 719 Second Avenue, Suite 701
10 Seattle, WA 98104
11 (206) 286-0167
12 (206) 770-7215 – Facsimile
13 william@fricklawnfirm.info

14 Attorney for Defendant
15
16
17
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22
23
24
25
26

1
2 **DEFENDANT VERIFICATION**

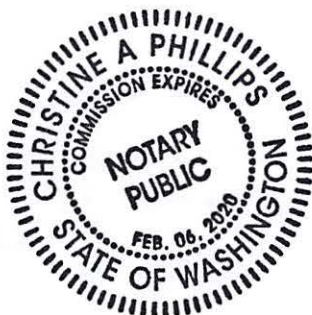
3 STATE OF WASHINGTON)
4) ss.
5 COUNTY OF SNOHOMISH)


6 MIRIAM SHAFFER, being first duly sworn on oath, deposes and says:

7 I am the Defendant herein. I have read the foregoing Plaintiff's First Set of Interrogatories
8 and Requests for Production of documents to the Defendant and the answers and responses
9 provided above. I know the contents of the answers and responses, and I believe them to be true,
10 correct, and complete.

11 
12 _____
13 MIRIAM SHAFFER

14 SUBSCRIBED AND SWORN TO Before me this 16 day of March, 2017.



27 
28 _____
29 Notary Public in and for the
30 State of Washington
31 Residing at Edmonds, Washington
32 My Commission Expires: _____



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CERTIFICATE OF SERVICE

I certify that I served a copy of the forgoing on the following party/parties via the following methods:

William Frick Law Office of William Frick 701 Millennium Tower 719 Second Ave. Seattle, WA 98104 Tel.: 206-286-0167 Email: william@fricklawfirm.info	<input type="checkbox"/> Legal Messenger <input type="checkbox"/> U.S. Mail, Postage Prepaid <input type="checkbox"/> Certified Mail, Receipt Requested <input type="checkbox"/> Facsimile <input checked="" type="checkbox"/> Email <input type="checkbox"/> E-filed with Clerk
--	---

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this ____ day of January, 2017, at Seattle, Washington.

P. JOSEPH DROUIN
Legal Assistant

Exhibit 1

WE SHALL PROVIDE THE FOLLOWING SERVICES IN CONSIDERATION
FOR PAYMENT:

- 1) REQUEST AND COMPILE ALL DOCUMENTS AND INFORMATION REQUIRED BY LENDER, INCLUDING: MORTGAGE STATEMENT OR COUPON, PAYROLL STUBS FOR THE PREVIOUS MONTH FOR THE BOTH THE BORROWER AND CO-BORROWER, COPIES OF THE LAST 2 MONTHS BANK STATEMENTS FOR ALL CHECKING AND SAVINGS ACCOUNTS, MOST RECENT TWO YEARS TAX RETURNS, HOMEOWNERS INSURANCE STATEMENTS, AND PROPERTY TAX STATEMENTS.
- 2) FOR THE LENDER'S REVIEW, SUBMIT THE REQUIRED DOCUMENTATION RELATING TO THE PROSPECTIVE MODIFICATION.
- 3) WE SHALL USE DUE CARE TO MAKE OUR BEST EFFORT TO ASSIST IN PROCURING A MODIFICATION AGREEMENT FOR BORROWER'S EXISTING LOAN, ALTHOUGH THERE IS NO GUARANTEE THAT THE LENDER WILL ULTIMATELY OFFER THE LOAN MODIFICATION.

CHP
INITIALS

INITIAL

COST OF SERVICE

LOAN MODIFICATION: \$1400.00 FIRST MORTGAGE

\$150.00 EACH ADDITIONAL PROPERTIES.

\$750.00 SECOND MORTGAGE.

\$2,000.-

\$350.00 (NON REFUNDABLE) IF YOUR PROPERTY HAS A SALE DATE .

\$500.00 (NON REFUNDABLE) IF YOUR PROPERTY HAS A SALE DATE IN 45 DAYS OR LESS.

\$350.00 IF YOUR MODIFICATION HAS BEEN CANCELLED OR YOUR LOAN HAS BEEN TRANSFERRED TO ANOTHER LENDER.

\$500.00 DEED IN LIEU OR SHORT SALE APPLICATION. (NON-REFUNDABLE)

PRIMERA SERVICES WILL NOT REFUND ANY PART OF YOUR DOWN PAYMENT IF YOU CANCEL YOUR APPLICATION FOR LOAN MODIFICATION.

"NO SPECIFIC RESULTS" CERTIFICATION

I HEREBY CERTIFY THAT:

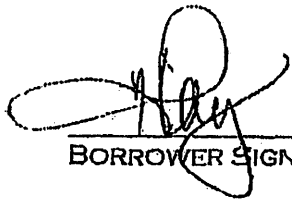
-I UNDERSTAND THAT LOAN MODIFICATION RESULTS VARY BY SITUATION AND CANNOT BE PREDETERMINED BY ANY PARTY.

-THAT I WAS NOT IN ANY WAY GUARANTEED, PROMISED, OR IMPLIED THAT I WILL BE OFFERED A MODIFICATION WITH SPECIFIC RESULTS BY MY LENDER.

- THAT I HAVE NOT BEEN DIRECTED OR ADVISED TO STOP MAKING MY MORTGAGE PAYMENTS NOW OR AT ANY POINT DURING THE MODIFICATION PROCESS.

IF CURRENTLY DELINQUENT ON MORTGAGE:

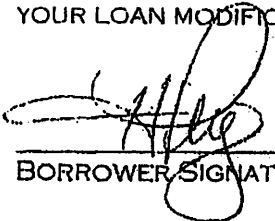
- THAT I HAVE NOT BEEN DIRECTED OR ADVISED TO AVOID MAKING MY MORTGAGE PAYMENTS, PREVENTING ME FROM BECOMING CURRENT ON MY LOAN.


BORROWER SIGNATURE 11/17/2015
DATE

CO-BORROWER SIGNATURE DATE

I / WE CERTIFY THAT ALL INFORMATION PROVIDED IS ACCURATE AND CURRENT, AND I UNDERSTAND THAT INCORRECT, INCOMPLETE, OR MISSING INFORMATION MAY RESULT IN A DELAY IN THE PROCESSING OF THIS APPLICATION OR THE DENIAL OF THE MODIFICATION REQUEST BY THE LENDER.

WE ALSO AGREE TO PROVIDE A COPY OF ALL CORRESPONDENCE FROM THE BANK AND/OR TRUSTEE TO PRIMERA SERVICES. FAILURE TO PROVIDE TIME SENSITIVE DOCUMENTS IN A TIMELY MANNER MAY RESULT ON A DENIAL OR CANCELATION OF YOUR LOAN MODIFICATION AT NO RECOURSE TO PRIMERA SERVICES.


BORROWER SIGNATURE 11/17/2015
DATE

CO-BORROWER

DATE

SALES RECEIPT

Primera Services

221 SE Everett Mall Way
 Suite M-5
 Everett WA 98208
 miriam@primeaservices.com
 HECTOR PEREZ
 2919 S 253RD ST
 Kent wa 98032

RECEIPT #F [100]
 DATE: NOVEMBER 17, 2015

PAYMENT METHOD	CHECK NO.	JOB

QTY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
		WELLS FARGO (ASC) LOAN MOD 1 ST LIEN BUSINESS			1400.00
		BANKRUPTCY FILING			600.00
		Make check payable to: Primera Servoces Thank you			

Deposit	
BALANCE	
SALES TAX 8.8%	
TOTAL	2000.00

THANK YOU FOR YOUR BUSINESS!

Exhibit 2

**WE SHALL PROVIDE THE FOLLOWING SERVICES IN CONSIDERATION
FOR PAYMENT:**

- 1) REQUEST AND COMPILE ALL DOCUMENTS AND INFORMATION REQUIRED BY LENDER, INCLUDING: MORTGAGE STATEMENT OR COUPON, PAYROLL STUBS FOR THE PREVIOUS MONTH FOR THE BOTH THE BORROWER AND CO-BORROWER, COPIES OF THE LAST 2 MONTHS BANK STATEMENTS FOR ALL CHECKING AND SAVINGS ACCOUNTS, MOST RECENT TWO YEARS TAX RETURNS, HOMEOWNERS INSURANCE STATEMENTS, AND PROPERTY TAX STATEMENTS.
- 2) FOR THE LENDER'S REVIEW, SUBMIT THE REQUIRED DOCUMENTATION RELATING TO THE PROSPECTIVE MODIFICATION.
- 3) WE SHALL USE DUE CARE TO MAKE OUR BEST EFFORT TO ASSIST IN PROCURING A MODIFICATION AGREEMENT FOR BORROWER'S EXISTING LOAN, ALTHOUGH THERE IS NO GUARANTEE THAT THE LENDER WILL ULTIMATELY OFFER THE LOAN MODIFICATION.

T.L.
INITIALS

NS
INITIAL

COST OF SERVICE

LOAN MODIFICATION: \$1400.00 FIRST MORTGAGE

\$150.00 EACH ADDITIONAL PROPERTIES.

\$750.00 SECOND MORTGAGE.

\$350.00 (NON REFUNDABLE) IF YOUR PROPERTY HAS A SALE DATE .

**\$500.00 (NON REFUNDABLE) IF YOUR PROPERTY HAS A SALE DATE IN 45 DAYS
OR LESS.**

**\$350.00 IF YOUR MODIFICATION HAS BEEN CANCELLED OR YOUR LOAN HAS
BEEN TRANSFERRED TO ANOTHER LENDER.**

\$500.00 DEED IN LIEU OR SHORT SALE APPLICATION. (NON-REFUNDABLE))

**PRIMERA SERVICES WILL NOT REFUND ANY PART OF YOUR DOWN PAYMENT IF YOU
CANCEL YOUR APPLICATION FOR LOAN MODIFICATION.**

SALES RECEIPT

Primera Services

221 SE Everett Mall Way
 Suite M-5
 Everett WA 98208
 miriam@primeaservices.com
 TED & HILDA SIMON

RECEIPT #F [100]
 DATE: OCTOBER 28, 2015

PAYMENT METHOD	CHECK NO.	JOB

QTY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
		WELLS FARGO LOAN MOD 1 ST LIEN BUSINESS			1400.00
		Make check payable to: Primera Servoces Thank you			
				Deposit	
				BALANCE	
				SALES TAX 8.5%	
				TOTAL	1400.00

PAID
 Check # 1424

THANK YOU FOR YOUR BUSINESS!

Making Home Affordable Program Request for Mortgage Assistance (RMA)



Request For Mortgage Assistance (RMA) page 1

COMPLETE ALL PAGES OF THIS FORM

Requesting mortgage assistance for mortgage loan number: 0017815333

- I/We want to: Keep the property Sell the property
- The property is my/our: Primary residence Second home Investment property
- The property is: Owner occupied Renter occupied Vacant

Borrower information

Borrower		Co-borrower	
Borrower's name <u>TED F SIMON</u>		Co-borrower's name <u>HILDA M SIMON</u>	
Social Security number <u>532-30-0002</u>	Date of birth <u>9/28/1934</u>	Social Security number <u>532-43-1373</u>	Date of birth <u>7/10/1961</u>
Home phone number <u>(425) 746-0695</u>		Home phone number <u>(425) 746-0695</u>	
Cell phone number <u>()</u>		Cell phone number <u>()</u>	
Work phone number <u>()</u>		Work phone number <u>()</u>	
Email address <u>tedfsimon@hotmail.com</u>		Email address <u>hildasimon@hotmail.com</u>	
Mailing address <u>PO Box 7267, Bellevue WA 98008</u>		Mailing address (if different than borrower's) <u>PO Box 7267, Bellevue WA 98008</u>	

Have you contacted a credit-counseling agency for help? Yes No

If yes, complete counselor contact information below.

Counselor's name: _____ Counselor's phone number: () _____

Counselor's email: _____

Is any borrower a servicemember? Yes No

If yes, have you recently been deployed away from your principal residence or recently received a permanent change of station order?

Yes No

Have you filed for bankruptcy? Yes No

If yes: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Filing date: 2/21/2013

Has your bankruptcy been discharged? Yes No

Bankruptcy case number: 13-10542

Please note that if you have or will receive a discharge from a bankruptcy case, and the mortgage was not reaffirmed in the bankruptcy case, we will only exercise our rights against the property and are not attempting any act to collect the discharged debt from you personally. Additionally, your decision to discuss workout options with us is strictly voluntary. You are not obligated to pursue any workout options discussed with us. At your request, we will immediately terminate any such discussions should you no longer wish to pursue these options.

How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others?

0

Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?

Yes No

Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification?

Yes No

If yes, how many? _____

Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence?

Yes No

Principal residence information

Note: If you are requesting mortgage assistance, you must complete this section even if you are not seeking mortgage assistance on your principal residence.

Principal residence loan number <u>0017815333</u>	Principal residence servicer name <u>Wells Fargo</u>
Property address (if same as mailing address, write "same") <u>213-164th AVE NE, BELLEVUE WA 98008</u>	
Number of people who live in the home <u>2</u>	

Is this property listed for sale? Yes No

If yes, what was property listing date? _____

Have you received an offer on the property? Yes No

Date of offer: _____ Amount of offer: \$ _____ Closing date: _____

Agent/Agency name: _____ Agent/Agency phone number () _____

For sale by owner? Yes No

Who pays the real estate tax bill on your property? I do Servicer does

Are the taxes current? Yes No
Monthly condominium or homeowners association fee? Yes \$ _____ No
Are fees paid current? Yes No

Paid to (Name and Address) N/A

Who pays the homeowners insurance policy for your property?

I do Servicer does Paid by condominium or homeowners association (HOA)

Is the policy current? Yes No

If paid by you or your condominium or HOA, name of insurance company: N/A

Insurance company phone number: () _____

Annual homeowners insurance: \$ _____

If there are additional liens/mortgages or judgments on this property, name the person(s), company or firm and phone number(s).

Lien holder's name/Servicer: US BANK Phone number: (866) 434-2103

Loan number: 0000-0300-510-849 Balance: \$ _____

Lien holder's name/Servicer: _____ Phone number: () _____

Loan number: _____ Balance: \$ _____

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: N/A

Principal residence phone number: () _____

Is the mortgage on your principal residence paid? Yes No

If no, number of months your payment is past due (if known): _____

Hardship Affidavit

I am requesting review under the Making Home Affordable Program. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

My household income has been reduced. For example: reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.

My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.

My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.

My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.

Income/expenses for household

Important note: All income must be documented.

Combined income and expense of borrower and co-borrower

You are not required to disclose child support, alimony or separation maintenance income unless you choose to have it considered by your servicer.

1 Monthly household income		2 Monthly household expenses/debt		3 Household assets	
Monthly gross wages	\$ 0	First mortgage payment	\$ 1,590 =	Checking account(s)	\$ 2,700 =
Overtime	\$ 0	Second mortgage payment/ other liens	\$ 0		\$
Borrower start date of employment (MMDDYYYY)	1/21/2010	Homeowners insurance ¹	\$ 0	Savings/money market account(s)	\$ 2,500 =
Co-borrower start date of employment (MMDDYYYY)	12/17/2010	Property taxes ²	\$ 0		\$
Borrower other employment start date (MMDDYYYY) (If borrower has a second job)	0	Credit cards/installment loan(s) (total minimum payment per month)	\$ 50 =	Certificate(s) of deposit (CDs)	\$ 0
Co-borrower other employment start date (MMDDYYYY)	0	Alimony/separation maintenance/child support payments	\$ 0		\$
Child support/alimony/separation maintenance	\$ 0	Net rental expenses/ property maintenance expenses	\$ 0		\$
Non-taxable Social Security/Social Security Disability Insurance	\$ 0	Homeowners association/ condominium fees	\$ 0	Stocks/bond(s)	\$ 0
Taxable Social Security benefits	\$ 120	Child care expenses	\$ 0		\$
Other monthly income from pensions, annuities or retirement plans	\$ 0	Car payments, including car lease payments	\$ 317 =	Other cash on hand	\$ 0
Tips, commissions and bonus income	\$ 0	Car insurance/gas/ maintenance	\$ 0	Other real estate (estimated value)	\$ 0
Self-employment income	\$ 170	Health insurance/medical expenses	\$ 358 =	Other	\$ 0
Unemployment income	\$ 0	Life insurance premiums (not withheld from pay)	\$ 29 =		\$
Start date of unemployment (MMDDYYYY)	0	Groceries	\$ 520 =		\$
Gross rent received ³	\$ 0	Water/sewer/utilities	\$ 313 =		\$
Boarder income	\$ 0	Internet/cable/satellite/cell phone/home phone	\$ 255 =	Do not include retirement plans when calculating assets (401(k), pension funds, annuities, IRAs, Keogh plans, etc.)	
Food stamps/Welfare	\$ 0	Personal loans/tuition	\$ 0		
Other (investment income, royalties, interest, dividends, etc.)	\$ 0	Charitable contributions	\$ 25 =		
		Mortgage payments for other properties ⁴	\$ 0		
		Other	\$ 0		
Total (gross income)	\$ 520 =	Total debts/expenses	\$ 3,740 =	Total assets	\$ 5,200 =

1. Only include your homeowners insurance payment if you pay this amount yourself.

2. Only include your property tax payments if you pay them yourself.

3. Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in the following section.

4. Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in the following section.

PROFIT & LOSS

HILDA SIMON INSURANCE AGENT

FROM 07/15/2015 TO 09/15/2015

TOTAL GROSS :
Revenue

\$ 3,943. =

Business Expenses:

Office Rent 495. =

PARKING 495. =

Phone & Equipment 92. =

Insurance AD&D 27. =

TECHNOLOGY Expenses 275. =

Office Supplies: 69. =

Professional Liability Plan 244. =

Accounting & Legal fees 120. =

FICA Medicare 72. =

FICA OASDI 302. =

MEDICAL & DENTAL INS. 242. =

TOTAL Expenses:

2,433. =

NET Income

\$ 1,510. =

Hilda Simon

10-30-2015

To: Wells Fargo

RE: Hardship Letter

To whom it may concern,

This letter is to explain to you that the delinquency on our mortgage payments were due to the financial hardship we are experiencing.


We purchased our home at the peak of the real estate market and at the time the economy was much better and we didn't have a problem making our mortgage payments. Since then our financial situation have changed although the economy is slowly recovering it's still challenging to keep up the payments on our home.

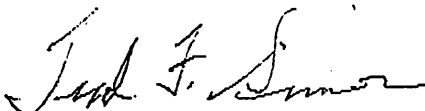
We have experienced very tough years in the past seven years. Last year started very slow and got better during the summer but those slow months carried on to the rest of the year when we missed a couple mortgage payments and a few more this year. I'm the primary bread wiener in my home I'm self-employed and I work for New York Life as an insurance agent. My income is based on sales to the clientele I built working all these years; I have been in this line of work for a long time and my income is secure but it's always up and down but lately it has been slowly increasing . My husband is retired and receives social security income.

We want to keep our home; this is the only home we own. We believe that if we get a loan modification we can make our mortgage payments on time as we did before. I'm still employed and with more years of experience and the economy on the rise I'm very hopeful that we will have no financial issues in the near future but we need your help now.

Thank you for your time and attention.

Sincerely,


Hilda Simon


Ted Simon

October 16, 2015

OCT, 16,

Ted F Simon
Hilda M Simon
PO Box 7267
Bellevue WA 98008

Subject: Loan Number 0482294923

Dear Ted F Simon & Hilda M Simon :

You recently submitted an application for mortgage assistance with the loan number shown above. Because Wells Fargo used an appraisal or other valuation method to determine the value of your mortgaged property, you are entitled to receive a copy of the Valuation Report(s). This report is an analysis of your property, which is used to place a value estimate on the property.

We are pleased to provide the enclosed information for:
213 164th Ave NE
Bellevue WA 98008

Please note that a written notification about the outcome of your request for assistance is sent in a separate mailing.

I'm here to help you
If you have any questions about the information in this notice, I can be reached at the phone number that appears below. Thank you.

Sincerely,
LORI BURKARD
Home Preservation Specialist
Wells Fargo Home Mortgage
Ph: 1-877-371-9960
ext. 4240
Fax: 1-866-359-7363

HP320/OJM/Pg1

Contact us

If you'd like to request information, notify us of an error, or share any concerns you may have about the servicing of your loan, please contact us at P.O. Box 10335, Des Moines, IA 50306.

This Valuation Report will be subject to an underwriting review by Wells Fargo Home Mortgage. Any discrepancies discovered during the underwriting process will be analyzed and addressed.

Wells Fargo Home Mortgage is required by the Fair Debt Collection Practices Act to inform you that, as your account servicer, we are attempting to collect a debt, and any information obtained will be used for that purpose. However, if you have received a discharge from bankruptcy, and the account was not reaffirmed in the bankruptcy case, Wells Fargo Home Mortgage will only exercise its rights against the property and is not attempting any act to collect the discharged debt from you personally.

We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

HP320/0JM/Pg2

WELLS FARGO HOME MORTGAGE
 RETURN MAIL SERVICES
 PO BOX 10368
 DES MOINES IA 50306-0368

WELLS FARGO HOME MORTGAGE

10/15/15

OCT. 15,



2SP 00188/000188/000934 0002 5 ACTFY3HP602 708

TED SIMON
 HILDA SIMON
 PO BOX 7267
 BELLEVUE, WA 98008-1267

Account Information

Fax: 1-866-590-8910
Telephone: 1-800-416-1472
Correspondence: PO Box 10335
 Des Moines, IA 50306
Hours of operation: Mon - Thurs, 7 a.m. - 9 p.m.,
 Fri, 7 a.m. - 8 p.m.,
 Sat, 8 a.m. - 4 p.m., CT
Loan number: 0482294923
Property address: 213 164TH AVE NE
 BELLEVUE WA 98008

Subject: Your request for assistance

Dear TED SIMON & HILDA SIMON:

We're responding to your request for assistance and the options that may be available to help you. We realize that the process can take some time, and we appreciate your patience while we review your options.

Decision on the federal government's Home Affordable Modification Program (HAMP)

The Home Affordable Modification Program (HAMP) is a written agreement that modifies a customer's original loan terms to create more affordable payments. There are two separate groups of eligibility criteria under HAMP.

HAMP Tier 1: In general, this option may be available to customers whose loan is in default or imminent default (one or more payments are - or will soon be - more than 30 days late) on their primary residence. We carefully reviewed the information you provided us and at this time, you do not meet the requirements of HAMP Tier 1 because:

You or a co-borrower have reached the allowable number of modifications.

HAMP Tier 2: This option may be available to customers who do not currently meet the qualifications for Tier 1 or may have previously received assistance under Tier 1. We carefully reviewed the information you provided us and at this time, you do not meet the requirements of HAMP Tier 2 because:

Your loan on the property noted above has already received the maximum number of modifications allowed.

You have the right to appeal this decision

Carefully read over this letter, which states Wells Fargo's decision. If you believe the decision is incorrect and want to appeal the decision, you may submit your appeal request in writing or by phone.

If you choose to submit your appeal request in writing, we have enclosed an Appeal Request Form for your convenience. Or you can write a letter of your own that explains the reason you disagree with the decision.



WFM307C

HP602 708

000188/000934 ACTFY3 S1-ET-M1-C00001



7080482294923HP602

Account Information	
Loan Number:	0482294923
Property Address:	213 164TH AVE NE BELLEVUE WA 98008

You can initiate an appeal in one of three ways:

1. Fax your appeal request to 1-866-590-8910.

2. Mail your appeal request to:
1000 Blue Gentian Road,
Suite 300 MAC X9999-01N,
Eagan, MN 55121

3. Call 1-877-816-4914 and follow the prompts.

If you choose to submit your appeal request in writing, by fax or mail -- using the enclosed form or a letter of your own -- please specify which of these two options applies to you:

Option A. I want to appeal the decision I received. I have enclosed additional information for your consideration, and/or I have no further information to provide. I understand Wells Fargo will review the decision immediately based on the additional information I have provided (if applicable), or on the information they currently have.

Option B. I will be appealing the decision I received. I will submit additional information for your consideration at a later time. I understand that if Wells Fargo does not receive my additional information within 30 calendar days from the date of this letter, Wells Fargo will immediately move forward with a review of the decision.

