

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

2012, ending

29

See separate instructions.

Your first name and initial

Last name

Your social security number

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

Leccc
Last name

[Redacted]

Marta J

Leccc

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

Apt. no.

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

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

Presidential Election Campaign

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

Foreign country name

Foreign province/state/country

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 persons (see instructions). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child.

Check only one box.

Exemptions

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

b ☒ Spouse

c Dependents:

(i) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ If child under age 17 (qualifying for credit for child tax credit (see instructions))
				☐
				☐
				☐
				☐

If more than four dependents, see instructions and check here ▶ ☐

Boxes checked on 6a and 6b

2
No. of children on 6c above
• Lived with you
• Did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶ 2

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
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

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

23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 5903	26
27	Deductible part of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid	31a
31b	Recipient's SSN ▶	31b
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 9903	35
36	Add lines 23 through 35	36
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37

19683.00

19683.00

19683.00

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

38	Amount from line 37 (adjusted gross income)	38	19683.00
39a	Check ☐ You were born before January 2, 1946. ☐ Blind. Total boxes ☐ If: ☐ Spouse was born before January 2, 1946. ☐ Blind. checked ☒ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11900.00
41	Subtract line 40 from line 38	41	7783.00
42	Exemptions. Multiply \$3,800 by the number on line 5d	42	7600.00
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	183.00
44	Tax (see instructions). Check if any from: a ☐ Forms 8814 b ☐ Form 4872 c ☐ 362 election	44	19.00
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
46	Add lines 44 and 45	46	19.00
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 15	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 ☐ 3909 b ☐ 8801 c ☐	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	19.00

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	0
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	Other taxes. Enter codes from instructions	60	0
61	Add lines 55 through 60. This is your total tax	61	19.00

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	3290.68
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election. ☐ 64b		
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a ☐ 2439 b ☐ 8801 c ☐ 8801 d ☐ 8865	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	3290.68

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	3271.68
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐ 74a	74a	3271.68
b	Routing number a Type: ☐ Checking ☐ Savings		
d	Account number		
75	Amount of line 73 you want applied to your 2013 estimated tax ☐ 75		

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Designee's name	Phone no.	Personal identification number (PIN)
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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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Your signature Date 12-9-13	Your occupation electronics tech	Designee's phone number
Spouse's signature, if a joint return, both must sign.	Date 12-13	Spouse's occupation housewife/waitress	If the IRS sent you an Identity Protection PIN, enter it here (see instructions)

Print

Print type preparer's name Preparer's signature Date Check ☐if ☐PTIN

☐ CORRECTED (if checked)

12/11/2012

PAYER'S name, street address, city, state, and ZIP code Defense Finance and Accounting Service US Military Retirement Pay PO Box 7130 London, KY 40542-7130		1 Gross distribution \$ 19683.00	GMB No. 1345-0119 2012	Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 19683.00		
PAYER'S Federal identification number 34-0727612	RECIPIENT'S identification number [REDACTED]	2b ☐ Taxable amount not determined ☐ Total Distribution		Copy B Report this income on your Federal tax return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name, address, and ZIP code CHRISTOPHER ALAN LECCE [REDACTED] [REDACTED] [REDACTED]		4 Federal income tax withheld \$ 18.30	7 Distribution code 7	
		9 Year percentage of total distribution %		
		10 State income tax withheld \$ 0.00	11 State/Paper's state number	
		\$ 0.00		
		RETIRED 00012012-12312012		

Form 1099-R

Department of the Treasury - Internal Revenue Service

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0074

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.1 Name(s) shown on return Christopher A. Lecce2 Your social security number [REDACTED]3 Address [REDACTED]4 Enter year in space provided and check one box. For the tax year ending December 31, 2012.I have been unable to obtain (or have received an incorrect) ☒ Form W-2 OR ☐ Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code [REDACTED]6 Employer's or payer's [REDACTED]

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	<u>0</u>	g State income tax withheld	<u>2012.61</u>
b Social security wages	<u> </u>	(Name of state) <u>NY</u>	<u> </u>
c Medicare wages and tips	<u> </u>	h Local income tax withheld	<u> </u>
d Advance EIC payment	<u> </u>	(Name of locality) <u> </u>	<u> </u>
e Social security tips	<u> </u>	i Social security tax withheld	<u> </u>
f Federal income tax withheld	<u>2572.871</u>	Medicare tax withheld	<u>680.50</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	<u> </u>	f Federal income tax withheld	<u> </u>
b Taxable amount	<u> </u>	g State income tax withheld	<u> </u>
c Taxable amount not determined	☐	h Local income tax withheld	<u> </u>
d Total distribution	<u> </u>	i Employee contributions	<u> </u>
e Capital gain (included in line 8b)	<u> </u>	j Distribution codes	<u> </u>

9 How did you determine the amounts on lines 7 and 8 above?

Sections 3401 (a)(c), 3121, etc...Info provided by Payer on Line 5.Relevant Portions of the 1099

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

NoneSign
Here

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶

[Signature]Date ▶ 12-9-13

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0074

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.**1** Name(s) shown on returnMarta J. Lecce**2** Your social security number**3** Address**4** Enter year in space provided and check one box. For the tax year ending December 31, 2012.I have been unable to obtain (or have received an incorrect) ☒ Form W-2 **OR** ☐ Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code**6** Employer's or payer's**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.**a** Wages, tips, and other compensation 0**b** Social security wages **c** Medicare wages and tips **d** Advance EIC payment **e** Social security tips **f** Federal income tax withheld **g** State income tax withheld (Name of state) **h** Local income tax withheld (Name of locality) **i** Social security tax withheld **j** Medicare tax withheld 14.13
4.88**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.**a** Gross distribution **b** Taxable amount **c** Taxable amount not determined ☐**d** Total distribution **e** Capital gain (included in line 8b) **f** Federal income tax withheld **g** State income tax withheld **h** Local income tax withheld **i** Employee contributions **j** Distribution codes **9** How did you determine the amounts on lines 7 and 8 above?Sections 3401(a)(c), 3121, etc...Info provided by payer on Line 5.Relevant Portions of the LRC**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.None**Sign
Here**

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶

Marta J. LecceDate ▶ 12-9-13