

# 2013 Tax Return

*prepared by,*  
**TaxSlayer.com**

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TAX YEAR: 2013

CLIENT : 434-69-0932 MATTHEW M RAMSEY

BIRTH DATE : 05/07/1979

ADDRESS : 56 WINSHIP ST APT 1  
: BRIGHTON MA 02135

STATUS : SINGLE

TAXPAYER PIN: 70041

FED TYPE: Santa Barbara RT Direct

E-MAIL : BREAKY@GMAIL.COM

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LISTING OF FORMS FOR THIS RETURN

FORM 1040A

FORM W-2

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\* W-2 INCOME FORMS SUMMARY \*

	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH	ST
1.	T	PRESIDENT AND	6213	608	385	90	301	MA
2.	T	FORSYTH DENTAL	18563	1200	1151	269	819	MA
3.	T	MASS EYE AND E	19694	0	1221	286	747	MA
TOTALS.....			44470	1808	2757	645	1867	

		a Employee's social security number 434-69-0932		For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN) 04-2103580				1 Wages, tips, other compensation 6213		2 Federal income tax withheld 608	
c Employer's name, address, and ZIP code PRESIDENT AND FELLOWS OF HARVARD CO 1033 MASSACHUSETTS AVE 2ND FL  CAMBRIDGE MA 02138				3 Social security wages 6213		4 Social security tax withheld 385	
				5 Medicare wages and tips 6213		6 Medicare tax withheld 90	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial MATTHEW M  Last name RAMSEY  Suff.  7 ARNOLD CT  SOMERVILLE MA 02143				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State MA	Employer's state ID number 042103580	16 State wages, tips, etc. 6213	17 State income tax 301	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form  
QNA**W-2 Wage and Tax Statement 2013**

Department of the Treasury--Internal Revenue Service

		a Employee's social security number 434-69-0932		For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN) 04-2104230				1 Wages, tips, other compensation 18563		2 Federal income tax withheld 1200	
c Employer's name, address, and ZIP code FORSYTH DENTAL INFIRMARY FOR CHILDR 245 FIRST ST  CAMBRIDGE MA 02142-1200				3 Social security wages 18563		4 Social security tax withheld 1151	
				5 Medicare wages and tips 18563		6 Medicare tax withheld 269	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial MATTHEW M  Last name RAMSEY  Suff.  7 ARNOLD COURT  SOMERVILLE MA 02143				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State MA	Employer's state ID number 04210423006	16 State wages, tips, etc. 18563	17 State income tax 819	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form  
QNA**W-2 Wage and Tax Statement 2013**

Department of the Treasury--Internal Revenue Service

		a Employee's social security number 434-69-0932		For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN) 04-2103591				1 Wages, tips, other compensation 19694		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MASS EYE AND EAR INFIRMARY 243 CHARLES ST  BOSTON MA 02114				3 Social security wages 19694		4 Social security tax withheld 1221	
				5 Medicare wages and tips 19694		6 Medicare tax withheld 286	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial MATTHEW M  Last name RAMSEY  Suff.   56 WINSHIP ST APT 1  BRIGHTON MA 02135				11 Nonqualified plans		12a See instructions for box 12 DD   3908	
				13 Statutory employee Retirement plan Third-party sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State MA	Employer's state ID number 042103591	16 State wages, tips, etc. 19694	17 State income tax 747	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form  
QNA**W-2 Wage and Tax Statement 2013**

Department of the Treasury--Internal Revenue Service

		a Employee's social security number		For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial   Last name   Suff.      f Employee's address and ZIP code				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form  
QNA**W-2 Wage and Tax Statement 2013**

Department of the Treasury--Internal Revenue Service

Your first name and initial		Last name		OMB No. 1545-0074	
MATTHEW M.		RAMSEY		Your social security number 434-69-0932	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	<div>▲</div> Make sure the SSN(s) above and on line 6c are correct.
56 WINSHIP ST				1	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	

Filing status

Check only one box.

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 (see instructions)

Exemptions

6a

☒ Yourself.

If someone can claim you as a dependent, **do not** check box 6a.

b

☐ Spouse

c Dependents:

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

If more than six dependents, see instructions.

Boxes checked on 6a and 6b

1

No. of children on 6c who:

• lived with you

0

• 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

d Total number of exemptions claimed.