Appeal request guidelines:

- If you do not specify your intention for providing additional information, by selecting one of the two options above, we will follow the process described in Option B.
- If you are disputing the value of your property used in the decision, you must indicate the specific value you believe is more accurate.
- We must receive your appeal request, with any additional information (as applicable) within 30 calendar days from the date of this letter.
- After an appeal is initiated, if you selected Option B and we do not receive your additional information within 30 calendar days from the date of this letter, we will review the decision based on the information we have at that time.
- You may have recently received a separate communication regarding another review we completed. Our decision regarding that review may also be appealable, subject to the timelines and guidelines here.
- Be sure to include your loan number on your appeal request and any additional information.
- If you choose to initiate your request by phone, make sure to have your loan number available and follow the phone prompts carefully.

Please note

After we receive your appeal request, you will receive a letter that confirms receipt of your request and outlines next steps in the appeal process. As your home preservation specialist, I remain available to assist you with any questions you may have about this letter, but you must initiate an appeal request in one of the three ways listed above.



7080482294923HP602

Account Information

Loan Number:	0482294923
Property Address:	213 164TH AVE NE BELLEVUE WA 98008

Talk to me about your other options

There may be other options available to help you avoid a foreclosure sale, provided you meet the requirements.

If you're interested in staying in your home, you may be eligible for help through a different assistance program. If you are eligible for an alternative assistance option, we will review your information and we will notify you separately of the result of that review.

Other options you may be interested in: If the amount you owe on your mortgage is higher than what you think you can sell your house for, you may want to consider what is known as a "short sale." This option could allow you to list your home for sale, for an amount that is less than you owe.

During the short sale process, you'll need to submit documentation to us that we will evaluate. For example, a short sale requires a purchase contract. Once we receive a purchase contract Wells Fargo will review the terms of the contract and obtain the appraised value of the property.

If you are interested in a short sale, contact me right away. I can help explain the short sale process, guidelines and your eligibility.

If you are unable to sell your home or find a short sale is not the right alternative to foreclosure for you, another option to consider might be a deed in lieu of foreclosure, sometimes referred to as a Mortgage Release. If you are interested in a deed in lieu of foreclosure, please contact me right away so we can determine your eligibility and coordinate an appraisal and inspection of your property.

Keep in mind, if you accept a deed in lieu of foreclosure, you must agree to vacate the property within an agreed upon time.

We're here for you

I am available to help you and can be reached at the phone number listed below or by email at HAMPNonApprovallnquiry@wellsfargo.com. Please note: sending your documents via email is not a secure method of transmitting information.

Sincerely,

Lori Burkard

Lori Burkard
Home Preservation Specialist
Wells Fargo Home Mortgage
Ph: 1-8773719960 ext. 4240
Fax: 1-866-590-8910

Contact us

If you'd like to request information, notify us of an error, or share any concerns you may have about the servicing of your loan, please contact us at P.O. Box 10335, Des Moines, IA 50306.



7080482294923HP602



Account Information

Loan Number: 0482294923
Property Address: 213 164TH AVE NE
BELLEVUE WA 98008

Get free counseling to help manage expenses and avoid foreclosure.

Reach out to a local HUD-approved, non-profit housing counseling agency if you're struggling to keep up with monthly expenses, or want help to avoid foreclosure. At no cost, a counselor will work closely with you, providing the information and assistance you need. To find an agency near you, go to www.hud.gov/offices/hsg/sfh/hcc/fc. Or call **1-800-569-4287** (TDD 1-800-877-8339). You can also call HOPE Hotline at 1-888-995-HOPE (4673).

Be sure you avoid anyone who asks for a fee for counseling or a loan modification, or asks you to sign over the deed to your home, or to make your mortgage payments to anyone other than Wells Fargo Home Mortgage.

Where appropriate, Wells Fargo Home Mortgage is required to inform you that, as your account servicer, we are attempting to collect a debt and any information obtained will be used for that purpose. However, if you are a customer involved in an active bankruptcy case or you received a discharge in a bankruptcy case where the account was not otherwise reaffirmed or excepted from discharge, then this notice is being provided to you for informational purposes only, and this is not a bill or a request for payment as to any such customer(s).

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006.

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STATEMENT OF ACCOUNTS



Spend your free time the way you want!
We have great RV Loans that can help make that happen.

Hilda M. Simon
PO Box 7267
Bellevue, WA 98008-1267

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Statement Period: 06/20/2015 - 07/17/2015

2325396

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Member Advantage Savings	3590452799	20.88		6,000.00	0.54	6,021.42
Member Advantage Checking	3590452806	7,647.12	(11,675.55)	8,962.63	1.86	4,936.06
*Including the following Fees	Statement Period Total	2015 Year-to-Date Total				
Overdraft Fees	0.00			0.00		
Non-sufficient Funds (NSF) Fees	0.00			0.00		

Summary of Loan Account Activity

	Account #	Previous Balance	Payments	Other Credits	Credit Advances	Past Due Amount	Fees Charged	Interest Charged	New Balance
Share Secured Loan	2008773994	175.95	(25.41)					0.45	150.99
Share Secured Loan	2008774017	175.95	(25.41)					0.45	150.99

Deposit Account Activity

Member Advantage Savings - 3590452799

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Member Share Savings Account up to the date of conversion.

0.46% Annual Percentage Yield Earned for 28 day period
Average Daily Balance: \$1,520.88
Year-to-date dividends: \$0.94

Deposits

Date	Amount	Transaction Description
07/11	6,000.00	Deposit Online Banking Transfer from 3590452806 CK
07/17	0.54	Dividend/Interest

Member Advantage Checking - 3590452806

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Checking Account up to the date of conversion.

0.27% Annual Percentage Yield Earned for 28 day period
Average Daily Balance: \$9,057.82
Year-to-date dividends: \$13.43



Deposit Account Activity (continued)

Deposits		
Date	Amount	Transaction Description
06/28	43.78	POS Deposit 3419473 TARGET T1 TARGET T1947 FEDERAL WAY WAUS Machine# 19470123 Trace# 00000000000000968987
07/02	8,790.20	External Deposit NEW YORK LIFE - LDGR PYMT
07/02	60.23	POS Deposit 1104497 MACY'S 400 BELLAVUE BELLEVUE WAUS Machine# D3680135 Trace# 0000000000000153449
07/09	68.42	POS Deposit MARSHALLS #0221 2150 148TH AVE NE REDMOND WAUS Machine# 360000 Trace# 00000000100071373660
07/17	1.86	Dividend/Interest

Withdrawals		
Date	Amount	Transaction Description
06/20	(17.55)	POS Withdrawal QUALITY FOOD CEN 15800 REDMOND WAY REDMOND WAUS Machine# 30582006 Trace# 00000000517100006475
06/26	(15.50)	POS Withdrawal GLAMOUR SALON DE BELLE 116 CENTRAL AVE N KENT W Machine# 2642002 Trace# 00000000163901119930
06/27	(6.99)	POS Withdrawal SKYPE SUBSCRIPTION 23-29 RIVES DE CLAUSEN.LUXEMBOURG LULU Machine# 00000052 Trace# 00000000000000008913
06/27	(4.92)	POS Withdrawal COSTCO WHSE #011 1801 10TH AVENUE NW ISSAQUAH WAUS Machine# 99011011 Trace# 00000000461529000000
06/28	(0.06)	ATM Foreign Transaction Fee Foreign Transaction Fee Reference Trace 000000008913
06/29	(68.98)	POS Withdrawal 1104497 MACY'S 400 BELLAVUE BELLEVUE WAUS Machine# D3680135 Trace# 00000000000000071058
07/01	(36.52)	POS Withdrawal WAL Wal-Mart Super 41224 3098 WAL-SAMS BELLEVUE Machine# 30980006 Trace# 00000000518222738988
07/01	(1,700.00)	Withdrawal Online Banking Transfer To 3590490947 CK
07/02	(19.70)	POS Withdrawal 495854 59 BARTELL DRUG BELLEVUE WAUS Machine# 49585402 Trace# 00000000518358547787
07/03	(94.17)	POS Withdrawal SOMA 05015 2012 BELLEVUESQUARE BELLEVUE WAUS Machine# 81501502 Trace# 00000000518400119217
07/03	(32.58)	POS Withdrawal ARMANI EXCHANGE #169 BELLEVUE SQUARE SPACE #BELLEVUE WAU Machine# 0098 Trace# 0000000004060028370
07/08	(122.85)	POS Withdrawal COSTCO WHSE #0008 8629 120TH AVE NE KIRKLAND WAUS Machine# 99000811 Trace# 00000000416747000000
07/10	(30.00)	POS Withdrawal GLAMOUR SALON DE BELLE 116 CENTRAL AVE N KENT W Machine# 2642002 Trace# 00000000168101142350
07/10	(18.89)	POS Withdrawal 1104547 MACY'S 7400 166TH A REDMOND WAUS Machine# D3740143 Trace# 0000000000000189759
07/11	(6,000.00)	Withdrawal Online Banking Transfer To 3590452799 SAV
07/13	(11.84)	POS Withdrawal ZITI PASTA 15600 NE 8TH ST BELLEVUE WAUS Machine# 107937 Trace# 00000000985335618130
07/14	(300.00)	Withdrawal Online Banking Transfer To 3590490947 CK

Checks Paid								
Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
1885	07/06	795.00	1886	06/30	400.00	1902 *	07/14	2,000.00

(* next to number indicates skipped numbers)
Point of Sale cleared checks are displayed in the Checking Withdrawals section above.

Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid

APYE is the annualized rate calculation based on the amount of interest/dividends earned (not credited) and the average daily balance in the account during the statement period. Interest/dividends are credited at the end of the account's crediting period as reflected in the activity column on the periodic statement.

Share Secured Loan - 2008773994

Summary of Loan Account Activity

Previous Balance	Payments	Other Credits	Credit Advances	Past Due Amount	Fees Charged	Interest Charged	New Balance
175.95	(25.41)					0.45	150.99

Nominal Interest Rate 3.10% Effective: 06/20/15

Payment Information

AMOUNT IMMEDIATELY DUE: \$0.00, plus additional late charges that may apply

Transactions

Transaction Date	Description of Transaction or Credit	Amount
07/15	Regular Payment	(25.41)

Fees

Transaction Date	Description of Fee	Amount
TOTAL FEES FOR THIS PERIOD		0.00

Interest Charged

TOTAL INTEREST PAID THIS PERIOD 0.45

Average Daily Balance Subject to Interest Rate

173.28 (Subject to 3.10% Nominal Interest Rate Effective 06/20/15)

2015 Totals Year-to-Date

Total fees charged in 2015	0.00
Total interest charged in 2015	3.45

Share Secured Loan - 2008774017

Summary of Loan Account Activity

Previous Balance	Payments	Other Credits	Credit Advances	Past Due Amount	Fees Charged	Interest Charged	New Balance
175.95	(25.41)					0.45	150.99

Nominal Interest Rate 3.10% Effective: 06/20/15

Payment Information

AMOUNT IMMEDIATELY DUE: \$0.00, plus additional late charges that may apply

Transactions

Transaction Date	Description of Transaction or Credit	Amount
07/15	Regular Payment	(25.41)

Fees

Transaction Date	Description of Fee	Amount
TOTAL FEES FOR THIS PERIOD		0.00

Loan Account Activity (continued)

Interest Charged

TOTAL INTEREST PAID THIS PERIOD 0.45

Average Daily Balance Subject to Interest Rate

173.28 (Subject to 3.10% Nominal Interest Rate Effective 06/20/15)

2015 Totals Year-to-Date

Total fees charged in 2015	0.00
Total interest charged in 2015	3.45

Computation of Balance and Finance Charges

The Finance Charge is determined by multiplying the unpaid balance in your account at the close of each day in the billing cycle by the daily periodic rate. The balance used to compute the Finance Charge is the unpaid balance each day after payments, credits and unpaid finance or late charges have been subtracted and any new advances, insurance premiums and/or other charges have been added. The "Average Daily Balance Subject to Interest Rate" shown for each loan account above is the average of the unpaid daily balances in the account for each day that the specified rate was in effect. The "Total Interest Paid This Period" reflects the amount of interest you actually paid during this statement period, not the amount of interest accrued during this statement period.

Negative Information Reporting Notice

We may report information about your account(s) to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Loan Billing Errors

If you think your loan bill is wrong, write us at Research and Adjustments-Account Dispute, P.O. Box 97050, Seattle WA 98124-9750.



STATEMENT OF ACCOUNTS

Spend your free time the way you want!
We have great RV Loans that can help make that happen.

Hilda M. Simon
PO Box 7267
Bellevue, WA 98008-1267

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Statement Period: 07/18/2015 - 08/21/2015

2325396

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Member Advantage Savings	3590452799	6,021.42	(3,000.00)		2.37	3,023.79
Member Advantage Checking	3590452806	4,936.06	(8,424.33)	5,776.18	2.13	2,290.04
*Including the following Fees		Statement Period Total		2015 Year-to-Date Total		
Overdraft Fees		0.00		0.00		
Non-sufficient Funds (NSF) Fees		0.00		0.00		

Summary of Loan Account Activity

	Account #	Previous Balance	Payments	Other Credits	Credit Advances	Past Due Amount	Fees Charged	Interest Charged	New Balance
Share Secured Loan	2008773994	150.99	(25.41)					0.40	125.98
Share Secured Loan	2008774017	150.99	(25.41)					0.40	125.98

Deposit Account Activity

Member Advantage Savings - 3590452799

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Member Share Savings Account up to the date of conversion.

0.47% Annual Percentage Yield Earned for 35 day period
Average Daily Balance: \$5,249.99
Year-to-date dividends: \$3.31

Deposits

Date	Amount	Transaction Description
08/21	2.37	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
08/13	(3,000.00)	Withdrawal Online Banking Transfer To 3590452806 CK



Deposit Account Activity (continued)

Member Advantage Checking - 3590452806

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Checking Account up to the date of conversion.

0.45% Annual Percentage Yield Earned for 35 day period

Average Daily Balance: \$4,905.86

Year-to-date dividends: \$15.56

Deposits

Date	Amount	Transaction Description
07/23	32.58	POS Deposit ARMANI EXCHANGE #169 BELLEVUE SQUARE SPACE #BELLEVUE WAU Machine# 0002 Trace# 00000000004053023670
07/24	864.88	External Deposit NEW YORK LIFE - LDGR PYMT
07/25	38.88	POS Deposit SOMA INTIMATE #5381 2800 SOUTHCENTER MALL #TUKWILA WAUS Machine# 247000 Trace# 00000000200029455230
07/28	7.24	POS Deposit 866759 27 BARTELL DRUG BELLEVUE WAUS Machine# 86675902 Trace# 00000000520967595689
07/29	192.57	POS Deposit SOMA 05015 2012 BELLEVUESQUARE BELLEVUE WAUS Machine# 81501502 Trace# 00000000521000120270
07/29	16.41	POS Deposit MARSHALLS #0221 2150 148TH AVE NE REDMOND WAUS Machine# 249000 Trace# 00000000100073046690
08/04	1,623.62	External Deposit NEW YORK LIFE - LDGR PYMT
08/13	3,000.00	Deposit Online Banking Transfer from 3590452799 SAV
08/21	2.13	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
07/19	(65.52)	POS Withdrawal FRED MEYER 023 BELLEVUE WAUS Machine# KFM02312 Trace# 00000000520000012797
07/23	(168.83)	POS Withdrawal SOMA INTIMATES #5015 2012 BELLEVUE SQ BELLEVUE WAU Machine# 244000 Trace# 00000000500042901720
07/23	(77.75)	POS Withdrawal SOMA INTIMATES #5015 2012 BELLEVUE SQ BELLEVUE WAU Machine# 243000 Trace# 00000000500042901640
07/23	(38.88)	POS Withdrawal SOMA 05381 2800 SOUTHCENTER MALL TUKWILA WAUS Machine# 81538101 Trace# 00000000520400014500
07/23	(4.37)	POS Withdrawal SARKU JAPAN 1 2600 SOUTHCENTER M SEATTLE WAUS Machine# LK713174 Trace# 00000000102021286960
07/24	(29.77)	POS Withdrawal WM SUPERCENTER # Wal-Mart Super Center BELLEVUE WAUS Machine# 30980005 Trace# 00000000520500667806
07/24	(72.25)	POS Withdrawal MARSHALLS REDMOND WAUS Machine# 10022101 Trace# 00000000520500162447
07/25	(81.77)	POS Withdrawal WM SUPERCENTER # Wal-Mart Super Center BELLEVUE WAUS Machine# 30980001 Trace# 00000000520600318978
07/27	(269.72)	External Withdrawal NEW YORK LIFE U.S. - INS. PREM.
07/27	(6.99)	POS Withdrawal SKYPE SUBSCRIPTION 23-29 RIVES DE CLAUSEN.LUXEMBOURG LULU Machine# 00000052 Trace# 00000000000000002030
07/28	(0.06)	ATM Foreign Transaction Fee Foreign Transaction Fee Reference Trace 000000002030
07/28	(28.26)	POS Withdrawal FRED MEYER 023 BELLEVUE WAUS Machine# 40002317 Trace# 00000000520900017111
07/29	(54.00)	POS Withdrawal PAW*LORENAS VERIEDADAS 229 S 4TH PL BOUTIQUE W Machine# 92259759 Trace# 00000000987192376790
08/03	(7.11)	POS Withdrawal SALLY BEAUTY #10101 15600 NE 8TH ST STE B5 BELLEVUE WAUS Machine# 356000 Trace# 00000000500055794330

Deposit Account Activity (continued)

Withdrawals (continued)

Date	Amount	Transaction Description
08/04	(15.64)	POS Withdrawal WORLD WRAPPS NW INC 228 BELLEVUE SQ STE 228BELLEVUE WAUS Machine# 6470 Trace# 00000000091701000650
08/05	(18.58)	POS Withdrawal WAL Wal-Mart Super 320778 3098 WAL-SAMS BELLEVUE Machine# 30980043 Trace# 00000000521822444013
08/08	(8.18)	POS Withdrawal WAL-MART #5939 12620 SE 41ST PL BELLEVUE WAUS Machine# 24593901 Trace# 00000000523777000000
08/08	(22.89)	POS Withdrawal TJ TJ MAXX BELLEVUE WAUS Machine# 18106907 Trace# 00000000522000135645
08/09	(81.32)	POS Withdrawal COSTCO WHSE #011 1801 10TH AVENUE NW ISSAQUAH WAUS Machine# 99011011 Trace# 00000000634374000000
08/10	(1,900.00)	Withdrawal Online Banking Transfer To 3590490947 CK
08/15	(110.97)	POS Withdrawal 1104497 MACY'S 400 BELLAVUE BELLEVUE WAUS Machine# D3680228 Trace# 00000000000000377704
08/17	(104.03)	POS Withdrawal MACY'S EAST #368 400 BELLEVUE SQ BELLEVUE WAUS Machine# 222000 Trace# 00000000600040943420
08/18	(7.44)	POS Withdrawal FRED MEYER #0664 17667 NE 76TH ST REDMOND WAUS Machine# 372000 Trace# 00000000300086769230

Checks Paid

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
1903	07/29	150.00	1905 *	08/17	2,900.00	1906	08/13	2,200.00

(* next to number indicates skipped numbers)

Point of Sale cleared checks are displayed in the Checking Withdrawals section above.

Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid

APYE is the annualized rate calculation based on the amount of interest/dividends earned (not credited) and the average daily balance in the account during the statement period. Interest/dividends are credited at the end of the account's crediting period as reflected in the activity column on the periodic statement.

Share Secured Loan - 2008773994

Summary of Loan Account Activity

Previous Balance	Payments	Other Credits	Credit Advances	Past Due Amount	Fees Charged	Interest Charged	New Balance
150.99	(25.41)					0.40	125.98

Nominal Interest Rate 3.10%

Effective: 07/18/15

Payment Information

AMOUNT IMMEDIATELY DUE: \$0.00, plus additional late charges that may apply

Transactions

Transaction Date	Description of Transaction or Credit	Amount
08/15	Regular Payment	(25.41)

Fees

Transaction Date	Description of Fee	Amount
TOTAL FEES FOR THIS PERIOD		0.00

Loan Account Activity (continued)

Interest Charged

TOTAL INTEREST PAID THIS PERIOD 0.40

Average Daily Balance Subject to Interest Rate

145.99 (Subject to 3.10% Nominal Interest Rate Effective 07/18/15)

2015 Totals Year-to-Date

Total fees charged in 2015	0.00
Total interest charged in 2015	3.85

Share Secured Loan - 2008774017

Summary of Loan Account Activity

Previous Balance	Payments	Other Credits	Credit Advances	Past Due Amount	Fees Charged	Interest Charged	New Balance
150.99	(25.41)					0.40	125.98

Nominal Interest Rate 3.10% Effective: 07/18/15

Payment Information

AMOUNT IMMEDIATELY DUE: \$0.00, plus additional late charges that may apply

Transactions

Transaction Date	Description of Transaction or Credit	Amount
08/15	Regular Payment	(25.41)

Fees

Transaction Date	Description of Fee	Amount
TOTAL FEES FOR THIS PERIOD		0.00

Interest Charged

TOTAL INTEREST PAID THIS PERIOD 0.40

Average Daily Balance Subject to Interest Rate

145.99 (Subject to 3.10% Nominal Interest Rate Effective 07/18/15)

2015 Totals Year-to-Date

Total fees charged in 2015	0.00
Total interest charged in 2015	3.85

Computation of Balance and Finance Charges

The Finance Charge is determined by multiplying the unpaid balance in your account at the close of each day in the billing cycle by the daily periodic rate. The balance used to compute the Finance Charge is the unpaid balance each day after payments, credits and unpaid finance or late charges have been subtracted and any new advances, insurance premiums and/or other charges have been added. The "Average Daily Balance Subject to Interest Rate" shown for each loan account above is the average of the unpaid daily balances in the account for each day that the specified rate was in effect. The "Total Interest Paid This Period" reflects the amount of interest you actually paid during this statement period, not the amount of interest accrued during this statement period.

Negative Information Reporting Notice

We may report information about your account(s) to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Loan Billing Errors

If you think your loan bill is wrong, write us at Research and Adjustments-Account Dispute, P.O. Box 97050, Seattle WA 98124-9750.



STATEMENT OF ACCOUNTS

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Hilda M. Simon
 PO Box 7267
 Bellevue, WA 98008-1267

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Statement Period: 08/22/2015 - 09/18/2015

2325396

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Member Advantage Savings	3590452799	3,023.79	(500.00)		1.72	2,525.51
Member Advantage Checking	3590452806	2,290.04	(2,868.20)	1,264.52	1.58	687.94

*Including the following Fees	Statement Period Total	2015 Year-to-Date Total
Overdraft Fees	0.00	0.00
Non-sufficient Funds (NSF) Fees	0.00	0.00

Summary of Loan Account Activity

	Account #	Previous Balance	Payments	Other Credits	Credit Advances	Past Due Amount	Fees Charged	Interest Charged	New Balance
Share Secured Loan	2008773994	125.98	(25.41)					0.33	100.90
Share Secured Loan	2008774017	125.98	(25.41)					0.33	100.90

Deposit Account Activity

Member Advantage Savings - 3590452799

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Member Share Savings Account up to the date of conversion.

0.79% Annual Percentage Yield Earned for 28 day period
 Average Daily Balance: \$2,863.08
 Year-to-date dividends: \$5.03

Deposits

Date	Amount	Transaction Description
09/18	1.72	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
09/10	(500.00)	Withdrawal Online Banking Transfer To 3590490947 CK



Deposit Account Activity (continued)

Member Advantage Checking - 3590452806

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Checking Account up to the date of conversion.

1.29% Annual Percentage Yield Earned for 28 day period
 Average Daily Balance: \$1,609.97
 Year-to-date dividends: \$17.14

Deposits

Date	Amount	Transaction Description
09/02	1,264.52	External Deposit NEW YORK LIFE - LDGR PYMT
09/18	1.58	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
08/23	(42.99)	POS Withdrawal WM SUPERCENTER # Wal-Mart Super Center BELLEVUE WAUS Machine# 30980083 Trace# 00000000523500615725
08/26	(12.57)	POS Withdrawal TARGET 00009951 17700 NE 76TH ST REDMOND W Machine# 075 Trace# 00000000091007518710
09/02	(2,000.00)	Withdrawal Online Banking Transfer To 3590490947 CK
09/10	(78.07)	POS Withdrawal COSTCO WHSE #0008 8629 120TH AVE NE KIRKLAND WAUS Machine# 99000811 Trace# 00000000073872000000
09/12	(16.40)	POS Withdrawal MARSHALLS REDMOND WAUS Machine# 10022105 Trace# 00000000525500163939
09/13	(18.17)	POS Withdrawal WAL-MART #3098 15063 MAIN ST BELLEVUE WAUS Machine# 24309801 Trace# 00000000296131000000
09/14	(500.00)	External Withdrawal CAPITAL ONE - PHONE PYMT

Checks Paid

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
1889	09/10	200.00						

(* next to number indicates skipped numbers)
 Point of Sale cleared checks are displayed in the Checking Withdrawals section above.

Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid

APYE is the annualized rate calculation based on the amount of interest/dividends earned (not credited) and the average daily balance in the account during the statement period. Interest/dividends are credited at the end of the account's crediting period as reflected in the activity column on the periodic statement.

Share Secured Loan - 2008773994

Summary of Loan Account Activity

Previous Balance	Payments	Other Credits	Credit Advances	Past Due Amount	Fees Charged	Interest Charged	New Balance
125.98	(25.41)					0.33	100.90

Nominal Interest Rate 3.10% Effective: 08/22/15

Payment Information

AMOUNT IMMEDIATELY DUE: \$0.00, plus additional late charges that may apply

Loan Account Activity (continued)

Transactions

Transaction Date	Description of Transaction or Credit	Amount
09/15	Regular Payment	(25.41)

Fees

Transaction Date	Description of Fee	Amount
TOTAL FEES FOR THIS PERIOD		0.00

Interest Charged

TOTAL INTEREST PAID THIS PERIOD	0.33
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Average Daily Balance Subject to Interest Rate

122.40 (Subject to 3.10% Nominal Interest Rate Effective 08/22/15)

2015 Totals Year-to-Date

Total fees charged in 2015	0.00
Total interest charged in 2015	4.18

Share Secured Loan - 2008774017

Summary of Loan Account Activity

Previous Balance	Payments	Other Credits	Credit Advances	Past Due Amount	Fees Charged	Interest Charged	New Balance
125.98	(25.41)					0.33	100.90

Nominal Interest Rate 3.10% Effective: 08/22/15

Payment Information

AMOUNT IMMEDIATELY DUE: \$0.00, plus additional late charges that may apply

Transactions

Transaction Date	Description of Transaction or Credit	Amount
09/15	Regular Payment	(25.41)

Fees

Transaction Date	Description of Fee	Amount
TOTAL FEES FOR THIS PERIOD		0.00

Interest Charged

TOTAL INTEREST PAID THIS PERIOD	0.33
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Average Daily Balance Subject to Interest Rate

122.40 (Subject to 3.10% Nominal Interest Rate Effective 08/22/15)

2015 Totals Year-to-Date

Total fees charged in 2015	0.00
Total interest charged in 2015	4.18

Computation of Balance and Finance Charges

The Finance Charge is determined by multiplying the unpaid balance in your account at the close of each day in the billing cycle by the daily periodic rate. The balance used to compute the Finance Charge is the unpaid balance each day after payments, credits and unpaid finance or late charges have been subtracted and any new advances, insurance premiums and/or other charges have been added. The "Average Daily Balance Subject to Interest Rate" shown for each loan account above is the average of the unpaid daily balances in the account for each day that the specified rate was in effect. The "Total Interest Paid This Period" reflects the amount of interest you actually paid during this statement period, not the amount of interest accrued during this statement period.

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STATEMENT OF ACCOUNTS



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Theodore F. Simon
 PO Box 7267
 Bellevue, WA 98008-1267

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Statement Period: 08/15/2015 - 09/11/2015

1668134

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees	Deposits	Dividends/ Interest	Ending Balance
Member Advantage Savings	3590490864	967.23	(50.82)		1.57	917.98
Member Advantage Checking	3590490947	660.12	(1,171.80)	3,681.10	1.46	3,170.88

Including the following Fees	Statement Period Total	2015 Year-to-Date Total
Overdraft Fees	0.00	0.00
Non-sufficient Funds (NSF) Fees	0.00	0.00

Deposit Account Activity

Member Advantage Savings - 3590490864

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Member Share Savings Account up to the date of conversion.

2.26% Annual Percentage Yield Eamed for 28 day period
 Average Daily Balance: \$916.41
 Year-to-date dividends: \$13.13

Deposits

Date	Amount	Transaction Description
09/11	1.57	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
08/15	(25.41)	Withdrawal Transfer to 2008773994
08/15	(25.41)	Withdrawal Transfer to 2008774017

Member Advantage Checking - 3590490947

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Checking Account up to the date of conversion.

1.24% Annual Percentage Yield Eamed for 28 day period
 Average Daily Balance: \$1,543.67
 Year-to-date dividends: \$14.39



Deposit Account Activity (continued)**Deposits**

SS Deposit

Date	Amount	Transaction Description
08/23	10.43	POS Deposit WM SUPERCENTER # Wal-Mart Super Center BELLEVUE WAUS Machine# 30980091 Trace# 00000000523500606621
08/26	1,130.00	External Deposit SSA TREAS 310 - XXSOC SEC
09/02	2,000.00	Deposit Online Banking Transfer from 3590452806 CK
09/04	30.17	Deposit Shared Branch 2115 152ND AVE NE REDMOND WA
09/05	10.50	POS Deposit OREILLY AUTO 00037051 15425 NE 24TH BELLEVUE W Machine# 025 Trace# 00000000080002028820
09/10	500.00	Deposit Online Banking Transfer from 3590452799 SAV
09/11	1.46	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
08/14	(54.79)	POS Withdrawal 1403725 FRED MEYE FRED MEYER 0 BELLEVUE WAUS Machine# 40002313 Trace# 0000000000000018037
08/17	(9.80)	POS Withdrawal USPS 5406030193 15731 NE 8TH ST BELLEVUE WAUS Machine# 35104197 Trace# 00000000522918002603
08/17	(56.60)	POS Withdrawal 1403725 FRED MEYE FRED MEYER 0 BELLEVUE WAUS Machine# 40002311 Trace# 00000000000000157689
08/20	(40.00)	Electronic Check 1463 Nordstrom Retail (CHECK PYMT)
08/20	(75.00)	Electronic Check 1464 Allied Waste Svc (CHECK PYMT)
08/20	(18.22)	POS Withdrawal WAL Wal-Mart Super 82167 3098 WAL-SAMS BELLEVUE Machine# 30980083 Trace# 00000000523242155856
08/22	(48.36)	POS Withdrawal 495854 59 BARTELL DRUG BELLEVUE WAUS Machine# 49585410 Trace# 00000000523458541967
08/23	(21.99)	POS Withdrawal WAL Wal-Mart Super 34166 3098 WAL-SAMS BELLEVUE Machine# 30980006 Trace# 00000000523553090858
08/23	(35.73)	POS Withdrawal WM SUPERCENTER # Wal-Mart Super Center BELLEVUE WAUS Machine# 30980002 Trace# 00000000523500670988
08/24	(15.32)	POS Withdrawal SHIRAZ PIZZA PASTA 15600 NE 8TH ST STE B6 BELLEVUE WAUS Machine# 72671134 Trace# 00000000900012500270
08/24	(17.14)	POS Withdrawal GREEK EXPRESS 14835 MAIN ST BELLEVUE WAUS Machine# 338000 Trace# 00000000500107958830
08/24	(9.84)	POS Withdrawal FUJI TERIYAKI 15920 NE 8TH ST #1 BELLEVUE WAUS Machine# 215000 Trace# 00000000980000996180
08/28	(8.75)	POS Withdrawal FUJI TERIYAKI 15920 NE 8TH ST #1 BELLEVUE WAUS Machine# 358000 Trace# 00000000980000996150
08/29	(3.99)	POS Withdrawal AVANTI MARKETS 13800 TUKWILA INTERNATITUKWILA WAUS Machine# 5953 Trace# 00000000091102340030
08/30	-(72.90)	POS Withdrawal 1403725 FRED MEYE FRED MEYER 0 BELLEVUE WAUS Machine# 40002311 Trace# 00000000000000798387
08/31	(58.88)	POS Withdrawal THE OLIVE GARD00013185 11325 NE 124TH STREET KIRKLAND W Machine# 082 Trace# 00000000140000336110
08/31	(2.18)	POS Withdrawal AVANTI MARKETS 13800 TUKWILA INTERNATITUKWILA WAUS Machine# 5953 Trace# 00000000091102341020
09/01	(67.83)	External Withdrawal STATE FARM RO 27 - SFPP
09/01	(5.78)	POS Withdrawal SAFEWAY STORE 049 1645 140TH N E BELLEVUE WAUS Machine# 04900051 Trace# 00000000000001992108
09/02	(13.80)	POS Withdrawal IHOP #638 14747 NE 20TH ST BELLEVUE WAUS Machine# 1S3Z Trace# 00000000207288701240

Deposit Account Activity (continued)

Withdrawals (continued)

Date	Amount	Transaction Description
09/03	(22.85)	POS Withdrawal VIRGIN MOBILE USA 6360 Sprint Parkway 888-322-1122 KSUS Machine# 373000 Trace# 00000000000376871420
09/04	(30.17)	Withdrawal Shared Branch 2115 152ND AVE NE REDMOND WA
09/04	(29.47)	POS Withdrawal WEDGWOOD BROILER 8230 35TH AVENUE NE SEATTLE WAUS Machine# 0010 Trace# 00000000577538010230
09/07	(43.17)	POS Withdrawal THAI CHEF 1645 140TH AVE NE BELLEVUE WAUS Machine# 8575 Trace# 00000000200575300530
09/07	(59.69)	POS Withdrawal 1403725 FRED MEYE FRED MEYER 0 BELLEVUE WAUS Machine# 40002316 Trace# 0000000000000907578
09/08	(25.00)	Electronic Check 1466 VETERANS AFFAIRS (PAYMENT)
09/10	(22.35)	POS Withdrawal APPLEBEES FEDE11211315 1842 S SEATAC MALL FEDERAL WAY W Machine# 001 Trace# 00000000957000015160
09/11	(15.22)	POS Withdrawal LOWE'S #004 11959 NORTHUP WAY BELLEVUE WAUS Machine# 001 Trace# 00000000525411472116

Checks Paid

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
1462	08/17	21.98	1465	09/04	265.00			

(* next to number indicates skipped numbers)

Point of Sale cleared checks are displayed in the Checking Withdrawals section above.

Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid

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STATEMENT OF ACCOUNTS

more than
just money

BECU

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Theodore F. Simon
PO Box 7267
Bellevue, WA 98008-1267

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Statement Period: 09/12/2015 - 10/09/2015

1668134

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Member Advantage Savings	3590490864	917.98	(50.82)		1.56	868.72
Member Advantage Checking	3590490947	3,170.88	(1,905.29)	1,167.63	1.61	2,434.83

Including the following Fees	Statement Period Total	2015 Year-to-Date Total
Overdraft Fees	0.00	0.00
Non-sufficient Funds (NSF) Fees	0.00	0.00

Deposit Account Activity

Member Advantage Savings - 3590490864

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Member Share Savings Account up to the date of conversion.

2.36% Annual Percentage Yield Earned for 28 day period
Average Daily Balance: \$872.61
Year-to-date dividends: \$14.69

Deposits

Date	Amount	Transaction Description
10/09	1.56	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
09/15	(25.41)	Withdrawal Transfer to 2008773994
09/15	(25.41)	Withdrawal Transfer to 2008774017

Member Advantage Checking - 3590490947

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Checking Account up to the date of conversion.

0.83% Annual Percentage Yield Earned for 28 day period
Average Daily Balance: \$2,544.76
Year-to-date dividends: \$16.00



Deposit Account Activity (continued)

Deposits		
Date	Amount	Transaction Description
09/23	1,130.00	External Deposit SSA TREAS 310 - XXSOC SEC
09/28	2.90	POS Deposit UNCLES GAMES PUZZLES M 15600 NE 8TH ST BELLEVUE W Machine# 73577467 Trace# 00000000900015400850
10/02	21.89	POS Deposit UNCLES GAMES PUZZLES M 15600 NE 8TH ST BELLEVUE W Machine# 73577467 Trace# 00000000900015800210
10/02	12.84	POS Deposit QUALITY FOOD CEN 15600 NE 8TH ST BELLEVUE WAUS Machine# 30582630 Trace# 00000000527500030687
10/09	1.61	Dividend/Interest
Withdrawals		
Date	Amount	Transaction Description
09/11	(21.88)	POS Withdrawal NST THE HOME DEPOT 7609 325 120TH AVENUE NE BELLEVUE Machine# 06244183 Trace# 00000000525473451201
09/11	(6.03)	POS Withdrawal WAL-MART #3098 15063 MAIN ST BELLEVUE WAUS Machine# 24309801 Trace# 00000000201339000000
09/11	(6.01)	POS Withdrawal CHEVRON/BHARAT PETRO, IBELLEVUE WAUS Machine# 10041801 Trace# 00000000774680000000
09/14	(15.32)	POS Withdrawal SHIRAZ PIZZA PASTA 15600 NE 8TH ST STE B6 BELLEVUE WAUS Machine# 72671134 Trace# 00000000900014600260
09/14	(16.15)	POS Withdrawal Spud's Fish and Chips 9702 NE Juanita Dr Kirkland WA Machine# 248000 Trace# 00000000700003820190
09/17	(75.57)	POS Withdrawal FRED MEYER 023 BELLEVUE WAUS Machine# 40002310 Trace# 00000000526000010938
09/19	(49.24)	POS Withdrawal FRED MEYER 023 BELLEVUE WAUS Machine# 40002319 Trace# 00000000526200019029
09/21	(142.29)	External Withdrawal COMCAST - COMCAST
09/21	(13.99)	POS Withdrawal LA SUPERIOR 900 160TH AVE NE STE 7 BELLEVUE WAUS Machine# 365000 Trace# 00000000600249818820
09/21	(17.28)	POS Withdrawal WAL-MART #3098 15063 MAIN ST BELLEVUE WAUS Machine# 24309801 Trace# 00000000896749000000
09/21	(10.81)	POS Withdrawal WAL Wal-Mart Super 711542 3098 WAL-SAMS BELLEVUE Machine# 30980083 Trace# 00000000526414007355
09/24	(45.00)	POS Withdrawal SAFEWAY STORE 0422 611 S MERIDIAN PUYALLUP WAU Machine# 04220023 Trace# 00000000000001818009
09/24	(55.00)	POS Withdrawal COSTCO WHSE #066 1201 39TH SW PUYALLUP WAUS Machine# 99066002 Trace# 00000000119138000000
09/26	(6.56)	POS Withdrawal BURGER KING #4825 Q07 11723 NE 8TH STREET BELLEVUE W Machine# 5520 Trace# 00000000206520800100
09/26	(96.18)	POS Withdrawal FRED MEYER 023 BELLEVUE WAUS Machine# 40002312 Trace# 00000000526900012462
09/28	(17.51)	POS Withdrawal UNCLES GAMES PUZZLES M 15600 NE 8TH ST BELLEVUE W Machine# 73577467 Trace# 00000000900015300440
09/28	(8.75)	POS Withdrawal ZITI PASTA 15600 NE 8TH ST BELLEVUE WAUS Machine# 107937 Trace# 00000000985369544190
09/28	(4.38)	POS Withdrawal UNCLES GAMES PUZZLES M 15600 NE 8TH ST BELLEVUE W Machine# 73577467 Trace# 00000000900015400830
09/28	(30.00)	POS Withdrawal M2 HAIR & SPA 12015 NE 8TH ST STE 4 BELLEVUE WAUS Machine# 2642002 Trace# 00000000169401015050
09/30	(47.93)	External Withdrawal STATE FARM RO 27 - SFPP
09/30	(39.79)	POS Withdrawal QUALITY FOOD CEN 15600 NE 8TH ST BELLEVUE WAUS Machine# 30582607 Trace# 00000000527300007237

Deposit Account Activity (continued)

Withdrawals (continued)

Date	Amount	Transaction Description
10/02	(15.40)	POS Withdrawal QUALITY FOOD CEN 15600 NE 8TH ST BELLEVUE WAUS Machine# 30582605 Trace# 00000000527500005366
10/04	(35.45)	POS Withdrawal QUALITY FOOD CEN 15600 NE 8TH ST BELLEVUE WAUS Machine# 30582607 Trace# 00000000527700007036
10/05	(30.00)	POS Withdrawal GOOD2GO REPLENISHMENT 4555 ROOSEVELT WAY NE 08889368246 WA Machine# 8530 Trace# 00000000207530404380
10/05	(3.19)	POS Withdrawal QUALITY FOOD CEN 15600 NE 8TH ST BELLEVUE WAUS Machine# 30582607 Trace# 00000000527800007222
10/06	(25.09)	POS Withdrawal WAL-MART #3098 15083 MAIN ST BELLEVUE WAUS Machine# 24309801 Trace# 00000000840652000000
10/07	(57.11)	POS Withdrawal WAL Wal-Mart Super 152447 3098 WAL-SAMS BELLEVUE Machine# 30980083 Trace# 00000000528082405875
10/08	(53.60)	POS Withdrawal FRED MEYER 023 BELLEVUE WAUS Machine# 40002370 Trace# 00000000528100170512

Checks Paid

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
1467	09/11	663.28	1469	09/21	250.00	1472 *	09/24	50.00
1468	10/02	6.50						

(* next to number indicates skipped numbers)
Point of Sale cleared checks are displayed in the Checking Withdrawals section above.

Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid

APYE is the annualized rate calculation based on the amount of interest/dividends earned (not credited) and the average daily balance in the account during the statement period. Interest/dividends are credited at the end of the account's crediting period as reflected in the activity column on the periodic statement.

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

Your first name and initial **THEODORE F. SIMON** Last name See separate instructions.
Your social security number **532-30-0002**

If a joint return, spouse's first name and initial **HILDA M. SIMON** Last name Spouse's social security number **532-43-1373**

Home address (number and street). If you have a P.O. box, see instructions. **P.O. BOX 7267** Apartment 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). **BELLEVUE, WA 98008**

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 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.. **2**
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full 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. **2**
b Spouse. **2**
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax cr (see instrs)
If more than four dependents, see instructions and check here...
d Total number of exemptions claimed **2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 51,623.**
8a Taxable interest. Attach Schedule B if required **8a 64.**
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). Att Sch D if reqd. If not reqd, ck here **13**
14 Other gains or (losses). Attach Form 4797 **14**
15a IRA distributions **15a** b Taxable amount **15b**
16a Pensions and annuities **16a** b Taxable amount **16b**
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. **17**
18 Farm income or (loss). Attach Schedule F. **18**
19 Unemployment compensation **19**
20a Social security benefits **20a 14,351.** b Taxable amount **20b 12,198.**
21 Other income **21**
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 63,885.**

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 63,885.**

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 covering tax and credits.

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

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 covering other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 covering payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 covering refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 covering amount you owe.

Third Party Designee

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

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.

Paid Preparer Use Only

Print/Type preparer's name: Arthur O. Beck, CPA; Preparer's signature: Arthur O. Beck, CPA; Date: 9/08/15; Firm's name: ARTHUR O. BECK CPA; Firm's address: 310 120TH AVE NE STE 201 BELLEVUE, WA 98005-3013

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2013

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

THEODORE F. AND HILDA M. SIMON

532-30-0002

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1	Medical and dental expenses (see instructions).....	1	1,750.		
	2	Enter amount from Form 1040, line 38..... 2 63,885.				
	3	Multiply line 2 by 10% (.10). But if either of you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	4,791.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4 0.	
Taxes You Paid	5 State and local (check only one box):		5	1,223.		
	a <input type="checkbox"/> Income taxes, or					
	b <input checked="" type="checkbox"/> General sales taxes					
	6	Real estate taxes (see instructions).....	6	2,910.		
	7	Personal property taxes.....	7			
	8	Other taxes. List type and amount ►	8			
	9	Add lines 5 through 8.....	9		4,133.	
	Interest You Paid	10	Home mtg interest and points reported to you on Form 1098.....	10	3,852.	
		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 number, and address ►	11		
Note. Your mortgage interest deduction may be limited (see instructions).						
12		Points not reported to you on Form 1098. See instrs for spll rules.....	12			
13		Mortgage insurance premiums (see instructions).....	13			
14		Investment interest. Attach Form 4952 if required. (See instrs.).....	14			
15		Add lines 10 through 14.....	15		3,852.	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs.....	16	960.		
	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		960.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.).....	20		0.	
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.) ►				
		Form 2106 (Spouse) 12,112.	21	12,112.		
	22	Tax preparation fees.....	22			
	23	Other expenses – investment, safe deposit box, etc. List type and amount ►	23			
	24	Add lines 21 through 23.....	24	12,112.		
	25	Enter amount from Form 1040, line 38..... 25 63,885.				
	26	Multiply line 25 by 2% (.02).....	26	1,278.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-.....	27		10,834.	
Other Miscellaneous Deductions	28	Other – from list in instructions. List type and amount ►	28		0.	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$150,000? <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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		19,779.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here..... <input type="checkbox"/>				

Unreimbursed Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.

2013

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

Attachment
Sequence No. **129A**

Your name HILDA M. SIMON	Occupation in which you incurred expenses INSURANCE SALES	Social security number 532-43-1373
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2013.

Caution: You can use the standard mileage rate for 2013 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 56.5¢ (.565). Enter the result here	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	832.
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	10,564.
5 Meals and entertainment expenses: \$ <u>1,432.</u> x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	716.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	12,112.

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

- 7 When did you place your vehicle in service for business use? (month, day, year)
- 8 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instr) _____ c Other _____
- 9 Was your vehicle available for personal use during off-duty hours? Yes No
- 10 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 11 a Do you have evidence to support your deduction? Yes No
- b If 'Yes,' is the evidence written? Yes No

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

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

Your first name and initial: **THEODORE F. SIMON** Last name: **SIMON** Your social security number: **532-30-0002**

If a joint return, spouse's first name and initial: **HILDA M. SIMON** Last name: **SIMON** Spouse's social security number: **532-43-1373**

Home address (number and street). If you have a P.O. box, see instructions. **213 164TH AVENUE NE** Apartment no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **BELLEVUE, WA 98008**

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

Check only one box.

Exemptions

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

(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 cr (see instrs)

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
 • did not live with you due to divorce or separation (see instrs) ...
 Dependents on 6c not entered above
 Add numbers on lines above. **2**

d Total number of exemptions claimed. **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
8a Taxable interest. Attach Schedule B if required.	8a	30.
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	24,683.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here.	13	
14 Other gains or (losses). Attach Form 4797.	14	
15a IRA distributions. 15a	15b	
b Taxable amount.	15b	
16a Pensions and annuities. 16a	16b	17,796.
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 14,567.	20b	10,924.
b Taxable amount.	20b	
21 Other income.	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.	22	53,433.

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	53,433.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	53,433.
	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
		b If your spouse itemizes on a separate return or you were a dual-status alien, check here. <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	20,153.
	41	Subtract line 40 from line 38	41	33,280.
	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instrs	42	7,900.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	25,380.
	44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	2,899.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
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, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100	47	Add lines 44, 45 and 46	47	2,899.
	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 crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	2,899.

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	1,780.
	60a	Household employment taxes from Schedule H	60a	
	60b	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56-62. This is your total tax	63	4,679.	

Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64	3,559.
	65	2014 estimated tax payments and amount applied from 2013 return	65	
	66a	Earned income credit (EIC)	66a	
	66b	b Nontaxable combat pay election <input type="checkbox"/> 66b	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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input checked="" type="checkbox"/> Reserved d <input type="checkbox"/>	73		
74	Add lns 64, 65, 66a, & 67-73. These are your total pmts	74	3,559.	

Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	76a	
		b Routing number: <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
77	Amount of line 75 you want applied to your 2015 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	1,133.
	79	Estimated tax penalty (see instructions)	79	13.

