

Department of the Treasury—Internal Revenue Service (99) **1040 U.S. Individual Income Tax Return 2013**

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial: Fabio Last name: Lourenconi Your social security number: 616-62-4388

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. 29 Golf Ville Circle

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Stamford CT 06905

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

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

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b Spouse

c Dependents:

(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)
Neila	Lourenconi	046-08-4034	Parent	

If more than four dependents, see instructions and check here

d Total number of exemptions claimed: 2

Boxes checked on 6a and 6b: 1

No. of children on 6c who:
 • lived with you: _____
 • did not live with you due to divorce or separation (see instructions): _____

Dependents on 6c not entered above: 1

Add numbers on lines above: 2

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	0
8a	Taxable interest. Attach Schedule B if required	8a	0
b	Tax-exempt interest. Do not include on line 8a	8b	0
9a	Ordinary dividends. Attach Schedule B if required	9a	0
b	Qualified dividends	9b	0
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or D-EZ	12	7,650
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	0
16a	Pensions and annuities	16a	
b	Taxable amount	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	0
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount _____	21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	7,650

Adjusted Gross Income

23	Educator expenses	23	0
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25	Health savings account deduction. Attach Form 8889	25	0
26	Moving expenses. Attach Form 3903	26	0
27	Deductible part of self-employment tax. Attach Schedule SE	27	541
28	Self-employed SEP, SIMPLE, and qualified plans	28	0
29	Self-employed health insurance deduction	29	0
30	Penalty on early withdrawal of savings	30	0
31a	Alimony paid b Recipient's SSN	31a	0
32	IRA deduction	32	0
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917.	34	
35	Domestic production activities deduction. Attach Form 8903	35	0
36	Add lines 23 through 35	36	541
37	Subtract line 36 from line 22. This is your adjusted gross income	37	7,109

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 38

39a Check You were born before January 2, 1949, Blind. Total boxes checked **39a** 0

if: Spouse was born before January 2, 1949, Blind.

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

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 8,950

41 Subtract line 40 from line 38 **41** -1,841

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** 0

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c **44** 0

45 Alternative minimum tax (see instructions). Attach Form 6251 **45** 0

46 Add lines 44 and 45 **46** 0

47 Foreign tax credit. Attach Form 1116 if required **47** 0

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

49 Education credits from Form 8863, line 19 **49** 0

50 Retirement savings contributions credit. Attach Form 8880 **50** 0

51 Child tax credit. Attach Schedule 8812, if required **51**

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

53 Other credits from Form: a 3800 b 8801 c **53** 0

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

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

Other Taxes

56 Self-employment tax. Attach Schedule SE **56** 1,081

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 **57** 0

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58** 0

59a Household employment taxes from Schedule H **59a** 0

b First-time homebuyer credit repayment. Attach Form 5405 if required **59b** 0

60 Taxes from: a Form 8959 b Form 8960 c Instructions, enter code(s) **60** 0

61 Add lines 55 through 60. This is your total tax **61** 1,081

Payments

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

63 2013 estimated tax payments and amount applied from 2012 return **63** 0

64a Earned income credit (EIC) **64a** 487

b Nontaxable combat pay election **64b** 0

65 Additional child tax credit. Attach Schedule 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** 0

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

71 Credits from Form: a 2439 b Reserved c 8885 d **71** 0

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments **72** 487

Refund

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

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

b Routing number XXXXXXXXXXXX **74b** Type: Checking Savings

d Account number XXXXXXXXXXXXXXXXXXXX **74d**

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

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions **76** 594

Amount You Owe

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

Third Party Designee

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

Designee's name **Armando Anderson** Phone no. **203-372-1011** Personal identification number (PIN) **19555**

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 **Chef** Daytime phone number **203-667-3855**

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.) _____

Preparer Use Only

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

Firm's name _____ Firm's EIN _____

Firm's address _____ Phone no. _____

**SCHEDULE C-EZ
(Form 1040)**

Net Profit From Business

(Sole Proprietorship)

OMB No. 1545-0074

2013

Attachment Sequence No. **09A**

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 on page 2.