Income

7

Wages, salaries, tips, etc. Attach Form(s) W-2.

7

44470

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

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

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 (see instructions).

9b

10

Capital gain distributions (see instructions).

10

11a

IRA distributions.

11a

11b

Taxable amount (see instructions).

11b

12a

Pensions and annuities.

12a

12b

Taxable amount (see instructions).

12b

13

Unemployment compensation and Alaska Permanent Fund dividends.

13

14a

Social security benefits.

14a

14b

Taxable amount (see instructions).

14b

15

Add lines 7 through 14b (far right column). This is your **total income**. ►

15

44470

Adjusted gross income

16

Educator expenses (see instructions).

16

17

IRA deduction (see instructions).

17

18

Student loan interest deduction (see instructions).

18

19

Tuition and fees. Attach Form 8917.

19

20

Add lines 16 through 19. These are your **total adjustments**.

20

21

Subtract line 20 from line 15. This is your **adjusted gross income**. ►

21

44470

**Tax, credits, and payments**

<b>22</b>	Enter the amount from line 21 (adjusted gross income).	<b>22</b>	44470
<b>23a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1949, <input type="checkbox"/> <b>Blind</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1949, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes checked</b> <input type="checkbox"/> <b>23a</b>		
<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here <input type="checkbox"/> <b>23b</b>		
<b>24</b>	Enter your <b>standard deduction</b> .	<b>24</b>	6100
<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	<b>25</b>	38370
<b>26</b>	<b>Exemptions.</b> Multiply \$3,900 by the number on line 6d.	<b>26</b>	3900
<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	<b>27</b>	34470
<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	<b>28</b>	4725
<b>29</b>	Credit for child and dependent care expenses. Attach Form 2441.	<b>29</b>	
<b>30</b>	Credit for the elderly or the disabled. Attach Schedule R.	<b>30</b>	
<b>31</b>	Education credits from Form 8863, line 19.	<b>31</b>	
<b>32</b>	Retirement savings contributions credit. Attach Form 8880.	<b>32</b>	
<b>33</b>	Child tax credit. Attach Schedule 8812, if required.	<b>33</b>	
<b>34</b>	Add lines 29 through 33. These are your <b>total credits</b> .	<b>34</b>	
<b>35</b>	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your <b>total tax</b> .	<b>35</b>	4725
<b>36</b>	Federal income tax withheld from Forms W-2 and 1099.	<b>36</b>	1808
<b>37</b>	2013 estimated tax payments and amount applied from 2012 return.	<b>37</b>	4109
<b>38a</b>	<b>Earned income credit (EIC).</b>	<b>38a</b>	
<b>b</b>	Nontaxable combat pay election.	<b>38b</b>	
<b>39</b>	Additional child tax credit. Attach Schedule 8812.	<b>39</b>	
<b>40</b>	American opportunity credit from Form 8863, line 8.	<b>40</b>	
<b>41</b>	Add lines 36, 37, 38a, 39, and 40. These are your <b>total payments</b> .	<b>41</b>	5917
<b>42</b>	If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you <b>overpaid</b> .	<b>42</b>	1192
<b>43a</b>	Amount of line 42 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> <b>43a</b>		1192
<b>b</b>	Routing number <input type="text" value="314977405"/> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text" value="1800900139062"/>		
<b>44</b>	Amount of line 42 you want <b>applied to your 2014 estimated tax</b> .	<b>44</b>	
<b>45</b>	<b>Amount you owe.</b> Subtract line 41 from line 35. For details on how to pay, see instructions.	<b>45</b>	
<b>46</b>	Estimated tax penalty (see instructions).	<b>46</b>	

**Refund**

Direct deposit? See instructions and fill in 43b, 43c, and 43d or Form 8888.

**Amount you owe**

**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 <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
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**Sign here**

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

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

Your signature <input type="text"/>	Date <input type="text" value="02/10/14"/>	Your occupation <input type="text" value="SCIENTIST"/>	Daytime phone number <input type="text" value="405-308-3115"/>
Spouse's signature. If a joint return, <b>both</b> must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

**Paid preparer use only**

Print/type preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text" value="02/10/14"/>	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/>
Firm's name <input type="text"/>	Firm's EIN <input type="text" value="-"/>		Phone no. <input type="text"/>	
Firm's address <input type="text"/>				