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: **Arthur O. Beck, CPA** Phone no.: **425-453-0498** Personal identification number (PIN): **54321**

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: *Arthur O. Beck* Date: **11/12/15** Your occupation: **RETIRED** Daytime phone number: **425.746.0695**

Spouse's signature: *Hilda M. Simon* Date: **11/12/15** Spouse's occupation: **INSURANCE SALES** If the IRS sent you an Identity Protection PIN, enter it here (see instrs)

Paid Preparer Use Only

Print/type preparer's name: **Arthur O. Beck, CPA** Preparer's signature: **Arthur O. Beck, CPA** Date: **11/12/15** Check if self-employed PTIN: **P00359802**

Firm's name: **ARTHUR O. BECK CPA** Firm's EIN: **91-0063072**

Firm's address: **310 120TH AVE NE STE 201 BELLEVUE, WA 98005-3013** Phone no.: **(425) 453-0498**

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2014

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

THEODORE F. AND HILDA M. SIMON

532-30-0002

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	1,259.	
	2	Enter amount from Form 1040, line 38	2	53,433.	
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3	4,007.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	
Taxes You Paid	5 State and local (check only one box):				
	a	<input type="checkbox"/> Income taxes, or	5	1,111.	
	b	<input checked="" type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions)	6	3,169.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount	8		
	9	Add lines 5 through 8	9	4,280.	
	Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	15,068.
		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 number, and address	11	
Note. Your mortgage interest deduction may be limited (see instructions).					
12		Points not reported to you on Form 1098. See instrs for spll rules	12		
13		Mortgage insurance premiums (see instructions)	13		
14		Investment interest. Attach Form 4952 if required. (See instrs.)	14		
15		Add lines 10 through 14	15	15,068.	
Gifts to Charity		16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	90.
		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	715.
		18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	805.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.	
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	250.	
	23	Other expenses — investment, safe deposit box, etc. List type and amount	23		
	24	Add lines 21 through 23	24	250.	
	25	Enter amount from Form 1040, line 38	25	53,433.	
	26	Multiply line 25 by 2% (.02)	26	1,069.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.	
Other Miscellaneous Deductions	28	Other — from list in instructions. List type and amount	28	0.	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$152,525? <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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	20,153.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2014

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor HILDA M. SIMON		Social security number (SSN) 532-43-1373
A Principal business or profession, including product or service (see instructions) INSURANCE SALES		B Enter code from instructions ▶ 524290
C Business name, if no separate business name, leave blank.		D Employer ID number (EIN), (see Instrs)
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you 'materially participate' in the operation of this business during 2014? If 'No,' see instructions for limit on losses ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2014, check here. <input type="checkbox"/>		
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If 'Yes,' did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income		
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked	▶ <input checked="" type="checkbox"/>	1 31,979.
2 Returns and allowances.		2
3 Subtract line 2 from line 1.		3 31,979.
4 Cost of goods sold (from line 42).		4
5 Gross profit. Subtract line 4 from line 3.		5 31,979.
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 31,979.

Part II Expenses. Enter expenses for business use of your home only on line 30.		
8 Advertising	8	
9 Car and truck expenses (see instructions)	9	
10 Commissions and fees	10	
11 Contract labor (see instructions)	11	
12 Depletion	12	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14 Employee benefit programs (other than on line 19)	14	
15 Insurance (other than health)	15	
16 Interest:		
a Mortgage (paid to banks, etc)	16 a	
b Other	16 b	
17 Legal & professional services	17	
18 Office expense (see instructions)	18	489.
19 Pension and profit-sharing plans	19	
20 Rent or lease (see instructions):		
a Vehicles, machinery, and equipment	20 a	
b Other business property	20 b	
21 Repairs and maintenance	21	
22 Supplies (not included in Part III)	22	
23 Taxes and licenses	23	
24 Travel, meals, and entertainment:		
a Travel	24 a	
b Deductible meals and entertainment (see instructions)	24 b	375.
25 Utilities	25	
26 Wages (less employment credits)	26	
27 a Other expenses (from line 48)	27 a	6,432.
b Reserved for future use	27 b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28	7,296.
29 Tentative profit or (loss). Subtract line 28 from line 7.	29	24,683.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	24,683.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.		
	32 a	<input type="checkbox"/> All investment is at risk.
	32 b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If 'Yes,' attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself.	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) _____

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

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

47 a Do you have evidence to support your deduction? Yes No
 b If 'Yes,' is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

COMMUNICATION	1,308.
EVENT REGISTRATION	225.
LICENSE	110.
MILEAGE - 8400 @ .56	4,704.
Parking and Tolls	85.
48 Total other expenses. Enter here and on line 27a	6,432.

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**
▶ Attach to Form 1040 or Form 1040NR.

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.

Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions. HILDA M. SIMON		Your social security number 532-43-1373
Fill In Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return	Home address (number and street), or P.O. box if mail is not delivered to your home	
	City, town or post office State ZIP code	
	Foreign country name	Foreign province/state/county
		Apartment number
		If this is an amended return, check here <input type="checkbox"/>
		Foreign postal code

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.

Part I Additional Tax on Early Distributions

Complete this part if you took a taxable distribution before you reached age 59-1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR - see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1 Early distributions included in income. For Roth IRA distributions, see instructions.	1	17,796.
2 Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3 Amount subject to additional tax. Subtract line 2 from line 1.	3	17,796.
4 Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57. Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).	4	1,780.

Part II Additional Tax on Certain Distributions From Education Accounts

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP).

5 Distributions included in income from Coverdell ESAs and QTPs.	5	
6 Distributions included on line 5 that are not subject to the additional tax (see instructions).	6	
7 Amount subject to additional tax. Subtract line 6 from line 5.	7	
8 Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 2014 than is allowable or you had an amount on line 17 of your 2013 Form 5329.

9 Enter your excess contributions from line 16 of your 2013 Form 5329 (see instructions). If zero, go to line 15.	9	
10 If your traditional IRA contributions for 2014 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-.	10	
11 2014 traditional IRA distributions included in income (see instructions).	11	
12 2014 distributions of prior year excess contributions (see instructions).	12	
13 Add lines 10, 11, and 12.	13	
14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-.	14	
15 Excess contributions for 2014 (see instructions).	15	
16 Total excess contributions. Add lines 14 and 15.	16	
17 Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs

Complete this part if you contributed more to your Roth IRAs for 2014 than is allowable or you had an amount on line 25 of your 2013 Form 5329.

18 Enter your excess contributions from line 24 of your 2013 Form 5329 (see instructions). If zero, go to line 23.	18	
19 If your Roth IRA contributions for 2014 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-.	19	
20 2014 distributions from your Roth IRAs (see instructions).	20	
21 Add lines 19 and 20.	21	
22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-.	22	
23 Excess contributions for 2014 (see instructions).	23	
24 Total excess contributions. Add lines 22 and 23.	24	
25 Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	25	

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

OMB No. 1545-0008

Attachment
 Sequence No. **155**

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

Name(s) shown on your income tax return

THEODORE F. AND HILDA M. SIMON

Identifying number

532-30-0002

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

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

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

	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	GOODWILL 700 DEARBORN PLACE SEATTLE, WA 98144	<input type="checkbox"/>	CLOTHING, FURNITURE, BOOKS HOUSEHOLD ITEMS
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

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

	(d) Date of the contribution	(e) Date acquired by donor (mo. yr)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	5/22/14	7/11	Purchase		715.	Thrift Shop Value
B						
C						
D						
E						

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

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest

If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year
 (2) For any prior tax years

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
 Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

d For tangible property, enter the place where the property is located or kept

e Name of any person, other than donee organization, having actual possession of the property

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

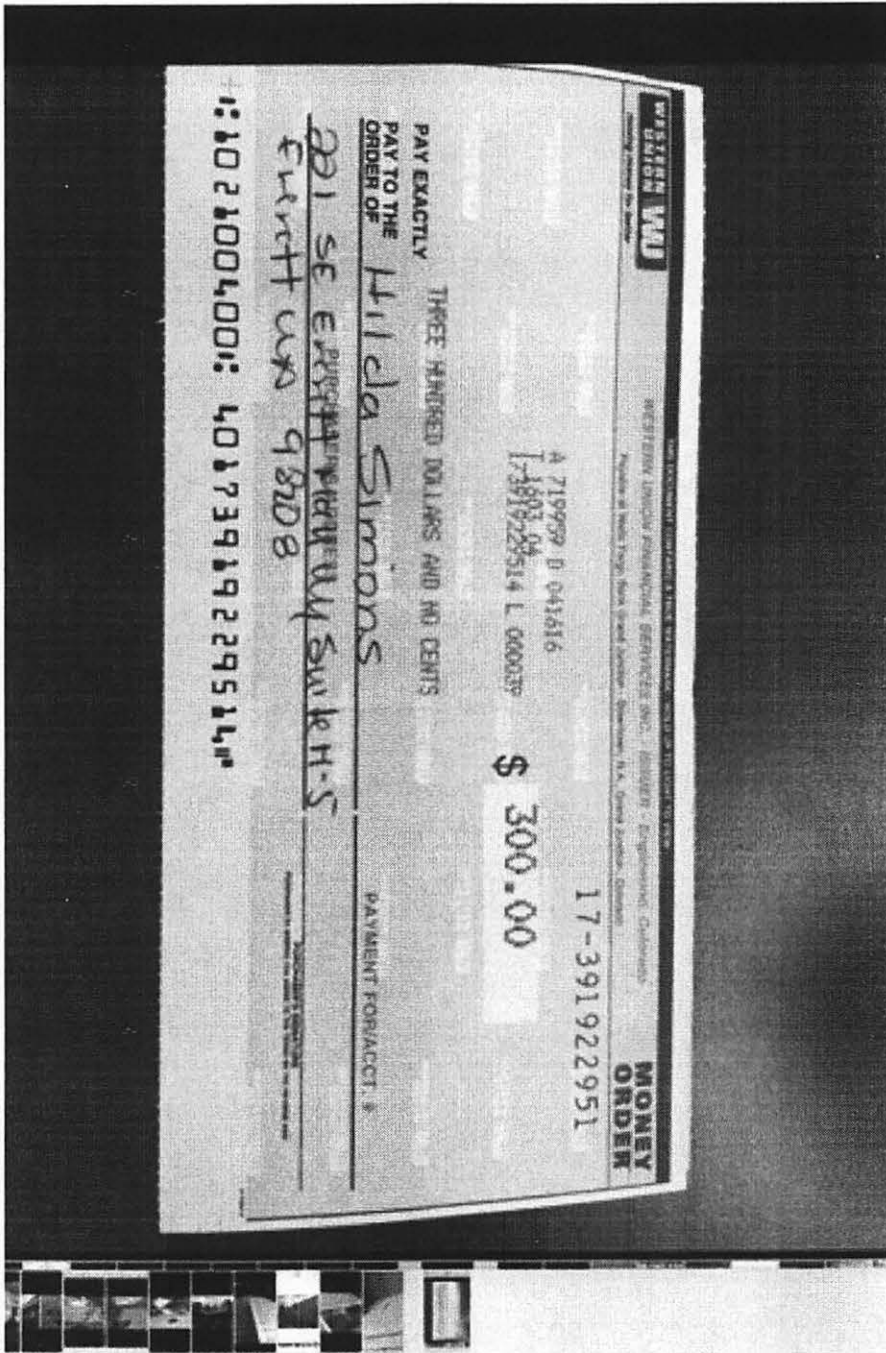
c Is there a restriction limiting the donated property for a particular use?

Exhibit 3



Mabel
3/14/17, 12:20 PM

All Media



WESTERN UNION
 MONEY ORDER
 PAY EXACTLY THREE HUNDRED DOLLARS AND NO CENTS
 PAY TO THE ORDER OF Hilda Simons
 \$ 300.00
 A 719999 D 041616
 173919229514 L 000039
 17-391922951
 PAYMENT FOR ACCT. #
 ⑈102100400⑈ 40173919229514⑈



Exhibit 4



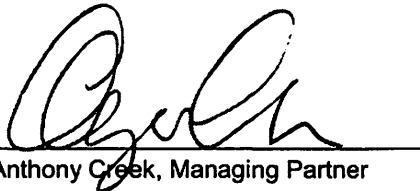
Certification of Translation Accuracy

Translation of **PRIMERA CARD** from **Spanish to English**

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Anthony Creek, Managing Partner

Dated: November 10, 2016

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309 E Market St Unit 404
Louisville, KY 40202
United States





PRIMERA



SERVICES

Bank attachment prevention

Debt negotiation

Detention of assets seizure

Preparation for previous taxes

••••• T-Mobile LTE 2:40 PM  
Done 32 of 32

**PRIMERA
SERVICES**

**Prevención de embargo
Bancario.
Negociación de deudas.
Detención de incautación
de bienes.
Preparación de impuestos
pasados.**



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Anthony Creek, Managing Partner
Dated: November 10, 2016

RushTranslate
309 E Market St Unit 404
Louisville, KY 40202
United States



¿ Are you under investigation or being audited with the IRS, DOR, or L&I?

Are you delayed with reports from the Department of Revenue?
You didn't report your employees and now you are under of investigation by Labor and Industries L&I?
Are you being audited with the IRS, L&I, or DOR?
Do you have bank attachment or Lien in your properties?

We can help you to organize your business, so you can have a better understanding of you obligations

We may represent you in the audits to solve and negotiate penalties and fines with the L&me, DOR and IRS.

Give us a call for a consultation: 206-465-4429

The success of your business depends on you.

PRIMERA SERVICES

221 SE EVERETT MALL WAY SUITE M-5
EVERETT WA 98208
TEL:360-530-7999
FAX:6360-530-7996

Esta en investigacion o auditoria con el: IRS,DOR, o L&I?

- Retrasado con sus reportes del Departamento de Revenue- DOR?
- No reporto sus empleados y esta bajo investigacion de Labores e Industrias L&I?
- Esta en Auditoria con el IRS, L&I, o DOR?
- Tiene embargo Bancario o Lien en su propiedad?

LE AYUDAMOS A ORGANIZAR SU NEGOCIO, PARA QUE TENGA MEJOR ENTENDIMIENTO DE SUS OBLIGACIONES



LE REPRESENTAMOS EN SU AUDITORIA PARA RESOLVER Y NEGOCIAR PENALIDADES Y MULTAS CON L&I , DOR, Y EL IRS.

LLAME PARA UNA CONSULTA: 206-465-4429

AUDIT

EL EXITO DE SU NEGOCIO DEPENDE DE USTED.

PRIMERA SERVICES

221 SE EVERETT MALL WAY
SUITE M-5
EVERETT WA 98208

TEL:360-530-7999
FAX:6360-530-7996


Certification of Translation Accuracy

Translation of **Various Documents** from **Spanish** to **English**

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Dated: March 10, 2017

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Louisville, KY 40202
United States





PRIMERA SERVICES
221 SE EVERETT MALL WAY SUITE M5 EVERETT WA 98208
PHONE: 360-530-7999 FAX: 360-530-7996
MIRIAM@PRIMERASERVICES.COM

# OF EMPLOYEES	PRICE PER MONTH	CHECK FREQUENCY
1-5	\$50.00	1 CHECK PER MONTH
5-10	\$75.00	1 CHECK PER MONTH
10-20	\$105.00	1 CHECK PER MONTH
1-5	\$87.00	2 CHECKS PER MONTH
5-10	\$135.00	2 CHECKS PER MONTH
10-20	\$195.00	2 CHECKS PER MONTH

THE PAYROLL PRICE INCLUDES:

- 941/940/W3 REPORTS AND PAYMENTS
- QUARTERLY L&1 REPORT AND PAYMENTS
- QUARTERLY REPORTS AND PAYMENTS TO EMPLOYMENT SECURITY.

IN ORDER TO SET UP YOUR PAYROLL ACCOUNT, WE NEED:

- THE NAMES OF THE BUSINESS OWNER(S)
- PHONE NUMBER (OR EMAIL)
- BUSINESS NAME
- UBI NUMBER
- EIN NUMBER
- BANK IN WHICH YOU HAVE AN ACCOUNT
- BANK ACCOUNT NUMBER AND ROUTING

FOR ONLINE SERVICE:

- BANK ACCOUNT: NAME AND PASSWORD
- EFTPS: PASSWORD AND PIN
- EMPLOYMENT SECURITY: ES#
- L&I: ACCOUNT ID#



PAYROLL

Monthly, by-monthly or every two weeks

STARTING AT \$49.00 A MONTH!! (MONTHLY CHECKS FOR UP TO FOUR EMPLOYEES)

INCLUDING THE FOLLOWING REPORTS:

- L&I REPORTS – LABOR AND INDUSTRIES.
- AL EMPLOYMENT SECURITY REPORTS. We will give you an estimate depending on the number of employees and how often they are paid.
- QUARTERLY 941 REPORTS.
- ANNUAL 940 REPORTS.

**PRIMERA SERVICES
221 SE EVERETT MALL WY STE M5
EVERETT WA 98208
CALL: 206-465-4429**

PRIMERA SERVICES

221 SE EVERETT MALL WAY SUITE M5 EVERETT WA 98208
PHONE: 360-530-7999 FAX: 360-530-7996
MIRIAM@PRIMERASERVICES.COM

SERVICIO DE PAYROLL (NOMINA DE SUELDOS)

# DE EMPLEADOS	COSTO MENSUAL	FRECUENCIA DE CHEQUES
1-5	\$50.00	1 CHEQUE POR MES
5-10	\$75.00	1 CHEQUE POR MES
10-20	\$105.00	1 CHEQUE POR MES
1-5	\$ 87.00	2 CHEQUES POR MES
5-10	\$135.00	2 CHEQUES POR MES
10-20	\$195.00	2 CHEQUES POR MES

EL COSTO DE PAYROLL (NOMINA DE SUELDOS) INCLUYE:

- REPORTES Y PAGOS DEL 941 /940/ W3
- REPORTE Y PAGOS TRIMESTRALES AL L&I.
- REPORTE Y PAGO TRIMESTRAL AL EMPLOYMENT SECURITY.

PARA ESTABLECER SU CUENTA DE NOMINA DE SUELDOS NECESITAMOS;

- NOMBRE DEL DUEÑO(S) DEL NEGOCIO.
- NUMERO DE TELEFONO (EMAIL).
- NOMBRE DEL NEGOCIO.
- NUMERO DE UBI.
- NUMERO DE EIN.
- NOMBRE DE SU CUENTA BANCARIA.
- NUMERO Y ROUTING DE SU CUENTA BANCARIA.

PARA SERVICIO EN LINEA

- CUANTA BANCARIA : NOMBRE Y PASSWORD.
- EFTPS : PASWORD Y PIN
- EMPLOYMENT SECURITY : ES#
- L&I : ACCOUNT ID#

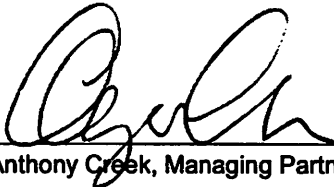
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Translation of **PRIMERA TAX CAMPAIN** from **Spanish to English**

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Anthony Creek, Managing Partner
Dated: November 10, 2016

RushTranslate
309 E Market St Unit 404
Louisville, KY 40202
United States



PRIMERA SERVICES

221 SE Everett Mall Way Suite M5 Everett WA 98208

Phone: 360-530-7999 Fax: 360-530-7996

miriam@primeraservices.com

Payment obligations as an employer of business owner.

As an employer or business owner you have two different taxes you need to report and pay:

Federal Taxes and Government Taxes

- **Federal Taxes**

1. - Federal Taxes of your Internal Revenue (Federal Income Tax)
2. - Retirement account y medical account for retired employees (Social Security and Medicare)

Government Taxes

1. - Unemployed Account (Employment Security)
2. - Labor accident insurance (L&I –Labor and Industries)

Federal Taxes: It is the amount from the employee's salary that is retained by the employer. This amount varies according to dependents that you employer declared in the W4 form. These contributions are reported and payed electronically 4 times a year. The information included in the 941 form should be signed and submitted by paper on time to avoid higher fees.

Payments to L&I and employment Security: These payments should be electronically reported 4 times a year. Hours should be reported and the amount is determined based in the line worked line of business, in addition to the record of accidents reported by the company.

The form 940 should be reported once a year to the IRS.

PRIMERA SERVICES

221 SE EVERETT MALL WAY SUITE M5 EVERETT WA 98208

PHONE: 360-530-7999 FAX: 360-530-7996

MIRIAM@PRIMERASERVICES.COM

OBLIGACIONES DE PAGOS COMO EMPLEADOR O DUEÑO DE NEGOCIO.

COMO EMPLEADOR O DUEÑO DE NEGOCIO USTED TIENE DOS TDIFERENTES TAXES QUE TIENE QUE REPORTAR Y PAGAR :

TAXES FEDERALES Y TAXES ESTATALES

- **TAXES FEDERALES**

1. - TAXES FEDERALES DE SU INGRESO (FEDERAL INCOME TAX)
- 2.-CUENTA DE RETIRO Y CUENTA MEDICA PARA RETIRADOS (SOCIAL SECURITY AND MEDICARE)

- **TAXES ESTATALES**

- 1.- CUENTA DE DESEMPLEAMIENTO (EMPLOYMENT SECURITY)
2. - SEGURO DE ACCIDENTS EN EL TRABAJO (L&I –LABOR AND INDUSTRIES)

TAXES FEDERALES ES EL MONTO QUE EL EMPLEADOR RETIENE DEL CHEQUE DEL EMPLEADO ESTE MONTO VARIA DE ACUERDO A LOS DEPENDIENTES QUE SU EMPLEADO DECLARO EN SU FORMA W4.

ESTAS CONTRIBUCIONES SE REPORTAN Y PAGAN ELECTRONICAMENTE CUATRO VECES POR AÑO . INFORMACION QUE SE INCLUYE EN LA FORMA 941 QUE DEBE SER FIRMADA Y ENVIADA EN PAPEL AL IRS PUNTUALMENTE PARA EVITAR MUY ALTAS MULTAS.

PAGOS A L&I Y EMPLOYMENT SECURITY: ESTOS PAGOS SE DEBEN REPORTAR CUATRO VECES POR AÑO ELECTRONICAMENTE . SE DEBEN REPORTAR HORAS Y EL MONTO SE DETERMINA DE ACUERDO AL RUBRO EN QUE SE TRABAJA Y TAMBIEN DE ACUERDO AL HISTORIAL DE ACCIDENTES REPORTADOS EN LA COMPAÑIA.

UNA VEZ POR AÑO SE REPORTA LA FORMA 940 AL IRS.



To see all the details that are visible on the screen, use the "Print" link next to the map.

Primera Services

2730 172nd Street Northeast, Marysville, WA 98271
(360) 530-7999

Directions Search nearby more▼

Categories: Business Development Service, Non-Profit Organization, Professional Services, ...

Hours: Today 11:00 AM – 7:00 PM

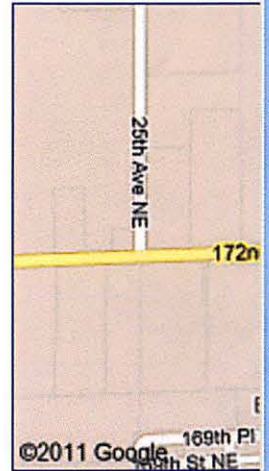
Your rating:

Professional services for individuals and small business owners. Services range from management, tax preparation, advertising and translation. - From the owner

Details

- Email:** primera@primeraservices.com
- Parking Available:** Yes, free parking
- Easy Access:** Yes, close to I-5
- Payment accepted:** Check, Traveler's Check, American Express, Cash, Discover, MasterCard, Visa
- Bi-lingual:** Yes, english/spanish speaking staff
- Business owner**
- [More details »](#)

Photos & Videos



Ads

Paying Taxes is R
Use Membership R
towards taxes - eas
www.OfficialPayme

PSA for Salesforc
Professional Servic



Exhibit 5

🔔 We are experiencing higher-than-normal call volumes and business filings. We appreciate your patience as we do our best to service every customer as quickly as possible.

PRIMERA SERVICES

UBI Number	602935229
Category	REG
Profit/Nonprofit	Nonprofit
Active/Inactive	Inactive
State Of Incorporation	WA
WA Filing Date	06/25/2009
Expiration Date	06/30/2014
Inactive Date	10/01/2014
Duration	Perpetual
Registered Agent Information	
Agent Name	MIRIAM LOZANO
Address	221 SE EVERETT MALL WAY STE M5
City	EVERETT
State	WA
ZIP	98208
Special Address Information	
Address	
City	
State	
Zip	

Governing Persons (as defined in RCW 23.95.105 (12) (<http://app.leg.wa.gov/RCW/sup/default.aspx?cite=23.95.105>))

Title	Name	Address
Governor	SHAFFER, MIRIAM	
Governor	SHEMBERG, STEVE	
Governor	SALAZAR, RUTH	



Master License Service
 Department of Licensing
 P O Box 9034
 Olympia WA 98507-9034

Master Business Application Record of Filing

Congratulations! The application has been submitted with the following information. Print this page for your records. This is your receipt.