Name of proprietor
Fabio Lourenconi

Social security number (SSN)
616-62-4388

Part I General Information

You May Use Schedule C-EZ Instead of Schedule C Only If You:

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service
Chef

B Enter business code (see page 2)
722511

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

D Enter your EIN (see page 2)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.
29 Golf Ville Circle
City, town or post office, state, and ZIP code
Stamford CT 06905

F Did you make any payments in 2013 that would require you to file Form(s) 1099? (see the Schedule C instructions) Yes No

G If "Yes," did you or will you file required Form(s) 1099? Yes No

Part II Figure Your Net Profit

1	Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory Employees</i> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	1	10,200
2	Total expenses (see page 2). If more than \$5,000, you must use Schedule C	2	2,550
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12 , and Schedule SE, line 2 or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	3	7,650

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 5** 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 page 2) _____ **c** Other _____
- 6** Was your vehicle available for personal use during off-duty hours? Yes No
- 7** Do you (or your spouse) have another vehicle available for personal use? Yes No
- 8a** Do you have evidence to support your deduction? Yes No
- b** If "Yes," is the evidence written? Yes No

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

Schedule C-EZ (Form 1040) 2013

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2013

Attachment
Sequence No. **17**

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

Fabio Lourenconi

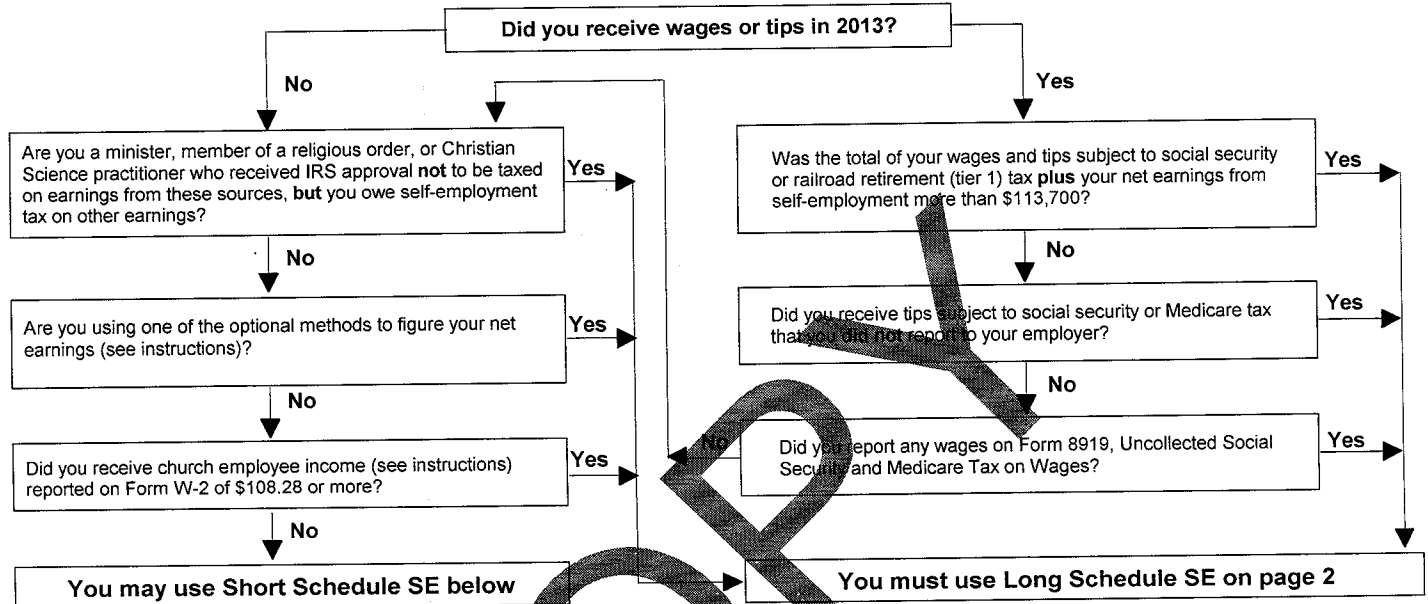
Social security number of person
with self-employment income ▶

616-62-4388

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	0
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	(0)
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	7,650
3 Combine lines 1a, 1b, and 2.	3	7,650
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	7,065
5 Self-employment tax. If the amount on line 4 is: • \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54. • More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54.	5	1,081
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, or Form 1040NR, line 27	6	541

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

2013

Form 1040- V

Department of the Treasury
Internal Revenue Service

COPY

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**
Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

▶ Do not staple or attach this voucher to your payment or return.

2013

Use this voucher when making a payment with Form 1040. Write your social security number (SSN) on your check or money order.

Amount you are paying by check or money order.
Make your check or money order payable to
"United States Treasury"

Dollars

594

616-62-4388

KIA 1017

Fabio

Lourenconi

29 Golf Ville Circle
Stamford

CT 06905

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