If you find any mistakes, please enter your corrections on the next screen.

Filing Information

Filing Date and Time: **Jul 14 2009 7:27:11:000PM Pacific Time**

UBI Issued:

Application Transaction #: **20091955644**
(Refer to this number if you have questions about this application.)

Credit Card Approval #: **2476248320003322364262**

Last 5 digits of Credit Card #: **57868**

Credit Card type: **Visa**

Purpose of Application

Register Trade Name

Ownership Structure

Ownership Structure: **Non Profit Corporation**

Is this application for a business with a Washington State location? **Yes**

Will you have employees working in Washington State within 90 days? **No**

Federal Employer ID Number (FEIN): **-80-0511730**

Unified Business ID (UBI): **602935229**

Business ID:

Location ID:

Business Location Address: **2730 172nd Street NE**

Business Location City: **Marysville**

State: **WA**

Business Information On File

Legal Business Name: **PRIMERA SERVICES**

Legal Name: PRIMERA SERVICES

Date of Incorporation: June 2009

State of Incorporation: WA

Governing Person(s)

Person 1:

Title(s): President, Director

Name: MIRIAM SHAFFER

Phone: (360) 530-7999

Birth Date: 08/25/1962

SSN: 532-15-7382

Percent Owned: 80%

Address: 3707 Morning Mist Way
Bellingham, WA 98229 2476

Does this Governing Person have a spouse? No

Person 2:

Title(s): Officer

Name: Ruth Salazar

Phone: (360) 540-5233

Birth Date: 05/12/1956

SSN: 532-15-7077

Percent Owned: 10%

Address: 10415 NE 32nd PL
E202
Bellevue, WA 98004

Does this Governing Person have a spouse? No

Business Information

Business Firm Name (doing business as): Primera Services

Mailing Address: 2730 172nd St NE
Marysville, WA 98271 4420

Business Location Information

Location Address: 2730 172nd St NE
Marysville, WA 98271 4420

Is this business located within the city limits? Yes

Do you want a separate tax return for each location or trade name? No

First date of business: August 2009

Phone: (360) 530-7999

Fax Number: (360) 530-7996

Email Address: jmelgar60@hotmail.com

Estimated Gross Income: \$12,001 - \$28,000

Products sold and Services provided: providing services to spanish speking bussines owners and individuals.

Business activities in Washington State: Services

Additional Business Information

Bank Name: US Bank

Branch: Smokey Point

Did you buy, lease or acquire all or part of an existing business? None

Date bought/leased/acquired:

Prior Business Name:

Prior Owner's Name:

Prior Owner's Phone:

Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? No

Purchase or lease price:

Is this business owned by, controlled by, or affiliated with any other business entity? No

If you are changing your ownership structure (such as changing from sole proprietor to corporation), do you want to close the old account? No

Old UBI number to be closed:

Do you wish to cancel all the trade names registered under the old UBI? No

Have you ever owned another business in Washington? Yes

Business Name: Bolivian International

UBI Number: 601 418 789

Optional Insurance

Major operation of your business: Clerical/Professional Occupation

Do you want unemployment insurance coverage for corporate officers? No

Do you wish to apply for elective workers' compensation coverage for owners? No

Do you wish to apply for elective workers' compensation coverage for excluded employment? No

City Licenses

City of Marysville:

First date of business in the city of Marysville: 08/01/2009

Have you ever held a business license in this city? No

Previous city license number (if known)

Are you applying as a nonprofit organization? Yes

Are you a general or specialty contractor? No

Provide the contractor registration number (if known)

Mark any of the following activities that will be conducted at or from this business location

Will you use or store any hazardous or flammable materials at this location? No

Is this business located in your home? No

Square feet of floor space utilized by your business at this location:

After-Hours Emergency Contact: Judith Melgar Phone: (206) 235-3958
Victor Aleman Phone: (206) 883-3963

You must receive approval from this city before you may conduct business from this location. Your Washington State business license will be issued after this city approves your license.

Fee Review

Processing Fee:	\$15.00
Trade Name Registrations (0 x \$5.00):	\$0.00
City of Marysville License:	\$50.00
Amount Charged to Credit Card:	\$65.00

Prepared by: Miriam Shaffer

Phone: (206) 465-4429

By checking this box, I declare under penalty of perjury under the laws of the State of Washington that I am the applicant or authorized representative of the firm making this application and that the information provided in this application, including any additional information provided separately, is true, correct and complete.

Yes

Your application has been completed and submitted. We will review your application within the next 24 business hours. Your license document will be mailed after all licenses are approved.

Please Print this page for your records.

Continue

UNITED STATES OF AMERICA

COPY

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

PRIMERA SERVICES

a/an WA Non-Profit Corporation. Charter documents are effective on the date indicated below.

Date: 6/25/2009

UBI Number: 602-935-229

APPID: 1465180



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in blue ink that reads "Sam Reed".

Sam Reed, Secretary of State

Exhibit 6

RECEIVED

MAY 10 2006

CRIMINAL JUSTICE DIVISION
ATTORNEY GENERAL'S OFFICE

FILED IN OPEN COURT

5-4 20 06
WHATCOM COUNTY CLERK

By _____
Deputy

SUPERIOR COURT OF WASHINGTON
COUNTY OF WHATCOM

STATE OF WASHINGTON, Plaintiff,

vs.

MIRIAM MABEL LOZANO, Defendant.

DOB: August 25, 1962

aka Mabel Miriam Shaffer, Miriam Shaffer

No. 05-1-01876-6

JUDGMENT AND SENTENCE (JJS)

JAIL ONE YEAR OR LESS

[XX] CLERK'S ACTION REQUIRED-para 4.1 (LFO'S)

I. HEARING

1.1 A sentencing hearing was held and the defendant, Miriam Mabel Lozano, the defendant's lawyer, William Filgeltau, and the Assistant Attorney General, Rebecca Jacobsen, were present.

II. FINDINGS

There being no reason why judgment should not be pronounced, the Court FINDS:

2.1 CURRENT OFFENSE(S): The defendant was found guilty on May 4, 2006 by PLEA of:

COUNT	CRIME	RCW	DATE OF CRIME
I	THEFT IN THE FIRST DEGREE	9A.56.030(1)(a), 9A.56.020(1)(b) and 9A.56.010(5)(a), (b) and (c)	March 31, 2003

as charged in the Amended Information.

- [] The Court finds that the defendant is subject to sentencing under RCW 9.94A.712.
- [] A special verdict/finding for use of firearm was returned on Count(s) _____, RCW 9.94A.602, 510
- [] A special verdict/finding for use of deadly weapon other than a firearm was returned on Count(s) _____, RCW 9.94A.602, 510
- [] A special verdict/finding of sexual motivation was returned on Count(s) _____, RCW 9.94A.835
- [] A special verdict/finding for Violation of the Uniform Controlled Substances Act was returned on Count(s) _____, RCW 69.50.401 and RCW 69.50.435, taking place in a school, school bus, within

1000 feet of the perimeter of a school grounds or within 1000 feet of a school bus route stop designated by the school district; or in a public park, public transit vehicle, or public transit stop shelter; or in, or within 1000 feet of the perimeter of, a civic center designated as a drug-free zone by a local government authority, or in a public housing project designated by a local governing authority as a drug-free zone.

- A special verdict/finding that the defendant committed a crime involving the manufacture of methamphetamine when a juvenile was present in or upon the premises of manufacture was returned on Count(s) _____, RCW 9.94A.605, RCW 69.50.401(a), RCW 69.50.440.
- The defendant was convicted of vehicular homicide which was proximately caused by a person driving a vehicle while under the influence of intoxicating liquor or drug or by the operation of a vehicle in a reckless manner and is therefore a violent offense. RCW 9.94A.030
- This case involves kidnapping in the first degree, kidnapping in the second degree, or unlawful imprisonment as defined in chapter 9A.40 RCW, where the victim is a minor and the offender is not the minor's parent. RCW 9A.44.130
- The court finds that the offender has a chemical dependency that has contributed to the offense(s). RCW 9.94A.607
- Current offenses encompassing the same criminal conduct and counting as one crime in determining the offender score are (RCW 9.94A.589):
- The crime charged in this cause involves domestic violence.
- Other current convictions listed under different cause numbers used in calculating the offender score are (list offense and cause number):

2.2 CRIMINAL HISTORY (RCW 9.94A.525):

CRIME	DATE OF SENTENCE	A or J	TYPE OF CRIME
NONE			

- Additional criminal history is attached in Appendix 2.2.
- The defendant committed a current offense while on community placement (adds one point to score). RCW 9.94A.525
- The court finds that the following prior convictions are one offense for purposes of determining the offender score (RCW 9.94A.525):
- The following prior convictions are not counted as points but as enhancements pursuant to RCW 46.61.520:

2.3 SENTENCING DATA:

COUNT NO.	OFFENDER SCORE	SERIOUSNESS LEVEL	STANDARD RANGE ACTUAL CONFINEMENT (not including enhancements)	PLUS Enhancements *	TOTAL ACTUAL CONFINEMENT (standard range including enhancements)	COMMUNITY CUSTODY RANGE (only applicable for crimes committed on or after July 1, 2002; For crimes committed prior to July 1, 2002 see subsection (6)(b))	MAXIMUM TERM
I	0	II	0-90 days		6 months		10 yrs/\$20,000

- Additional current offense sentencing data is attached in Appendix 2.3.

2.4 [XX] EXCEPTIONAL SENTENCE. Substantial and compelling reasons exist which justify an exceptional sentence UPWARDS the standard range for Count I. Findings of fact and conclusions of law are attached in Appendix 2.4. The Prosecuting Attorney [XX] did [] did not recommend a similar sentence.

2.5 ABILITY TO PAY LEGAL FINANCIAL OBLIGATIONS. The court has considered the total amount owing, the defendant's past, present and future ability to pay legal financial obligations, including the defendant's financial resources and the likelihood that the defendant's status will change. The court finds that

the defendant has the ability or likely future ability to pay the legal financial obligations imposed herein.
RCW 9.94A.753

The following extraordinary circumstances exist that make restitution inappropriate (RCW 9.94A.753):
No impact on victim/leaves

2.6 For violent offenses, most serious offenses, or armed offenders recommended sentencing agreements or plea agreements are as follows:

III. JUDGMENT

3.1 The defendant is GUILTY of the Counts and Charges listed in Paragraph 2.1 and Appendix 2.1.

3.2 The Court DISMISSES Count(s)

IV. SENTENCE AND ORDER

IT IS ORDERED:

4.1 Defendant shall pay to the Clerk of this Court:

JASS CODE

\$	Restitution to:
\$	Restitution to:
\$	Restitution to:

RTN/RJN
Office).

(Name and Address—address may be withheld and provided confidentially to Clerk's

PCV \$500.00
FRC \$200.00

Victim Assessment
Court costs, including:

RCW 7.68.035
RCW 9.94A.760, 9.94A.505,
10.01.160, 10.46.190

Criminal filing fee \$200.00
Witness costs \$
Sheriff service fees \$
Jury demand fee \$0

FRC
WER
SFR/SFS/SFW/WRF
JFR

PUB
WFR \$

Fees for court appointed
attorney
Court appointed defense
expert and other defense
costs

RCW 9.94A.760
RCW 9.94A.760

FCM \$ 4,705.56
LDI \$

Fine
VUCSA Fine

VUCSA additional fine
deferred due to indigency
RCW 69.50.430
 VUCSA additional fine
deferred due to indigency
RCW 69.50.401

RCW 9A.20.021

MTH \$

Meth Lab Cleanup

RCW 69.50

CDF/LDI/	£	Drug enforcement fund		RCW 9.94A.760
FCD/NTF/				
SAD/SDI				
CLF	£	Crime lab fee	<input type="checkbox"/> Suspended due to indigency	RCW 43.43.690
DNA	\$100.00	Felony DNA Collection Fee	<input type="checkbox"/> Not imposed due to hardship	RCW 43.43.(Ch. 289 L 2002 § 4)
RTN/RJN	£	Emergency response costs (Vehicular Assault, Vehicular Homicide only, \$1000 maximum)		RCW 38.52.430
5505 ²⁶	<u>5570.00</u>	TOTAL		RCW 9.94A.760

The above total does not include all restitution or other legal financial obligations, which may be set by later order of the court. An agreed restitution order may be entered. RCW 9.94A.753. A restitution hearing:

shall be set by the prosecutor

is scheduled for _____

RESTITUTION. Schedule attached

In addition to the other costs imposed herein the Court finds that the defendant has the means to pay for the cost of incarceration and is ordered to pay such costs at the statutory rate. RCW 9.94A.760.

All payments shall be made in accordance with the policies, procedures and schedules of the Whatcom County Clerk as supervision of legal financial obligations has been assumed by the Court. RCW 9.94A.760

PAYMENT IN FULL: Defendant agrees and is hereby ordered to make payment in full within days after the imposition of sentence to the Whatcom County Clerk for the amount due and owing for legal financial obligations and restitution.

MONTHLY PAYMENT PLAN: The defendant agrees and is hereby ordered to enter into a monthly payment plan, with the Whatcom County Clerk for the amounts due and owing for legal financial obligations and restitution, immediately after sentencing. The Court hereby sets the defendant's monthly payment amount at \$100.00, which will remain in effect until such time as the defendant executes a payment plan negotiated with the Collections Deputy. The first payment of \$100.00 is due immediately after imposition of sentence or release from confinement, whichever occurs last.

During the period of repayment, the Whatcom County Clerk's Collections Deputy may require the defendant to appear for financial review hearings regarding the appropriateness of the collection schedule. The defendant will respond truthfully and honestly to all questions concerning earning capabilities, the location and nature of all property or financial assets and provide all written documentation requested by the Collections Deputy in order to facilitate review of the payment schedule. RCW 9.94A.. The defendant shall keep current all personal information provided on the financial statement provided to the Collections Deputy. Specifically, the defendant shall notify the Whatcom County Superior Court Clerk's Collection Deputy, or any subsequent designee, of any material change in circumstance, previously provided in the financial statement, i.e. address, telephone or employment within 48 hours of change.

DEFENDANT MUST MEET WITH COLLECTIONS DEPUTY PRIOR TO RELEASE FROM CUSTODY.

The defendant shall pay the cost of services to collect unpaid legal financial obligations, which include monitoring fees for a monthly time payment plan and/or collection agency fees if the account becomes delinquent. (RCW 36.18.190)

The financial obligations imposed in this judgment shall bear interest from the date of the Judgment until payment in full, at this rate applicable to civil judgments. RCW 10.82.090. An award of costs on appeal against the defendant may be added to the total legal financial obligations. RCW 10.73.160

4.2 DNA TESTING. The defendant shall have a biological sample collected for purposes of DNA identification analysis and the defendant shall fully cooperate in the testing. The appropriate agency shall be responsible for obtaining the sample prior to the defendant's release from confinement. RCW 43.43.754

HIV TESTING. The defendant shall submit to HIV testing. RCW 70.24.340

4.3 NO CONTACT ORDER/ORDER PROHIBITING CONTACT

~~NO CONTACT ORDER. The defendant shall not approach or communicate with Hala Noriega or Sunny Arenas, including, but not limited to, personal, verbal, telephonic, written or contact through a third party for 10 years (not to exceed the maximum statutory sentence).~~ EM

4.4 OTHER:

- Defendant is to be released immediately to set up jail alternatives.
- DEPORTATION. If the defendant is found to be a criminal alien eligible for release to and deportation by the United States Immigration and Naturalization Service, subject to arrest and reincarceration in accordance with law, then the undersigned Judge or Prosecutor consent to such release and deportation prior to the expiration of the sentence. RCW 9.94A.280

4.5 JAIL ONE YEAR OR LESS. The defendant is sentenced as follows:

(a) CONFINEMENT. RCW 9.94A.589. Defendant is sentenced to the following term of total confinement in the custody of the county jail:

6 months for COUNT: I.

OTHER: 30 EHD⁴¹ CONFINEMENT, 5 months EHD

All counts shall be served concurrently, except for the following which shall be served CONSECUTIVELY:

The sentence herein shall run consecutively with the sentence in cause number(s) but concurrently to any other felony cause not referred to in this Judgment. RCW 9.94A.589

Confinement shall commence IMMEDIATELY unless otherwise set forth here: June 27, 2006
between 1:00 p.m. and 4:00 p.m.

PARTIAL CONFINEMENT. Defendant may serve the sentence, if eligible and approved, in partial confinement in the following programs, subject to the following conditions:

- work crew RCW 9.94A.725
- work release RCW 9.94A.731
- Electronic Home Detention RCW 9.94A.734

CONVERSION OF JAIL CONFINEMENT (Nonviolent and Nonssex offenses). RCW 9.94A.680(3). The county jail is authorized to convert jail confinement to an available county supervised community option and may require the offender to perform affirmative conduct pursuant to RCW 9.94A.

ALTERNATIVE CONVERSION. RCW 9.94A.680. _____ days of total confinement ordered above are hereby converted to _____ hours of community service (8 hours = 1 day, nonviolent offenders only, 30 days maximum) which are to be completed within ten (10) months of sentencing at a non-profit organization of the defendant's choice. Proof of completion of community service hours must be submitted to the court on or before a review hearing set for _____ at _____ am. Failure to provide proof of compliance on or before the afore-noted date will result in all hours being converted immediately to straight jail time. In addition thereto, an additional thirty (30) days shall be served consecutive to the straight jail time as a sanction for failure to comply with the Court's order. Failure to appear at the review hearing will result in the issuance of a bench warrant.

(c) The defendant shall receive credit for time served prior to sentencing, including time spent in transport, if that confinement was solely under this cause number. RCW 9.94A.505. The time served shall be computed by the jail unless the credit for time served prior to sentencing is specifically set forth by the court:

4.7 **OFF LIMITS ORDER (known drug trafficker) RCW 10.66.020.** The following areas are off limits to the defendant while under the supervision of the County Jail or Department of Corrections:

V. NOTICES AND SIGNATURES

5.1 **COLLATERAL ATTACK ON JUDGMENT.** Any petition or motion for collateral attack on this judgment and sentence, including but not limited to any personal restraint petition, state habeas corpus petition, motion to vacate judgment, motion to withdraw guilty plea, motion for new trial or motion to arrest judgment, must be filed within one year of the final judgment in this matter, except as provided for in RCW 10.73.100. RCW 10.73.090

5.2 **LENGTH OF SUPERVISION.** For an offense committed prior to July 1, 2000, the defendant shall remain under the court's jurisdiction and the supervision of the Department of Corrections for a period up to ten years from the date of sentence or release from confinement, whichever is longer, to assure payment of all legal financial obligations unless the court extends the criminal judgment an additional ten years. For an offense committed on or after July 1, 2000, the court shall retain jurisdiction over the offender, for the purposes of the offender's compliance with payment of the legal financial obligations, until the obligation is completely satisfied, regardless of the statutory maximum for the crime. RCW 9.94A.760 and RCW 9.94A.505(5)

5.3 **NOTICE OF INCOME-WITHHOLDING ACTION.** If the court has not ordered an immediate notice of payroll deduction in Section 4.1, you are notified that the Department of Corrections may issue a notice of payroll deduction without notice to you if you are more than 30 days past due in monthly payments in an amount equal to or greater than the amount payable for one month. RCW 9.94A.7602. Other income-withholding action under RCW 9.94A.760 may be taken without further notice. RCW 9.94A.7606

5.4 **RESTITUTION HEARING.**

Defendant waives any right to be present at any restitution hearing (sign initials): _____

5.5 Any violation of this Judgment and Sentence is punishable by up to 60 days of confinement per violation. RCW 9.94A.634

5.6 **FIREARMS.** You must immediately surrender any concealed pistol license and you may not own, use or possess any firearm unless your right to do so is restored by a court of record. (The court clerk shall

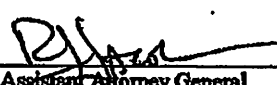
forward a copy of the defendant's driver's license, identicard, or comparable identification, to the Department of Licensing along with the date of conviction or commitment). RCW 9.41.040, 9.41.047

5.8 [] The court finds that Count(s) is a felony in the commission of which a motor vehicle was used. The court clerk is directed to immediately mark the person's Washington State Driver's license or permit to drive, in any in a manner authorized by the department. The court clerk is directed to immediately forward an Abstract of Court Record to the Department of Licensing, which must revoke the defendant's driver's license. RCW 46.20.285.


5.9 OTHER:

DONE in Open Court and in the presence of the defendant this date: May 4, 2006.


JUDGE


Assistant Attorney General
WSBA # 24683

Print name: REBECCA JACOBSEN


Attorney for Defendant
WSBA # 7125

Print name: WILLIAM FLIGELTAUB

MIRIAM MABEL LOZANO
CAUSE NUMBER of this case: 05-1-01876-6

I, _____, Clerk of this Court, certify that the foregoing is a full, true and correct copy of the Judgment and Sentence in the above-entitled action, now on record in this office.

WITNESS my hand and seal of the said Superior Court affixed this date: May 4, 2006.

Clerk of said County and State, by: _____, Deputy Clerk

IDENTIFICATION OF DEFENDANT

SID No. _____
(If no SID take fingerprint card for State Patrol)

Date of Birth: 08/25/62

FBI No. _____
PCN No. 900049854

Local ID No. _____

Other _____

Alias name, SSN, DOB: aka Mabel Miriam Shaffer, Miriam Shaffer

Race: Hispanic

Sex: Female

Defendant's Last Known Address: 3707 Morning Mist Way, Bellingham, WA 98229

FINGERPRINTS I attest that I saw the same defendant who appeared in Court on this document affix her fingerprints and signature thereto.

Clerk of the Court: _____, Deputy Clerk. Dated: May 4, 2006

DEFENDANT'S SIGNATURE: _____

Left Thumb



Right Thumb



Exhibit 7

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**STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
CONSUMER SERVICES DIVISION**

IN THE MATTER OF DETERMINING
Whether there has been a violation of the
Mortgage Broker Practices Act of Washington by:

Miriam Lozano,

Respondent.

NO. C-04-133-07-FO01

**FINAL ORDER
Miriam Lozano**

I. DIRECTOR'S CONSIDERATION

A. Default. This matter has come before the Director of the Department of Financial Institutions of the State of Washington (Director), through his designee Consumer Services Acting Division Director Deborah Bortner, pursuant to RCW 34.05.440(1). On October 18, 2006, the Director through his designee Consumer Services Division Director Chuck Cross, entered a Statement of Charges and Notice of Intention to Enter an Order to Prohibit from Industry and Collect Investigation Fee (Statement of Charges). A copy of the Statement of Charges is attached and incorporated into this order by this reference.

On October 21, 2006 the Department served the Statement of Charges, cover letter dated October 20, 2006, Notice of Opportunity to Defend and Opportunity for Hearing, and a blank Application for Adjudicative Hearing for Miriam Lozano (Respondent) on Respondent by sending packages containing the documents to Respondent at her residence via Federal Express overnight delivery and by first class mail. On October 21, 2006, the documents sent via Federal Express overnight delivery were delivered. The documents sent via first class mail were not returned to the Department by the United States Postal Service.

FINAL ORDER -
MIRIAM LOZANO
C-04-133-07-FO01

1

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Consumer Services
150 Israel Rd SW
PO Box 41200
Olympia, WA 98504-1200
(360) 902-8795

1 Respondent did not request an adjudicative hearing within twenty calendar days after the
2 Department served her with the Notice of Opportunity to Defend and Opportunity for Hearing, as
3 provided for in WAC 208-08-050(2).

4 B. Record Presented. The record presented to the Director's Designee for her review and
5 for entry of a final decision included the following:

- 6 1. Statement of Charges and cover letter dated February October 20, 2006; and
- 7 2. Notice of Opportunity to Defend and Opportunity for Hearing; and
- 8 3. Blank Application for Adjudicative Hearing for Miriam Lozano; and
- 9 4. Documentation of service on October 21, 2006, of the Statement of Charges, Notice
10 of Opportunity to Defend and Opportunity for Hearing, Blank Application for
11 Adjudicative Hearing for Miriam Lozano, and cover letter dated October 20, 2006;
12 and
- 13 5. Whatcom County Court Judgement and Sentence in State v. Miriam Lozano, Case
14 No. 05-1-01876-6, dated May 4, 2006, listing Respondents address as 3707 Morning
15 Mist Way, Bellingham, WA 98229.

16 C. Factual Findings and Grounds For Order. Pursuant to RCW 34.05.440(1), the
17 Director, through his Designee, hereby adopts the Statement of Charges, which is attached hereto.

18 II. FINAL ORDER

19 Based upon the foregoing, and the Director, through his designee, having considered the
20 record and being otherwise fully advised, NOW, THEREFORE:

21 A. IT IS HEREBY ORDERED, That:

- 22 1. Respondent Miriam Lozano be prohibited from participation in the conduct of the
23 affairs of any licensed mortgage broker, in any manner, for a period of ten (10) years
24 from the date of this Order; and
- 25 2. Respondent Miriam Lozano pay an investigation fee in the amount of \$2620.73
calculated at \$47.78 per hour for 54.85 staff hours devoted to the investigation.

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B. Reconsideration. Pursuant to RCW 34.05.470, Respondent has the right to file a Petition for Reconsideration stating the specific grounds upon which relief is requested. The Petition must be filed in the Office of the Director of the Department of Financial Institutions by courier at 150 Israel Road SW, Tumwater, Washington 98501, or by U.S. Mail at P.O. Box 41200, Olympia, Washington 98504-1200, within ten (10) days of service of the Final Order upon Respondent. The Petition for Reconsideration shall not stay the effectiveness of this order nor is a Petition for Reconsideration a prerequisite for seeking judicial review in this matter.

A timely Petition for Reconsideration is deemed denied if, within twenty (20) days from the date the petition is filed, the agency does not (a) dispose of the petition or (b) serve the parties with a written notice specifying the date by which it will act on a petition.

C. Stay of Order. The Director, through his Designee, has determined not to consider a Petition to Stay the effectiveness of this order. Any such requests should be made in connection with a Petition for Judicial Review made under chapter 34.05 RCW and RCW 34.05.550.

D. Judicial Review. Respondent has the right to petition the superior court for judicial review of this agency action under the provisions of chapter 34.05 RCW. For the requirements for filing a Petition for Judicial Review, see RCW 34.050.510 and subsequent sections.

E. Non-compliance with Order. If you do not comply with the terms of this order, the Department may seek its enforcement by the Office of Attorney General to include the collection of the fees imposed herein.

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F. Service. For purposes of filing a Petition for Reconsideration or a Petition for
Judicial Review, service is effective upon deposit of this order in the U.S. mail, declaration of service
attached hereto.

DATED this 13th day of February, 2007.



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS

A handwritten signature in cursive script, appearing to read "Deborah Bortner", written over a horizontal line.

DEBORAH BORTNER
ACTING DIRECTOR
DIVISION OF CONSUMER SERVICES
DEPARTMENT OF FINANCIAL INSTITUTIONS

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**STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
CONSUMER SERVICES DIVISION**

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IN THE MATTER OF DETERMINING
Whether there has been a violation of the
Mortgage Broker Practices Act of
Washington by:

Miriam Lozano,

Respondent.

NO. C-04-133-06-SC01

STATEMENT OF CHARGES and
NOTICE OF INTENTION TO ENTER
AN ORDER TO PROHIBIT FROM INDUSTRY
AND COLLECT INVESTIGATION FEE

INTRODUCTION

Pursuant to RCW 19.146.220 and RCW 19.146.223, the Director of the Department of
Financial Institutions of the State of Washington (Director) is responsible for the administration of
chapter 19.146 RCW, the Mortgage Broker Practices Act (Act). After having conducted an
investigation pursuant to RCW 19.146.235, and based upon the facts available as of October 20, 2006,
the Director institutes this proceeding and finds as follows:

I. FACTUAL ALLEGATIONS

1.1 Respondent: Miriam Lozano (Lozano) was a loan officer with Channel Lending at the time
of the alleged violations. Lozano is known to have conducted business at the following location:

Daniel R. Shaffer dba Channel Lending
1508 E. Sunset Dr. Bellingham, WA.

1.2 Investigation: The Department received information that Lozano had taken the personal
identification of a borrower and used that information to purchase two homes in the name of the
borrower without the borrower's knowledge or permission. Lozano admitted to falsifying information
contained in that borrower's loan applications.

1 principal, employee, or loan originator of any licensed mortgage broker or any person subject to
2 licensing under the Act for any violation of RCW 19.146.0201(1) through (9) or (12), RCW
3 19.146.030 through RCW 19.146.080, or RCW 19.146.200, or RCW 19.146.205(4), or RCW
4 19.146.265, or for conviction of a gross misdemeanor involving dishonesty or financial misconduct or
5 a felony after obtaining a license.

6 **2.2 Authority to Charge Investigation Fee:** Pursuant to RCW 19.146.228(2), WAC 208-660-060(4)
7 and WAC 208-660-061, upon completion of any investigation of the books and records of a licensee or
8 other person subject to the Act, the Department will furnish to the licensee or other person subject to the
9 Act a billing to cover the cost of the investigation. The investigation charge will be calculated at the rate
10 of forty-seven dollars and seventy-eight cents (\$47.78) per hour that each staff person devoted to the
11 investigation.
12

13 **III. NOTICE OF INTENTION TO ENTER ORDER**

14 Respondent's violations of the provisions of chapter 19.146 RCW and chapter 208-660 WAC, as
15 set forth in the above Factual Allegations and Grounds for Entry of Order, constitute a basis for the entry
16 of an Order under RCW 19.146.220, RCW 19.146.221 and RCW 19.146.223. Therefore, it is the
17 Director's intention to ORDER that:

- 18 3.1 Respondent Miriam Lozano be prohibited from participation in the conduct of the
19 affairs of any licensed mortgage broker, in any manner, for a period of ten (10)
20 years; and
- 21 3.2 Respondent Miriam Lozano pay an investigation fee in the amount of \$2620.73
22 calculated at \$47.78 per hour for 54.85 staff hours devoted to the investigation.


23 **IV. AUTHORITY AND PROCEDURE**

24 This Statement of Charges and Notice of Intention to Enter an Order to Prohibit from Industry and
25 Collect Investigation Fee is entered pursuant to the provisions of RCW 19.146.220, RCW 19.146.221,
26

1 RCW 19.146.223 and RCW 19.146.230, and is subject to the provisions of chapter 34.05 RCW (The
2 Administrative Procedure Act). Respondent may make a written request for a hearing as set forth in
3 the NOTICE OF OPPORTUNITY TO DEFEND AND OPPORTUNITY FOR HEARING
4 accompanying this Statement of Charges and Notice of Intention to Enter an Order to Prohibit from
5 Industry and Collect Investigation Fee.
6

7 Dated this 18th day of October 2006.
8



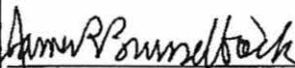
10 
11 CHUCK CROSS
12 Director
13 Division of Consumer Services
14 Department of Financial Institutions

15 Presented by:

16 

17 Ned Jursek
18 Financial Legal Examiner

19 Approved by:

20
21
22 

23 James R. Brusselback
24 Enforcement Chief

STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

IN THE MATTER OF DETERMINING
Whether there has been a violation of the
Mortgage Broker Practices Act of Washington by:

MIRIAM LOZANO,

Respondent.

NO. C-04-133-06-SC01

NOTICE OF OPPORTUNITY TO DEFEND
AND OPPORTUNITY FOR HEARING

THE STATE OF WASHINGTON TO:

Miriam Lozano

YOU ARE HEREBY NOTIFIED that a STATEMENT OF CHARGES has been filed by the Department of
Financial Institutions, a true and correct copy of which is attached and made a part hereof.

YOU ARE HEREBY NOTIFIED that you may file an application for an adjudicative hearing before the Washington
State Department of Financial Institutions on the Statement of Charges. Service of this notice is deemed complete upon deposit
in the United States mail. YOUR APPLICATION MUST BE RECEIVED BY THE DEPARTMENT OF FINANCIAL
INSTITUTIONS WITHIN TWENTY (20) DAYS FROM THE DATE YOU RECEIVED THIS NOTICE. If you demand a
hearing, you will be notified of the time and place for the hearing at least seven (7) days in advance of the hearing date.

At the hearing, you may appear personally, and by counsel, if you desire. The hearing will be as informal as is
practical within the requirements of the Administrative Procedure Act (see chapter 34.05 RCW). The hearing will be recorded.
The primary concern will be getting to the truth of the matter insofar as the Statement of Charges is concerned. Technical rules
of evidence will not be binding at the hearing except for the rules of privilege recognized by law. You have the right to present
evidence and witnesses in your own behalf, and to cross-examine those witnesses presented in support of the Statement of
Charges. You may require the attendance of witnesses by subpoena. If you are limited English-speaking or hearing impaired,
you have the right to have an interpreter appointed at no cost to you, as discussed below.

INTERPRETER AVAILABILITY. If you or a witness for you is a person who, because of non-English-speaking
cultural background, cannot readily speak or understand the English language, or if you or a witness for you is a person who,
because of a hearing impairment or speech defect, cannot readily understand or communicate in spoken language, including
persons who are deaf, deaf and blind, or hard of hearing, AND YOU NEED AN INTERPRETER, then a qualified interpreter

NOTICE OF OPPORTUNITY TO DEFEND AND
OPPORTUNITY FOR HEARING

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Consumer Services
150 Israel Rd SW
PO Box 41200
Olympia, WA 98504-1200
(360) 902-8703

1 will be appointed at no cost to you or to the witness. You may request the appointment of a qualified interpreter by indicating
2 your request on the attached Application for Adjudicative Hearing form.

3 YOU ARE FURTHER NOTIFIED that if the Department of Financial Institutions does not RECEIVE the Application
4 for Adjudicative Hearing form within twenty (20) days from the date you received this notice, this will constitute a waiver of
5 your right to a hearing and the Director will find that you do not contest the allegations of the Statement of Charges. Upon such
6 a finding by the Director a final order will be immediately entered disposing of this matter as described in the Statement of
7 Charges. If you desire a hearing in this matter, please return the attached Application for Adjudicative Hearing to:

8 Washington State Department of Financial Institutions
9 Division of Consumer Services
10 Attn: James R. Brusselback
11 PO Box 41200
12 Olympia, Washington 98504-1200

13 Dated this 20th day of October, 2006



A handwritten signature in black ink, appearing to read "Chuck Cross".

14 CHUCK CROSS
15 Director and Enforcement Chief
16 Division of Consumer Services
17 Department of Financial Institutions

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NOTICE OF OPPORTUNITY TO DEFEND AND
OPPORTUNITY FOR HEARING

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Consumer Services
150 Israel Rd SW
PO Box 41200
Olympia, WA 98504-1200
(360) 902-8703

Exhibit 8

COPY

Form 1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2008

IRS Use Only - Do not write or staple in this space.

Label (See instructions)

Use the IRS label. Otherwise, please print or type.

Form header section containing personal information: Name (MABEL M SHAFFER), Social Security Number (532-15-7382), Home Address (3707 MORNING MIST WAY, BELLINGHAM, WA 98229), and OMB No. 1545-0074.

Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions). [] You [] Spouse

Filing Status

Check only one box.

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

Exemptions

If more than four dependents, see instructions.

Exemptions section: 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [] Spouse. 6c Dependents table with columns for First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, and (4) X if qualifying child for child tax credit. Total number of exemptions claimed: 1.

Income

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

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

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

Income table with rows 7-22. Line 7: Wages, salaries, tips, etc. Line 8a: Taxable interest. Line 8b: Tax-exempt interest. Line 9a: Ordinary dividends. Line 9b: Qualified dividends. Line 10: Taxable refunds, credits, or offsets of state and local income taxes. Line 11: Alimony received. Line 12: Business income or (loss). Line 13: Capital gain or (loss). Line 14: Other gains or (losses). Line 15a: IRA distributions. Line 16a: Pensions and annuities. Line 17: Rental real estate, royalties, partnerships, S corporations, trusts, etc. Line 18: Farm income or (loss). Line 19: Unemployment compensation. Line 20a: Social security benefits. Line 21: Other income. Line 22: Total income = 3,435.

Adjusted Gross Income

Adjusted Gross Income table with rows 23-37. Line 23: Educator expenses. Line 24: Certain business expenses of reservists, performing artists, and fee-basis government officials. Line 25: Health savings account deduction. Line 26: Moving expenses. Line 27: One-half of self-employment tax. Line 28: Self-employed SEP, SIMPLE, and qualified plans. Line 29: Self-employed health insurance deduction. Line 30: Penalty on early withdrawal of savings. Line 31a: Alimony paid. Line 32: IRA deduction. Line 33: Student loan interest deduction. Line 34: Tuition and fees deduction. Line 35: Domestic production activities deduction. Line 36: Add lines 23 through 31a and 32 through 35. Line 37: Subtract line 36 from line 22. This is your adjusted gross income = 243.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	3,192.
	39a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/> 0		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see instr. and check here ▶ 39b <input type="checkbox"/>		
	c	Check if standard deduction includes real estate taxes or disaster loss (see Instr.) ▶ 39c <input type="checkbox"/>		
Standard Deduction for - ● People who checked any box on line 39a or 39b, or 39c or who can be claimed as a dependent. See instr. ● All others: Single or Married filing separately, \$5,450 Married filing jointly or Qualifying widow(er), \$10,900 Head of household, \$8,000	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,450.
	41	Subtract line 40 from line 38	41	-2,258.
	42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	3,500.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
	44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit (see instructions). Attach Form 8901 if required	52	
	53	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 47 through 54. These are your total credits	55	0.	
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	0.	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	485.
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	60	
	61	Add lines 56 through 60. This is your total tax	61	485.
Payments If you have a qualifying child, attach Schedule EIC.	62	Federal income tax withheld from Forms W-2 and 1099	62	
	63	2008 estimated tax payments and amount applied from 2007 return	63	
	64a	Earned income credit (EIC)	64a	243.
	b	Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Excess social security and tier 1 RRTA tax withheld (see instr.)	65	
	66	Additional child tax credit. Attach Form 8812	66	
	67	Amount paid with request for extension to file (see instructions)	67	
	68	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	68	
	69	First-time homebuyer credit. Attach Form 5405	69	
	70	Recovery rebate credit (see worksheet in instructions)	70	300.
71	Add lines 62 through 70. These are your total payments	71	543.	
Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d. or Form 8888.	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	58.
	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	73a	58.
	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
74	Amount of line 72 you want applied to your 2009 estimated tax	74		
Amount You Owe	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	75	0.
	76	Estimated tax penalty (see instructions)	76	

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

Designee's name ▶ **PREPARER** 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
	<i>[Signature]</i>	7/26/10	SALES	206-465-4429
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Preparer's Use Only

Preparer's signature ▶ **Daniel R Shaffer** Date ▶ **02/23/2010** Check if self-employed Preparer's SSN or PTIN ▶ **P00896701**

Firm's name (or yours if self-employed), address, and ZIP code ▶ **Daniel R Shaffer** EIN ▶ **26-4149115**
10704 SE 304th Way Phone no. ▶ **206-225-6130**
Auburn WA 98092

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

► 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).

OMB No. 1545-0074

2008

Attachment
Sequence No. **09**

Name of proprietor
MABEL M SHAFFER

Social security number (SSN)
532-15-7382

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

B Enter code from instructions
► **454390**

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.) ►
City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2008? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2008, 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	12,100.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	12,100.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	12,100.
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	12,100.

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

8 Advertising	8	350.	18 Office expense	18	
9 Car and truck expenses (see instructions)	9	5,145.	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		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	150.
15 Insurance (other than health)	15	1,620.	23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	1,400.

28 Total expenses before expenses for business use of home. Add lines 8 through 27	28	8,665.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	3,435.
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (if you checked the box on line 1, see instr.). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	3,435.

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 instr.). Estates and trusts, enter on Form 1041, line 3
• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see instructions.

Schedule C (Form 1040) 2008

UYA

Paid Preparer's Earned Income Credit Checklist

▶ **Do not send to the IRS. Keep for your records.**

For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.

- **Investment Income** • **Qualifying Child** • **Earned Income**

A Taxpayer's name ▶ MABEL M SHAFFER

B If joint return, spouse's name ▶ _____

Part I **All Taxpayers**

1 Year after 2005 for which you are completing this form ▶ 2008

2 Is the taxpayer's filing status married filing separately? Yes No

▶ if you checked "Yes" on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering. Yes No

▶ if you checked "No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? Yes No

▶ if you checked "Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

5a Was the taxpayer a nonresident alien for any part of the year on line 1? Yes No

▶ if you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly? Yes No

▶ if you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

6 Is the taxpayer's **investment income** more than the limit that applies to the year on line 1? See **Pub. 596** for the limit. Yes No

▶ if you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a **qualifying child** of another person for the year on line 1? Yes No

▶ if you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

Part III Taxpayers Without a Qualifying Child

<p>16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.) ▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1? ▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1? ▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? (See Pub. 596 for the limit) ▶ If you checked "No" on line 19, the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Part IV Due Diligence Requirements

<p>20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)? . . .</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23 Did you keep the following records? • Form 8867 (or your own form or files), • The EIC worksheet(s) or your own worksheet(s), and • A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained ▶ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements. ▶ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

▶ Attach to Form 1040. ▶ See Instructions for Schedule SE (Form 1040).

OMB No. 1545-0074

2008

Attachment
Sequence No. **17**

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

MABEL M SHAFFER

Social security number of person
with self-employment income ▶

532-15-7382

Who Must File Schedule SE

You must file Schedule SE if:

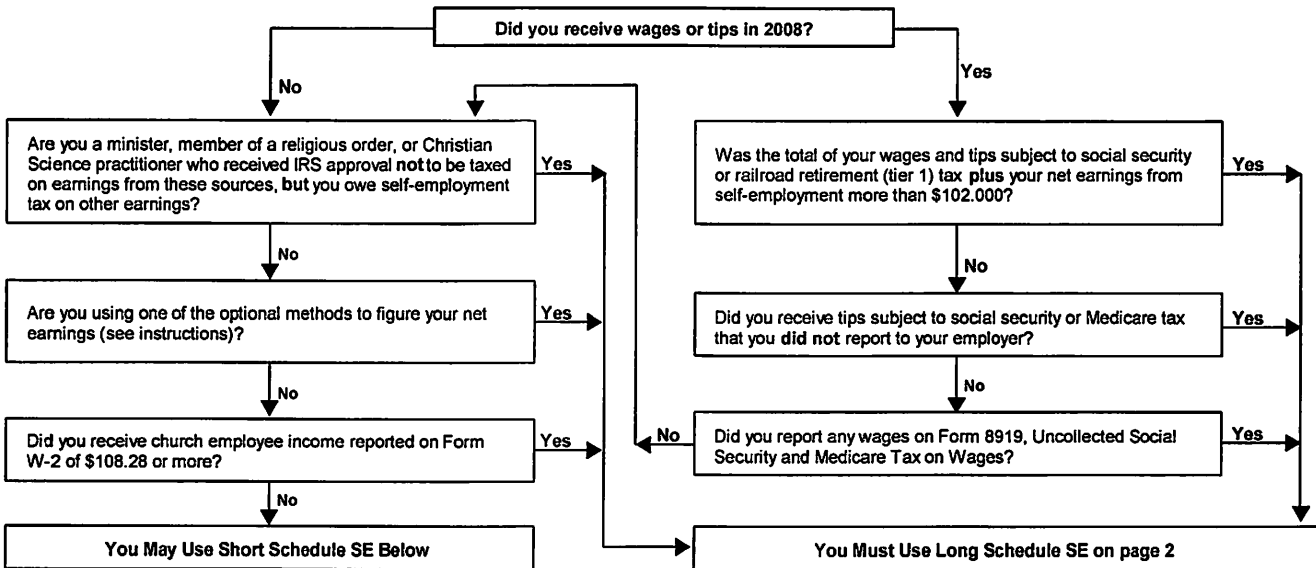
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 57.

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

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



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

1a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code X	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	3,435.
3	Combine lines 1a, 1b, and 2.	3	3,435.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax. ▶	4	3,172.
5	Self-employment tax. If the amount on line 4 is: • \$102,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57. • More than \$102,000, multiply line 4 by 2.9% (.029). Then, add \$12,648 to the result. Enter the total here and on Form 1040, line 57	5	485.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27.	6	243.

For Paperwork Reduction Act Notice, see instructions.
UYA

Schedule SE (Form 1040) 2008

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

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

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

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [] Yes [X] No

Table with columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use:

Table for line 26: 00SUBARU, 02/28/05, 76.99%, 21,000.

27 Property used 50% or less in a qualified business use:

Table for line 27 with columns for percentage and S/L -

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with rows 30-36 and columns for Vehicle 1-6. Includes data for 00SUBARU, 9370, 2800, 12170, and personal use checkboxes.

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

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

Table for Section C with rows 37-41 and columns Yes/No. Includes questions about written policies and information retention.

Part VI Amortization

Table for Section C with columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2008 tax year (see instructions):

Table for line 42 with columns for description, amount, and percentage.

43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No. 1545-0172

2008

Attachment
Sequence No. **67**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MABEL M SHAFFER

SALES

532-15-7382

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	0.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		▶ <input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					SL	
b 12-year			12 yrs.		SL	
c 40-year			40 yrs.	MM	SL	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

UYA

Label

(See instructions)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

Filing Status

Check only one box.

Exemptions

If more than four dependents, see instructions and check here

Income

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

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

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

Adjusted Gross Income

Main form body containing sections: Identification, Filing Status, Exemptions, Income, Adjusted Gross Income, and Total Taxable Income. Includes fields for name (MABEL M SHAFFER), address (3707 MORNING MIST WAY, BELLINGHAM, WA 98229), SSN (532-15-7382), and income amounts (Total Income: 4,078; Adjusted Gross Income: 3,790).

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for tax and credits.

Standard Deduction for -

People who check any box on line 39a or 39b, or 40b or who can be claimed as a dependent, See instr.

All others: Single or Married filing separately, \$5,700 Married filing jointly or Qualifying widow(er), \$11,400 Head of household, \$8,350

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-60 for other taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 61-71 for payments.

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d. or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for amount you owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone, and 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.

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

Table for signatures with columns for signature, date, occupation, and phone number.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only with fields for signature, date, EIN, and phone number.

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

OMB No. 1545-0074

(Sole Proprietorship)

2009

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).

Attachment
Sequence No. **09**

Name of proprietor MABEL M SHAFFER		Social security number (SSN) 532-15-7382
A Principal business or profession, including product or service (see the instructions) SALES		B Enter code from instructions ▶ 454390
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.) ▶ City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2009? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2009, check here <input type="checkbox"/>		

Part I Income

<p>1 Gross receipts or sales. Caution. See instructions and check the box if:</p> <ul style="list-style-type: none"> ● 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"/>		
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3		7,891.
4 Cost of goods sold (from line 42 on page 2)	4		
5 Gross profit. Subtract line 4 from line 3	5		7,891.
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		7,891.

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

8 Advertising	8		18 Office expense	18	200.
9 Car and truck expenses (see instructions)	9	1,925.	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		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	1,688.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 ▶	28			28	3,813.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			29	4,078.
30 Expenses for business use of your home. Attach Form 8829.	30			30	
31 Net profit or (loss). Subtract line 30 from line 29.				31	4,078.
● If a profit, enter on Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (if you checked the box on line 1, see instr.). 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 instr.). Estates and trusts, enter on Form 1041, line 3				32a <input type="checkbox"/>	All investment is at risk.
● If you checked 32b, you must attach Form 6198. Your loss may be limited.				32b <input type="checkbox"/>	Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	0.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 in the instructions to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:
a Business 0 b Commuting (see instructions) 0 c Other 0

45 Was your vehicle available for personal use during off-duty hours? Yes No

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

47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CELL PHONE FEES	1,688.
MISCELLANEOUS	
48 Total other expenses. Enter here and on page 1, line 27	48 1,688.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Attach to Form 1040. ▶ See instructions for Schedule SE (Form 1040).

OMB No. 1545-0074

2009

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040) MABEL M SHAFFER	Social security number of person with self-employment income ▶ 532-15-7382
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Who Must File Schedule SE

You must file Schedule SE if:

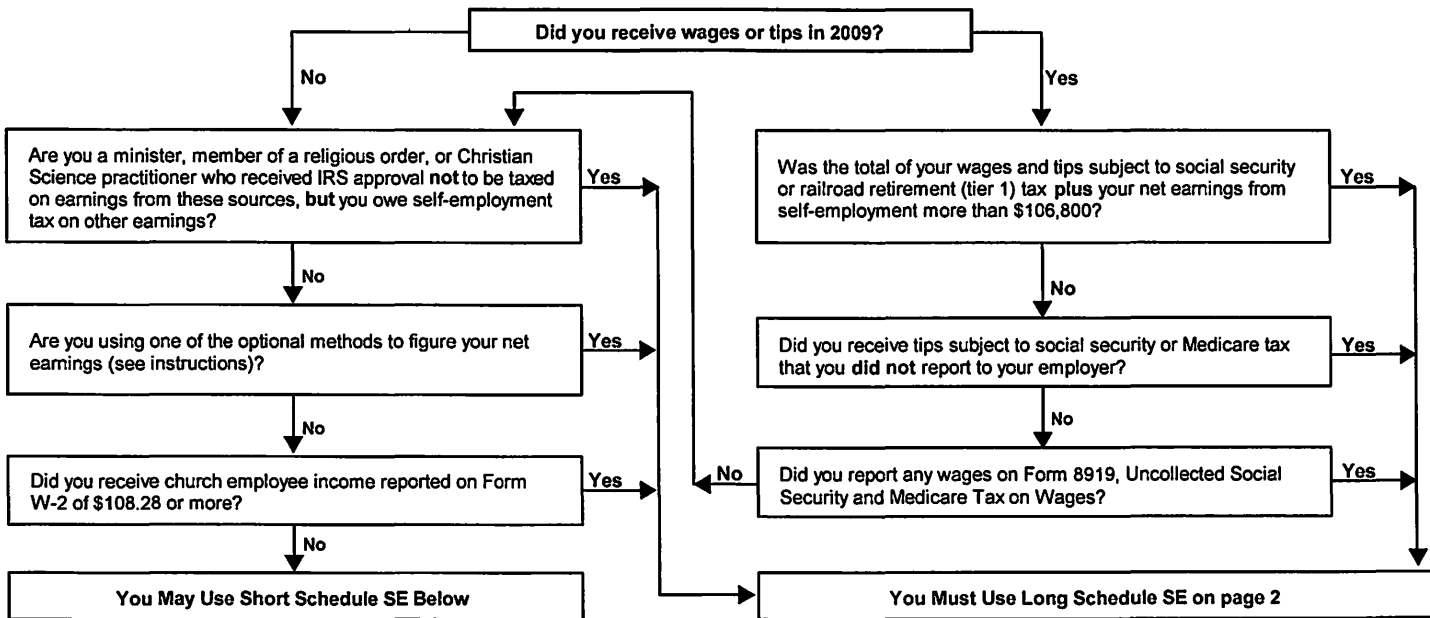
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 56.

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

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



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

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	4,078.
3 Combine lines 1a, 1b, and 2.	3	4,078.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax. ▶	4	3,766.
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56	5	576.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27.	6	288.

**Depreciation and Amortization
(Including Information on Listed Property)**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return MABEL M SHAFFER	Business or activity to which this form relates SALES	Identifying number 532-15-7382
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	0.
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	0.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [] Yes [X] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use:

Table for 26: 00SUBARU, 02/28/05, 70.00%, 21,000.

27 Property used 50% or less in a qualified business use:

Table for 27 with columns for S/L -

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with columns for Vehicle 1-6 and rows 30-36 regarding miles driven and personal use.

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

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

Table for Section C with rows 37-41 regarding policy statements and requirements.

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

Part VI Amortization

Table for Part VI with columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2009 tax year (see instructions):

Table for 42 with empty rows for data entry.

43 Amortization of costs that began before your 2009 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

SCHEDULE M
(Form 1040A or 1040)

**Making Work Pay and Government
Retiree Credits**

OMB No. 1545-0074

2009

Attachment
Sequence No. **166**

Department of the Treasury
Internal Revenue Service (99)

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

▶ See separate instructions.

Name(s) shown on return

Your social security number

MABEL M SHAFFER

532-15-7382

1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below 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.

Do you (and your spouse if filing jointly) have 2009 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** | **3,790.**

b Nontaxable combat pay included on

line 1a (see instructions) **1b** |

2 Multiply line 1a by 6.2% (.062) **2** | **235.**

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

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) **4** | **235.**

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22. **5** | **3,790.**

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

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** | **235.**

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

No. Enter -0- on line 10 and go to line 11.

Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) **10** |

11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2.

No. Enter -0- on line 11 and go to line 12.

Yes. • If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses)
• If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) **11** |

12 Add lines 10 and 11 **12** |

13 Subtract line 12 from line 9. If zero or less, enter -0- **13** | **235.**

14 **Making work pay and government retiree credits.** Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60 **14** | **235.**

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

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning 2011, ending 20

Your first name and initial **MABEL M** Last name **SHAFFER** Your social security number **532-15-7382**

If a joint return, spouse's first name and initial Last name Spouse's social security number **538-54-2896**

Home address (number and street). If you have a P.O. box, see instructions. **1014 11TH ST** Apt. no. **205** **▲** 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). **BELLINGHAM, WA 98225** Presidential Election Campaign

Foreign country name Foreign province/county Foreign postal code 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 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. **3 Married filing separately. Enter spouse's SSN above and full name here. ▶ ROBERT M HAGEN** 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. } **Boxes checked on 6a and 6b 1**
 b Spouse. } **No. of children on 6c who: • lived with you 0**
 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if child under age 17 qualifying for child tax credit (see instr.)
 If more than four dependents, see instructions and check here **• did not live with you due to divorce or separation (see instructions) 0**
Dependents on 6c not entered above 0
Add numbers on lines above ▶ 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7
 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 **498.**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 13
 14 Other gains or (losses). Attach Form 4797. 14
 15a IRA distributions. 15a b Taxable amount. 15b
 16a Pensions and annuities. 16a b Taxable amount. 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17
 18 Farm income or (loss). Attach Schedule F. 18
 19 Unemployment compensation. 19
 20a Social security benefits. 20a b Taxable amount. 20b
 21 Other income. List type and amount. 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 **498.**

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 **35.**
 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 **35.**
 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 **463.**

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	463.
	39a Check <input type="checkbox"/> You were born before January 2, 1947. <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947. <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/> 0		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,800.
	41 Subtract line 40 from line 38	41	-5,337.
	42 Exemptions. Multiply \$3,700 by the number on line 6d	42	3,700.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	0.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Add lines 44 and 45	46	
	47 Foreign tax credit. Attach Form 1116 if required	47	
	48 Credit for child and dependent care expenses. Attach Form 2441	48	
	49 Education credits from Form 8863, line 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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54 Add lines 47 through 53. These are your total credits	54	0.
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.
Other Taxes	56 Self-employment tax. Attach Schedule SE	56	61.
	57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a Household employment taxes from Schedule H	59a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60 Other taxes. Enter code(s) from instructions	60	
	61 Add lines 55 through 60. This is your total tax	61	61.
Payments	62 Federal income tax withheld from Forms W-2 and 1099	62	
	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 <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	0.
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	0.
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	0.
Direct deposit? See instructions.	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
	75 Amount of line 73 you want applied to your 2012 estimated tax ▶ 75	75	
Amount You Owe	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	61.
	77 Estimated tax penalty (see instructions)	77	

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

If you have a qualifying child, attach Schedule EIC.

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 **▶ Daniel R Shaffer** Phone no. **▶ 206-225-6130** Personal identification number (PIN) **▶ 14222**

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 SALES	Daytime phone number (206) 465-4429
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 Daniel R Shaffer	Preparer's signature Daniel R Shaffer	Date 04/17/2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00896701
Firm's name Daniel R Shaffer	Firm's address 2730 172 Street Marysville WA 98271		Firm's EIN ▶ 26-4149115	Phone no. 206-225-6130

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42 0.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 02/28/2005
- 44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:
 a Business 27154 b Commuting (see instructions) 0 c Other 1870
- 45 Was your vehicle available for personal use during off-duty hours? Yes No
- 46 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 47a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CELL PHONE FEES	1,080.
48 Total other expenses. Enter here and on line 27a	48 1,080.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2011

Attachment
Sequence No. **17**

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

MABEL M SHAFFER

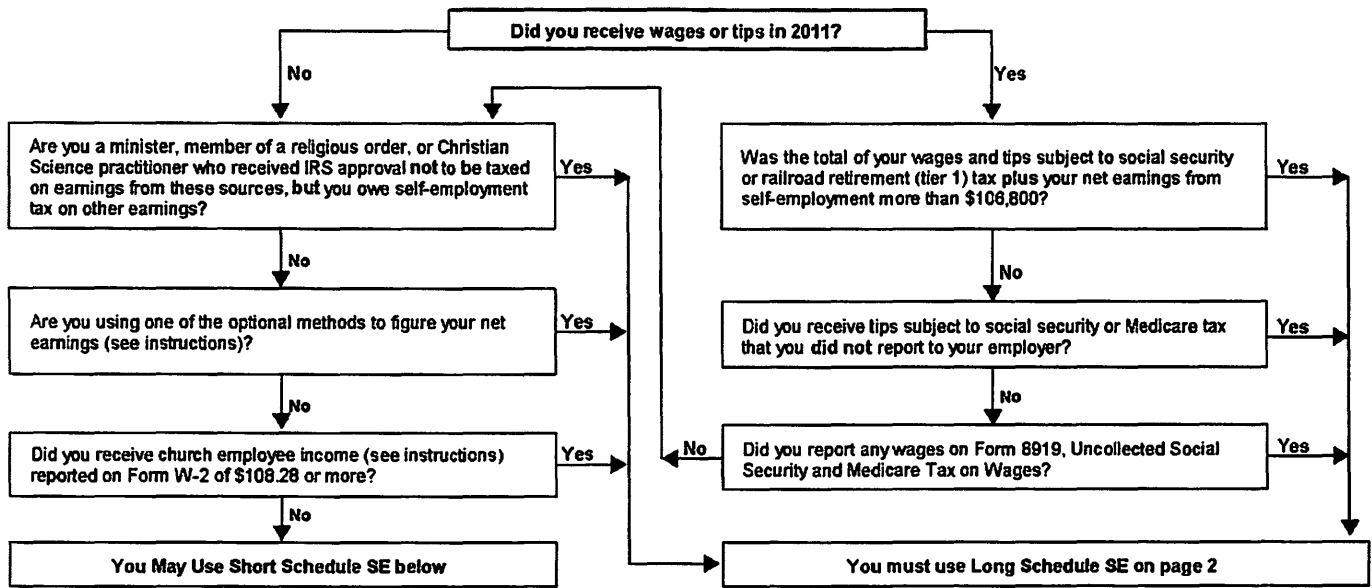
Social security number of person
with self-employment income ▶

532-15-7382

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

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

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



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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	498 .
3	Combine lines 1a, 1b, and 2	3	498 .
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶	4	460 .
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5	Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56 or Form 1040NR, line 54	5	61 .
6	Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751). • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	35 .

Expenses for Business Use of Your Home

2011

Attachment
Sequence No. **176**

Department of the Treasury
Internal Revenue Service (99)

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.
▶ See separate instructions.

Name(s) of proprietor(s) MABEL M SHAFFER	Your social security number 532-15-7382
--	---

Part I Part of Your Home Used for Business

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	40
2 Total area of home	2	1200
3 Divide line 1 by line 2. Enter the result as a percentage. For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.	3	03.33%
4 Multiply days used for daycare during year by hours used per day.	4	0 hr.
5 Total hours available for use during the year (365 days X 24 hours) (see instructions)	5	8,760 hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	6	
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3. ▶	7	03.33%

Part II Figure Your Allowable Deduction

8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	1,135.
See instructions for columns (a) and (b) before completing lines 9-21.		
9 Casualty losses (see instructions)	9	
10 Deductible mortgage interest (see instructions)	10	
11 Real estate taxes (see instructions)	11	
12 Add lines 9, 10, and 11	12	
13 Multiply line 12, column (b) by line 7	13	
14 Add line 12, column (a) and line 13	14	
15 Subtract line 14 from line 8. If zero or less, enter -0-	15	1,135.
16 Excess mortgage interest (see instructions)	16	
17 Insurance	17	
18 Rent	18	15,540.
19 Repairs and maintenance	19	
20 Utilities	20	3,600.
21 Other expenses (see instructions)	21	
22 Add lines 16 through 21	22	19,140.
23 Multiply line 22, column (b) by line 7	23	637.
24 Carryover of operating expenses from 2010 Form 8829, line 42	24	
25 Add line 22 column (a), line 23, and line 24	25	637.
26 Allowable operating expenses. Enter the smaller of line 15 or line 25	26	637.
27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	498.
28 Excess casualty losses (see instructions)	28	
29 Depreciation of your home from line 41 below	29	
30 Carryover of excess casualty losses and depreciation from 2010 Form 8829, line 43	30	
31 Add lines 28 through 30	31	
32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33 Add lines 14, 26, and 32	33	637.
34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684, (see instructions)	34	
35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶	35	637.

Part III Depreciation of Your Home

36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37 Value of land included on line 36	37	
38 Basis of building. Subtract line 37 from line 36	38	
39 Business basis of building. Multiply line 38 by line 7	39	
40 Depreciation percentage (see instructions)	40	2.564%
41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	0.

Part IV Carryover of Unallowed Expenses to 2012

42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0.
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0.

Name(s) shown on Form 1040

MABEL M SHAFFER

Your social security number

532-15-7382

Community Property States Allocation Record

This worksheet is used for taxpayers who are currently filing a married filing separate return in a community property state. Income and tax payments must be allocated between spouses below. Community property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

This worksheet is also used for taxpayers who are registered domestic partners (RDPs) in California, Nevada or Washington filing a single or head of household federal return to comply with the new RDP rules. RDPs under the new rules must report income, withholding and other items on their federal tax returns under community property rules.

Check to indicate this return is being filed to comply with the new RDP rules regarding community property and include your partner's social security number below to avoid a potential delay in processing this return.

Registered Domestic Partner's social security number: _____

	MABEL	ROBERT	Total
Income			
Wages, salaries, and tips	0.	20,000.	20,000.
Interest income	0.	2,800.	2,800.
Ordinary dividends	0.	0.	0.
Taxable state refunds	0.	0.	0.
Alimony received	0.	0.	0.
Business income or (loss)	498.	6,000.	6,498.
Capital gain or (loss)	0.	0.	0.
Other gains or (losses)	0.	0.	0.
IRA distributions	0.	0.	0.
Pensions and annuities	0.	0.	0.
Rental real estate, royalties, partnership	0.	4,800.	4,800.
Farm income or (loss)	0.	0.	0.
Unemployment compensation	0.	0.	0.
Social security benefits	0.	0.	0.
Other income	0.	0.	0.
Total income	498.	33,600.	34,098.
Payments			
Total payments	0.	0.	0.

Check if your spouse has no amounts to report

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning 2012, ending 20 See separate instructions.

Your first name and initial Mabel M Shaffer Last name _____ Your social security number 532-15-7382

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security no. _____

Home address (number and street). If you have a P.O. box, see Instructions. 1014 11th St 205 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). BELLINGHAM WA 98225- **Presidential Election Campaign**

Foreign country name _____ Foreign province/county _____ Foreign postal code _____ 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 4 Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter
 3 Married filing separately. Enter spouse's SSN above this child's name here. ▶
 Check only one box. 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 no. (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instr.)
 If more than four dependents, see instr. and check here ▶
Michael Hagen 539-29-6789 SON
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 instr.) 0
 Dependents on 6c not entered above 0
Add numbers on lines above▶ 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7

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	11,495.
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 (see Instr.)	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	11,495.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. 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	812.
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	812.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	10,683.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

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

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

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.

Paid Preparer's Use Only

Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**Schedule C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (89)

Profit or Loss From Business
(Sole Proprietorship)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2012
Attachment
Sequence No. **09**

Name of proprietor Mabel M Shaffer	Social security number (SSN) 532-15-7382
A Principal business or profession, including product or service (see instructions) Mabel Shaffer	B Enter code from instructions ▶ 561110
C Business name. If no separate business name, leave blank.	D Employer ID no. (EIN), (see Instr.)

E Business address (including suite or room no.) ▶ **1014 11th St Apt 205**
City, town or post office, state, and ZIP code **BELLINGHAM WA 98225**

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

G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2012, check here

I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)..... Yes No

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

Part I Income

1a Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	4,769.
2 Returns and allowances (see instructions)		2	
3 Subtract line 2 from line 1		3	4,769.
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	4,769.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	29,200.
7 Gross income. Add lines 5 and 6		7	33,969.

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

8 Advertising	8	583.	18 Office expense (see instructions).....	18	
9 Car and truck expenses (see instructions)	9	13,709.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	730.	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 sect. 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	1,836.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	245.
17 Legal and professional services	17	375.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	92.
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	17,570.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	16,399.
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere.....	30	4,904.

31 Net profit or (loss). Subtract line 30 from line 29.	31	11,495.
---	----	---------

- If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.
 - If a loss, you must go to line 32.
- 32 If you have a loss, check the box that describes your investment in this activity (see instructions).
- If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the instructions). Estates and trusts, enter on Form 1041, line 3.
 - If you checked 32b, you must attach Form 6198. Your loss may be limited.
- 32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule C (Form 1040) 2012

BCA

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/2012

44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:
 a Business 24700 b Commuting (see instr.) _____ c Other 21300

45 Was your vehicle available for personal use during off-duty hours? Yes No

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

47a Do you have evidence to support your deduction? Yes No

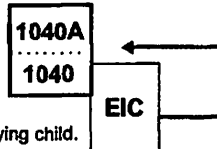
b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Parking fee and tolls	92.
48 Total other expenses. Enter here and on line 27a	48 92.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **43**

Name(s) shown on return

Mabel M Shaffer

Your social security number

532-15-7382

Before you begin:

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

CAUTION

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

Qualifying Child Information

	Child 1		Child 2		Child 3	
1 Child's name	First name	Last name	First name	Last name	First name	Last name
If you have more than three qualifying children, you only have to list three to get the maximum credit.	Michael Hagen					
2 Child's SSN	539-29-6789					
The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2012. If your child was born and died in 2012 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
3 Child's year of birth	Year <u>1993</u>		Year _____		Year _____	
	If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	
4a Was the child under age 24 at the end of 2012, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.	
	Go to line 5. Go to line 4b.		Go to line 5. Go to line 4b.		Go to line 5. Go to line 4b.	
4b Was the child permanently and totally disabled during any part of 2012?	<input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.	
	Go to line 5. The child is not a qualifying child.		Go to line 5. The child is not a qualifying child.		Go to line 5. The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON					
6 Number of months child lived with you in the United States during 2012	<u>12</u> months		_____ months		_____ months	
• If the child lived with you for more than half of 2012 but less than 7 months, enter "7." • If the child was born or died in 2012 and your home was the child's home for more than half the time he or she was alive during 2012, enter "12".	Do not enter more than 12 months.		Do not enter more than 12 months.		Do not enter more than 12 months.	

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

Schedule EIC (Form 1040A or 1040) 2012

BCA

USEIC\$1

US Schedule EIC

Earned Income Credit Worksheet

2012

Name: Mabel M Shaffer

SSN: 532-15-7382

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 Enter the amount included in line 1 that was received				
a	by penal institution inmates for their work				
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above				
2	Taxable scholarship or fellowship grant not reported on Form(s) W2				
3	Line 1 minus line 1a, line 1b, and line 2				
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>				10,683.
		Nontaxable combat pay included?			
		Taxpayer	Spouse	Both	No
	Nontaxable combat pay				
5	Earned income				10,683.
6	Credit from EIC table on line 5 income				3,169.
7	Adjusted gross income				10,683.
8	Credit from EIC table on line 7 income, if line 7 greater than • \$7,799 (\$12,999 if married filing jointly) and no qualifying children • \$17,099 (\$22,299 if married filing jointly) and 1 or more qualifying children				
9	Earned inc. credit. If line 7 is less than \$7,800 (\$13,000, \$17,100, \$22,300), line 6. Otherwise the smaller of line 6 or line 8				3,169.

Name of person with self-employment income (as shown on Form 1040) Mabel M Shaffer	Social security number of person with self-employment income ▶ 532-15-7382
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Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions).	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers & members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	11,495.
3 Combine lines 1a, 1b, and 2	3	11,495.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3. Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	10,616.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	10,616.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	10,616.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2012	7	110,100 00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$110,100 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	110,100.
10 Multiply the smaller of line 6 or line 9 by 10.4% (.104)	10	1,104.
11 Multiply line 6 by 2.9% (.029)	11	308.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	1,412.
13 Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	812.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$6,780 or (b) your net farm profits ² were less than \$4,894.		
14 Maximum income for optional methods	14	4,520 00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,520. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$4,894 and also less than 72.189% of your gross nonfarm income ⁴ , and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

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

Your first name and initial **Mabel M Shaffer** Last name **Shaffer** Your social security number **532-15-7382**

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. **1014 11th St205** 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). **BELLINGHAM WA 98225-**

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 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. **2** Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full 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 6b Spouse **Boxes checked on 6a and 6b** **1**

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17 qualifying for child tax credit (see instr.)	No. of children on 6c who:
(1) First name	Last name				lived with you
Michael	Hagen	539-29-6789	SON		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**

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** **34,337.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** b Taxable amount **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right col for lines 7 through 21. This is your total income **22** **34,337.**

Adjusted Gross Income 23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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** **2,426.**

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** **2,426.**

37 Subtract line 36 from line 22. This is your adjusted gross income **37** **31,911.**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	31,911.
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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

39a	Check <input type="checkbox"/> You were born before Jan. 2, 1949, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Total boxes checked ▶ 39a			
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1949, <input type="checkbox"/> Blind.			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,950.	
41	Subtract line 40 from line 38	41	22,961.	
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.	
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	15,161.	
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,639.	
45	Alternative minimum tax (see instructions). Attach Form 6251	45		
46	Add lines 44 and 45	46	1,639.	
47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48		
49	Education credits from Form 8863, line 19	49		
50	Retirement savings contributions credit. Attach Form 8880	50		
51	Child tax credit. Attach Schedule 8812, if required	51		
52	Residential energy credits. Attach Form 5695	52		
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54	Add lines 47 through 53. These are your total credits	54		
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	1,639.	

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	4,852.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8980 c <input type="checkbox"/> Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	6,491.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned Income credit (EIC)	64a	950.
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Re-served c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	950.

Refund

Direct deposit?
 See instructions

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 <input type="checkbox"/>	74a	
b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/>		
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	5,640.
77	Estimated tax penalty (see instructions)	77	99.

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

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

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 **SELF-PREPARED RETURN** Firm's EIN

Firm's address Phone no.

**Schedule C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2013

Attachment
Sequence No. **09**

Name of proprietor Mabel M Shaffer		Social security number (SSN) 532-15-7382
A Principal business or profession, including product or service (see instructions) Primera Service		B Enter code from Instructions ▶ 561410
C Business name. If no separate business name, leave blank.		D Employer ID no. (EIN), (see instr.)
E Business address (including suite or room no.) ▶ 221 SE Everett Mall Wy M5 City, town or post office, state, and ZIP code EVERETT WA 98208-		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2013, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions).		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

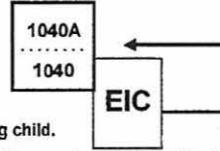
Part I Income		
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1 58,870.
2 Returns and allowances (see instructions)		2
3 Subtract line 2 from line 1		3 58,870.
4 Cost of goods sold (from line 42)		4
5 Gross profit. Subtract line 4 from line 3		5 58,870.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).		6
7 Gross profit. Add lines 5 and 6		7 58,870.

Part II Expenses			Enter expenses for business use of your home only on line 30.	
8 Advertising	8		18 Office expense (see instructions)	18 820.
9 Car and truck expenses (see instructions)	9	11,978.	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 9,600.
12 Depletion	12		b Other business property	20b 210.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21 430.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22 420.
15 Insurance (other than health)	15		23 Taxes and licenses	23
16 Interest:			24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)	16a		a Travel	24a
b Other	16b		b Deductible meals and entertainment (see instructions)	24b
17 Legal and professional services	17		25 Utilities	25 1,075.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7			27a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b Reserved for future use	27b
31 Net profit or (loss). Subtract line 30 from line 29.			28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28 24,533.
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			29 Tentative profit or (loss). Subtract line 28 from line 7	29 34,337.
• If a loss, you must go to line 32.			30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			31 Net profit or (loss). Subtract line 30 from line 29.	31 34,337.
			32a <input checked="" type="checkbox"/> All investment is at risk.	
			32b <input type="checkbox"/> Some investment is not at risk.	

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2013

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **43**

Name(s) shown on return

Mabel M Shaffer

Your social security number

532-15-7382

Before you begin:

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

CAUTION

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

Qualifying Child Information

Child 1

Child 2

Child 3

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name Last name Michael Hagen	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	539-29-6789		
3 Child's year of birth	Year 1993 <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No. The child is not a <i>Go to line 5. qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a <i>Go to line 5. qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a <i>Go to line 5. qualifying child.</i>
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON		
6 Number of months child lived with you in the United States during 2013 • If the child lived with you for more than half of 2013 but less than 7 months, enter "7." • If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12".	12 months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>

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

Schedule EIC (Form 1040A or 1040) 2013

US Schedule EIC Earned Income Credit Worksheet

2013

Name: Mabel M Shaffer

SSN: 532-15-7382

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1..... Enter the amount included in line 1 that was received					
a	by penal institution inmates for their work					
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above.....					
2	Taxable scholarship or fellowship grant not reported on Form(s) W2					
3	Line 1 minus line 1a, line 1b, and line 2					
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>				31,911.	
		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
	Nontaxable combat pay					
5	Earned income				31911.	31,911.
6	Credit from EIC table on line 5 income				950.	
7	Adjusted gross income				31911.	
8	Credit from EIC table on line 7 income, if line 7 greater than • \$7,999 (\$13,349 if married filing jointly) and no qualifying children • \$17,549 (\$22,899 if married filing jointly) and 1 or more qualifying children.....				950.	
9	Earned inc. credit. If line 7 is less than \$8,000 (\$13,350, \$17,550, \$22,900), line 6. Otherwise the smaller of line 6 or line 8				950.	950.

Name of person with self-employment income (as shown on Form 1040) Mabel M Shaffer	Social security number of person with self-employment income ▶ 532-15-7382
---	--

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ▶

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b ()	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers & members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	34,337.
3 Combine lines 1a, 1b, and 2	3	34,337.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	31,710.
Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue ▶	4c	31,710.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	31,710.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2013	7	113,700 00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$113,700 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	113,700.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	3,932.
11 Multiply line 6 by 2.9% (.029)	11	920.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	4,852.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	2,426.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$6,960 or (b) your net farm profits ² were less than \$5,024	14	4,640 00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,640. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,024 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

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

Your first name and initial **RUDY A** Last name **VILLEDA MEJIA** Your social security number **686 | 71 | 3855**

If a joint return, spouse's first name and initial **MABEL M** Last name **SHAFFER** Spouse's social security number **532 | 15 | 7382**

Home address (number and street). If you have a P.O. box, see instructions. **5694 SALISH RD** 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). **BLAINE, WA 98230**

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

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			
MICHAEL R	HAGEN	539 29 6789	SON	<input 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 **3**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2 HSH 10375.	7	11,875.
	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 1099MISC	21	6,790.
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	18,665.

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	18,665.

38	Amount from line 37 (adjusted gross income)	38	18,665.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,400.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	6,265.
• All others: Single or Married filing separately, \$6,200	42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	11,850.
Married filing jointly or Qualifying widow(er), \$12,400	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
Head of household, \$9,100	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	0.
	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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	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	0.
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	136.
	65 2014 estimated tax payments and amount applied from 2013 return	65	
	66a Earned income credit (EIC)	66a	3,305.
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	1,000.
	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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,441.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,441.
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	4,441.
Direct deposit? ▶ See instructions.	b Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
	77 Amount of line 75 you want applied to your 2015 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	0.
	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 **LABORER** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation **SELF EMPLOYED** 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 **SELF - PREPARED** Date Check if self-employed PTIN

Firm's name Firm's EIN

Firm's address Phone no.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

Name of proprietor MABEL SHAFFER		Social security number (SSN) 532-15-7382
A Principal business or profession, including product or service (see instructions) BOOKKEEPING		B Enter code from instructions ► 541219
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ► City, town or post office, state, and ZIP code		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here		<input type="checkbox"/>
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	22,130.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	22,130.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	22,130.
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	22,130.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	8,216.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
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	2,670.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:	24	
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	780.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	10,464.	27b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	0.				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use?. Yes No

47a Do you have evidence to support your deduction? Yes No

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

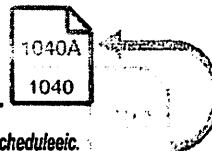
Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CELL PHONE	780.

48 Total other expenses. Enter here and on line 27a	48 780.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2014

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

RUDY A VILLEDA MEJIA

Your social security number

686-71-3855

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



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

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	MICHAEL HAGEN					
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	539-29-6789					
3 Child's year of birth	Year <u>1</u> <u>9</u> <u>9</u> <u>3</u> <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2014?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>The child is not a qualifying child.</i>	<i>Go to line 5.</i>	<i>The child is not a qualifying child.</i>	<i>Go to line 5.</i>	<i>The child is not a qualifying child.</i>
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON					
6 Number of months child lived with you in the United States during 2014 • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

Name(s) shown on return

Your social security number

RUDY A VILLEDA MEJIA

686-71-3855



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

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,500.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180,000.
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	18,665.
4	Subtract line 3 from line 2. If zero or less, stop ; you cannot take any education credit	4	161,335.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you cannot take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,500.
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below.	8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,500.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (.20)	12	
13	Enter: \$128,000 if married filing jointly; \$64,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	

Name(s) shown on return

Your social security number



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

Part III Student and Educational Institution Information
See instructions.

20 Student name (as shown on page 1 of your tax return) MICHAEL R HAGEN	21 Student social security number (as shown on page 1 of your tax return) 539-29-6789
---	---

22 Educational institution information (see instructions)	
a. Name of first educational institution WHATCOM COMMUNITY COLLEGE	b. Name of second educational institution (if any) .
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 237 W KELLOGG RD BELLINGHAM WA 98226	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked "No" in both (2) and (3), skip (4). (4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T). 91-0588768	If you checked "No" in both (2) and (3), skip (4). (4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014? Yes — **Stop!** Go to line 31 for this student. No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions) Yes — Go to line 25. No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of post-secondary education before 2014? Yes — **Stop!** Go to line 31 for this student. No — Go to line 26.

26 Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? Yes — **Stop!** Go to line 31 for this student. No — Complete lines 27 through 30 for this student.



You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit	
27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27 4,000.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28 2,000.
29 Multiply line 28 by 25% (.25)	29 500.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30 2,500.
Lifetime Learning Credit	
31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31

Health Coverage Exemptions

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

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

Name as shown on return

RUDY A VILLEDA MEJIA & MABEL M SHAFFER

Your social security number

686-71-3855

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	a Name of Individual	b SSN	c Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions for Your Household Claimed on Your Return:

7a Are you claiming an exemption because your household income is below the filing threshold? Yes No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? Yes No

Part III Coverage Exemptions for Individuals Claimed on Your Return: If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	a Name of Individual	b SSN	c Exemption Type	d Full Year	e	f	g	h	i	j	k	l	m	n	o	p
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
8	RUDY A VILLEDA MEJIA	686-71-3855	C	X												
9																
10																
11																
12																
13																

Expenses for Business Use of Your Home

Department of the Treasury
Internal Revenue Service (99)

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

2014

Attachment
Sequence No. **176**

▶ **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

Name(s) of proprietor(s)

Your social security number

MABEL M SHAFFER

532-15-7382

Part I Part of Your Home Used for Business

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	90.
2 Total area of home	2	1,100.
3 Divide line 1 by line 2. Enter the result as a percentage	3	8.182%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.		
4 Multiply days used for daycare during year by hours used per day	4	hr.
5 Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	6	
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶	7	8.182%

Part II Figure Your Allowable Deduction

8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21.	8	10,464.
(a) Direct expenses	(b) Indirect expenses	
9 Casualty losses (see instructions)	9	0.
10 Deductible mortgage interest (see instructions)	10	
11 Real estate taxes (see instructions)	11	
12 Add lines 9, 10, and 11	12	
13 Multiply line 12, column (b) by line 7	13	
14 Add line 12, column (a) and line 13	14	0.
15 Subtract line 14 from line 8. If zero or less, enter -0-	15	10,464.
16 Excess mortgage interest (see instructions)	16	
17 Insurance	17	
18 Rent	18	15,554.
19 Repairs and maintenance	19	
20 Utilities	20	1,908.
21 Other expenses (see instructions).	21	
22 Add lines 16 through 21	22	17,462.
23 Multiply line 22, column (b) by line 7	23	
24 Carryover of prior year operating expenses (see instructions)	24	
25 Add line 22, column (a), line 23, and line 24	25	17,462.
26 Allowable operating expenses. Enter the smaller of line 15 or line 25	26	10,464.
27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	0.
28 Excess casualty losses (see instructions)	28	
29 Depreciation of your home from line 41 below	29	1
30 Carryover of prior year excess casualty losses and depreciation (see instructions)	30	0.
31 Add lines 28 through 30	31	0.
32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	0.
33 Add lines 14, 26, and 32.	33	10,464.
34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶	35	10,464.

Part III Depreciation of Your Home

36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37 Value of land included on line 36	37	
38 Basis of building. Subtract line 37 from line 36	38	
39 Business basis of building. Multiply line 38 by line 7.	39	
40 Depreciation percentage (see instructions).	40	%
41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

Part IV Carryover of Unallowed Expenses to 2015

42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	6,998.
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return RUDY VILLEDA MEJIA MABEL SHAFF	Business or activity to which this form relates BOOKEEPING	Identifying number 686-71-3855
--	--	--

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	12,675.
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	2,670.
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	2,670.
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	2,670.
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	25,009.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	2,670.
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,670.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .							25	
26 Property used more than 50% in a qualified business use:								
2000 SUBARU O	01/01/14	84.50%	15,000.	10,005.	5.0	200DBHY		2,670.
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29	2,670.

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles) .	33,800					
31 Total commuting miles driven during the year	2,600					
32 Total other personal (noncommuting) miles driven	3,600					
33 Total miles driven during the year. Add lines 30 through 32	40,000					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
43 Amortization of costs that began before your 2014 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

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

Your first name and initial RUDY A Last name VILLEDA MEJIA Your social security number 686 | 71 | 3855

If a joint return, spouse's first name and initial MABEL M Last name SHAFFER Spouse's social security number 532 | 15 | 7382

Home address (number and street). If you have a P.O. box, see instructions. 5694 SALISH RD 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). BLAINE, WA 98230 Presidential Election Campaign

Foreign country name Foreign province/state/country Foreign postal code 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 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [X] Spouse. Boxes checked on 6a and 6b 2. 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 3.

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. Row 1: MICHAEL R HAGEN, 539 29 6789, SON.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 HSH 9730 7 17,066. 8a Taxable interest. Attach Schedule B if required. 8a 8b Tax-exempt interest. Do not include on line 8a. 8b 9a Ordinary dividends. Attach Schedule B if required. 9a 9b Qualified dividends. 9b 10 Taxable refunds, credits, or offsets of state and local income taxes. 10 11 Alimony received. 11 12 Business income or (loss). Attach Schedule C or C-EZ. 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13 14 Other gains or (losses). Attach Form 4797. 14 15a IRA distributions. 15a 15b Taxable amount. 15b 16a Pensions and annuities. 16a 16b 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 20b Taxable amount. 20b 21 Other income. List type and amount. 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 17,066.

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 17,066.

Table with 4 main sections: Tax and Credits (lines 38-56), Other Taxes (lines 57-63), Payments (lines 64-74), and Refund (lines 75-77). Includes sub-sections like 'Standard Deduction for...' and 'If you have a qualifying child...'. Total amounts are shown on the right side of each section.

Third Party Designee: Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [X] No

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.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature (SELF-PREPARED), Date, Check [] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**SCHEDULE C
(Form 1040)**

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor MABEL SHAFFER	Social security number (SSN) 532-15-7382
A Principal business or profession, including product or service (see instructions) BOOKKEEPING	B Enter code from instructions ► 5 4 1 2 1 9
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ► City, town or post office, state, and ZIP code	
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2015, check here <input type="checkbox"/>	
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	19,800.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	19,800.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	19,800.
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	19,800.

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

8 Advertising	8		18	Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	4,567.	19	Pension and profit-sharing plans	19	
10 Commissions and fees	10		20	Rent or lease (see instructions):	20	
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	3,840.	21	Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23	Taxes and licenses	23	
16 Interest:			24	Travel, meals, and entertainment:	24	
a Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25	Utilities	25	
			26	Wages (less employment credits)	26	
			27a	Other expenses (from line 48)	27a	680.
			b	Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28		28	9,087.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29		29	10,713.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		30		30	10,713.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		31		31	0.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.						

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market* c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

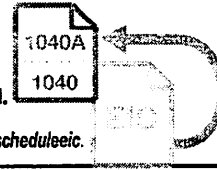
43	When did you place your vehicle in service for business purposes? (month, day, year)	▶
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?.	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CELL PHONE	680.
48 Total other expenses. Enter here and on line 27a	48 680.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2015

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

RUDY A VILLEDA MEJIA

686-71-3855

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	MICHAEL HAGEN					
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2015. If your child was born and died in 2015 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	539-29-6789					
3 Child's year of birth	Year <u>1</u> <u>9</u> <u>9</u> <u>3</u> <i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2015?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON					
6 Number of months child lived with you in the United States during 2015 • If the child lived with you for more than half of 2015 but less than 7 months, enter "7." • If the child was born or died in 2015 and your home was the child's home for more than half the time he or she was alive during 2015, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

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

Cat. No. 13339M

Schedule EIC (Form 1040A or 1040) 2015

Health Coverage Exemptions

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

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

Name as shown on return

RUDY A VILLEDA MEJIA & MABEL M SHAFFER

Your social security number

686-71-3855

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household

7a Are you claiming an exemption because your household income is below the filing threshold? Yes No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? Yes No

Part III Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	RUDY A VILLEDA MEJIA	686-71-3855	C	X												
9																
10																
11																
12																
13																

Expenses for Business Use of Your Home

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

2015

Department of the Treasury
Internal Revenue Service (99)

▶ **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

Attachment
Sequence No. **176**

Name(s) of proprietor(s)

Your social security number

MABEL M SHAFFER

532-15-7382

Part I Part of Your Home Used for Business

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	90.
2 Total area of home	2	1,100.
3 Divide line 1 by line 2. Enter the result as a percentage	3	8.182%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.		
4 Multiply days used for daycare during year by hours used per day	4	hr.
5 Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	6	
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶	7	8.182%

Part II Figure Your Allowable Deduction

8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions) See instructions for columns (a) and (b) before completing lines 9-21.	8	10,713.
9 Casualty losses (see instructions)	9	0.
10 Deductible mortgage interest (see instructions)	10	
11 Real estate taxes (see instructions)	11	
12 Add lines 9, 10, and 11	12	
13 Multiply line 12, column (b) by line 7	13	
14 Add line 12, column (a) and line 13	14	0.
15 Subtract line 14 from line 8. If zero or less, enter -0-	15	10,713.
16 Excess mortgage interest (see instructions)	16	
17 Insurance	17	
18 Rent	18	15,540.
19 Repairs and maintenance	19	
20 Utilities	20	1,668.
21 Other expenses (see instructions)	21	
22 Add lines 16 through 21	22	17,208.
23 Multiply line 22, column (b) by line 7	23	
24 Carryover of prior year operating expenses (see instructions)	24	6,998.
25 Add line 22, column (a), line 23, and line 24	25	24,206.
26 Allowable operating expenses. Enter the smaller of line 15 or line 25	26	10,713.
27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	0.
28 Excess casualty losses (see instructions)	28	
29 Depreciation of your home from line 41 below	29	
30 Carryover of prior year excess casualty losses and depreciation (see instructions)	30	0.
31 Add lines 28 through 30	31	0.
32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	0.
33 Add lines 14, 26, and 32.	33	10,713.
34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶	35	10,713.

Part III Depreciation of Your Home

36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37 Value of land included on line 36	37	
38 Basis of building. Subtract line 37 from line 36	38	
39 Business basis of building. Multiply line 38 by line 7.	39	
40 Depreciation percentage (see instructions)	40	%
41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

Part IV Carryover of Unallowed Expenses to 2016

42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	13,493.
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return RUDY VILLEDA MEJIA MABEL SHAFF BOOKEEPING	Business or activity to which this form relates BOOKEEPING	Identifying number 686-71-3855
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	3,840.
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,840.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .							25	
26 Property used more than 50% in a qualified business use:								
2000 SUBARU O	01/01/14	81.81%	15,000.	9,601.	5.0	200DBHY	3,840.	
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	3,840.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29	

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles) .	29,500					
31 Total commuting miles driven during the year	1,200					
32 Total other personal (noncommuting) miles driven	5,360					
33 Total miles driven during the year. Add lines 30 through 32	36,060					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Part I Responsible Individual

1 Name of responsible individual HAGEN, MICHAEL R		2 Social security number (SSN) XXX-XX-6789	3 Date of birth (if SSN is not available) 12/20/1993
4 Street address (including apartment no.) 1014 11TH ST APT 205	5 City or town BELLINGHAM	6 State or province WA	7 Country and ZIP or foreign postal code USA, 98225-6645
8 Enter letter identifying Origin of the Policy (see instructions for codes): ▶ C			

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name WASHINGTON STATE HEALTH CARE AUTHORITY		17 Employer identification number (EIN) 33-1093673	18 Contact telephone number 800-562-3022
19 Street address (including room or suite no.) P.O. BOX 45531	20 City or town OLYMPIA	21 State or province WA	22 Country and ZIP or foreign postal code USA, 98504-5531

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 MICHAEL R HAGEN	XXX-XX-6789	12/20/1993	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Part I Responsible Individual

1 Name of responsible individual SHAFFER, MABEL M		2 Social security number (SSN) XXX-XX-7382	3 Date of birth (If SSN is not available) 08/25/1962
4 Street address (including apartment no.) 1014 11TH ST APT 205	5 City or town BELLINGHAM	6 State or province WA	7 Country and ZIP or foreign postal code USA, 98225-6645
8 Enter letter identifying Origin of the Policy (see instructions for codes): C			

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name WASHINGTON STATE HEALTH CARE AUTHORITY		17 Employer identification number (EIN) 33-1093673	18 Contact telephone number 800-562-3022
19 Street address (including room or suite no.) P.O. BOX 45531	20 City or town OLYMPIA	21 State or province WA	22 Country and ZIP or foreign postal code USA, 98504-5531

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23 MABEL M SHAFFER	XXX-XX-7382	08/25/1962	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



a Employee's SSN 111-11-1111		b Employer identification number (EIN) 91-1916812			OMB No. 1545-0008	
c Employer's name, address, and ZIP code DANIEL J CONSTRUCTION 3767 BROWNSVILLE DRIVE BELLINGHAM WA 98226		1 Wgs, tips, other compn 6302.00	2 Fed inc tax withheld 245.00	3 Social security wages 6302.00		
		4 SS tax withheld 390.72	5 Medicare wages & tips 6302.00	6 Medicare tax withheld 91.38		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans		12a	
e Employee's name, address, and ZIP code Suff. RUDY A VILLEDA-MEJIA 1014 11TH STREET #205 BELLINGHAM WA 98225		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other		12b	
					12c	
					12d	
15 State	Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2015

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

QBMW2B2C 11/03/15 FW2

a Employee's SSN 111-11-1111		b Employer identification number (EIN) 91-1916812			OMB No. 1545-0008	
c Employer's name, address, and ZIP code DANIEL J CONSTRUCTION 3767 BROWNSVILLE DRIVE BELLINGHAM WA 98226		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
		1 Wgs, tips, other compn 6302.00	2 Fed inc tax withheld 245.00	3 Social security wages 6302.00		
		4 SS tax withheld 390.72	5 Medicare wages & tips 6302.00	6 Medicare tax withheld 91.38		
d Control No.		7 Social security tips	8 Allocated tips	9		
e Employee's name, address, and ZIP code Suff. RUDY A VILLEDA-MEJIA 1014 11TH STREET #205 BELLINGHAM WA 98225		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other		12a	
12b						
12c						
12d						
15 State	Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

QBMW2B2C 11/03/15 FW2

Form **W-2**
Wage and Tax Statement
2015

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)

This information is being furnished to IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C--For EMPLOYEE'S RECORDS (See Notice to Employee.)

a Employee's soc. sec. no. 932-90-9895		1 Wages, tips, other comp. 1033.50	2 Fed. income tax withheld 24.22
b Employer ID number (EIN) 911703664		3 Social security wages 1033.50	4 Soc. sec. tax withheld 64.08
		5 Medicare wages and tips 1033.50	6 Medicare tax withheld 14.99

c Employer's name, address, and ZIP code
 Topside Construction, Inc.
 P.O. Box 30618
 Bellingham, WA 98228
 TO02

d Control number 67

e Employee's name, address, and ZIP code
 Rudy A Villeda
 1014 11TH Street #205
 Bellingham, WA 98225

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12

13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code

WA 601 675 625	1033.50	0.00
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15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return

a Employee's soc. sec. no. 932-90-9895		1 Wages, tips, other comp. 1033.50	2 Fed. income tax withheld 24.22
b Employer ID number (EIN) 911703664		3 Social security wages 1033.50	4 Soc. sec. tax withheld 64.08
		5 Medicare wages and tips 1033.50	6 Medicare tax withheld 14.99

c Employer's name, address, and ZIP code
 Topside Construction, Inc.
 P.O. Box 30618
 Bellingham, WA 98228
 TO02

d Control number 67

e Employee's name, address, and ZIP code
 Rudy A Villeda
 1014 11TH Street #205
 Bellingham, WA 98225

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a Code

13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code

WA 601 675 625	1033.50	0.00
----------------	---------	------

15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B--To Be Filed With Employee's FEDERAL Tax Return.			38-2099803 OMB No. 1545-0008
1 Employee's soc. sec. no. 932-90-9895	1 Wages, tips, other comp. 1033.50	2 Fed. income tax withheld 24.22	
3 Employer ID number (EIN) 911703664	3 Social security wages 1033.50	4 Soc. sec. tax withheld 64.08	
	5 Medicare wages and tips 1033.50	6 Medicare tax withheld 14.99	
c Employer's name, address, and ZIP code Topside Construction, Inc. P.O. Box 30618 Bellingham, WA 98228 TO02			
d Control number 67			
e Employee's name, address, and ZIP code Rudy A Villeda 1014 11TH Street #205 Bellingham, WA 98225			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b Code	
		12c Code	
		12d Code	
WA 601 675 625	1033.50	0.00	
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2015** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.
5 BW24UP NTF 2579558

This information is being furnished to IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C--For EMPLOYEE'S RECORDS (See Notice to Employee.)			38-2099803 OMB No. 1545-0008
1 Employee's soc. sec. no. 932-90-9895	1 Wages, tips, other comp. 1033.50	2 Fed. income tax withheld 24.22	
3 Employer ID number (EIN) 911703664	3 Social security wages 1033.50	4 Soc. sec. tax withheld 64.08	
	5 Medicare wages and tips 1033.50	6 Medicare tax withheld 14.99	
c Employer's name, address, and ZIP code Topside Construction, Inc. P.O. Box 30618 Bellingham, WA 98228 TO02			
d Control number 67			
e Employee's name, address, and ZIP code Rudy A Villeda 1014 11TH Street #205 Bellingham, WA 98225			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b Code	
		12c Code	
		12d Code	
WA 601 675 625	1033.50	0.00	
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2015** Dept. of the Treasury -- IRS
TO02 01/15/16 10:29 1/15/2016 10:27:40 AM

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return			38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no. 932-90-9895	1 Wages, tips, other comp. 1033.50	2 Fed. income tax withheld 24.22	
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WA 601 675 625	1033.50	0.00	
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2015** Dept. of the Treasury -- IRS
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a Employee's soc. sec. no. 932-90-9895	1 Wages, tips, other comp. 1033.50	2 Fed. income tax withheld 24.22	
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15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2015** Dept. of the Treasury -- IRS