

Zachary B & Holly M Eastland 101 Montpelier Dr. Boutte, LA 70039

Balance Due/ Refund	Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of \$2,398.00. Your tax refund should be direct deposited into your account within 7 to 14 days after your return is accepted. The account information you entered - Account Number: 129397628 Routing Transit Number: 314074269.										
Where's My Refund?	Before you call the Internal Revenue Service with questions about your refund, give them 7 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.										
No Signature Document Needed	No signature form is required since you signed your return electronically.										
What You Need to Keep	   Your Electronic Filing Instructions (this form)   Printed copy of your federal return   										
2011 Federal Tax Return Summary	Adjusted Gross Income       \$ 24,741.00         Taxable Income       \$ 5,741.00         Total Tax       \$ 573.00         Total Payments/Credits       \$ 2,971.00         Amount to be Refunded       \$ 2,398.00         Effective Tax Rate       2.32%										



Hi Zachary and Holly,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations\*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Department of the Treasury-Internal Revenue Service

Form

Income	Tax	Retu	ırn	for	Single	and
Laborate Cit			NI-	D -		

<b>1040EZ</b>	Joi	nt Filers With	No Dependents	(99) 2	2011			OMB No. 1545-0074
Your first name an	nd initial		Last name				Your s	ocial security number
Zachary B			Eastland				4.3.3-	-79-8840
If a joint return, sp		name and initial	Last name					e's social security number
Holly M			Eastland				615	-62-7305
	umber and	street). If you have a P.O				Apt. no.	015	
101 Montp	elier	Dr.						Make sure the SSN(s) above are correct.
City, town or post of	ffice, state, a	and ZIP code. If you have a	foreign address, also complete	spaces below (se	e instructions).		Preside	ential Election Campaign
Boutte LA	70039	)						ere if you, or your spouse if filing
Foreign country na	ame		Foreign pr	rovince/county		Foreign postal code		ant \$3 to go to this fund. Checking low will not change your tax or You Spouse
Income	1	-	d tips. This should be shown $2$	own in box 1 o	of your Form(s)	W-2.	1	
Attach		Attach your Form(s	5) W-2.				1	24,741.
Form(s) W-2 here.	2	Taxable interest. If	the total is over \$1,500,	you cannot us	e Form 1040EZ		2	
Enclose, but do	3	TT 1 (		E	11.11.17	•	2	
not attach, any payment.	3	Unemployment con	npensation and Alaska P	ermanent Fun	a aividends (see	e instructions).	3	
	4		3. This is your <b>adjusted</b>				4	24,741.
	5		m you (or your spouse if	-	-			
		the applicable box(	es) below and enter the a	mount from th	ne worksheet or	ı back.		
		You	Spouse					
			you (or your spouse if a			single;		
			filing jointly. See back	-			5	19,000.
	6		n line 4. If line 5 is larger	r than line 4, e	nter -0			
		This is your <b>taxabl</b>				•	6	5,741.
Payments,	7		withheld from Form(s)				7	2,971.
Credits,	<b>8</b> a		edit (EIC) (see instructi	-	8b		8a	
and Tax	b	Nontaxable combat						
	9	Add lines 7 and 8a.	9	2,971.				
	10		nt on <b>line 6 above</b> to find enter the tax from the tab	-		he	10	E 7 3
Defund	11a	,	an line 10, subtract line			fund		<u> </u>
Refund Have it directly	114	-	ached, check here $\blacktriangleright$		This is your it	iunu.	11a	2,398.
deposited! See instructions and	► b	Routing number	3 1 4 0 7 4	2 6 9	▶c Type: 🔀	Checking Sa	vings	
fill in 11b, 11c, and 11d or Form 8888.	► d	Account number	129397	6 2 8				
Amount	12	If line 10 is larger th	nan line 9, subtract line 9	from line 10 '	This is			
You Owe		0	<b>e.</b> For details on how to p			►	12	
Third Party	Do yo	u want to allow anoth	er person to discuss this	return with the	e IRS (see instru	ictions)? 🗌 Ye	es. Comp	olete below. 🛛 No
Designee	Designe	e's ►		Phone no.		Personal ider number (PIN		•
Sign			clare that I have examined					
Here			sources of income I receive preparer has any knowledge.		year. Declaration	i oi preparer (other	than the t	axpayer) is based
Joint return? See	Your si	gnature		Date	Your occupation	1	Daytime	phone number
instructions.					Military		(5	04)952-9225
Keep a copy for your records.	Spouse	e's signature. If a joint ret	urn, <b>both</b> must sign.	Date	Spouse's occup None	ation	If the IRS s PIN, enter here (see in	
Paid	Print/Type	preparer's name	Preparer's signature	1	Da	ite	Check	
							self-emp	
Preparer -	Firm's nan	ne ► SELF PRE	PARED			Firm's EIN ►		I
Use Only	Firm's add					Phone no.		
			ction Act Notice, see instr	uctions. BAA		REV 12/01/11 TTC	)	Form <b>1040EZ</b> (2011)

# Tax Payments Worksheet ► Keep for your records

2011

Name(s) Sh	owr	n or	Return			
Zachary	В	&	Holly	М	Eastland	

Social Security Number 433-79-8840

Estimated Tax Payments for 2011 (If more than 4 payments for any state or locality, see Tax Help)

	Fed	deral		State				Local								
	Date	Amount	Date	Am	ount	ID	Dat	e	Amount	ID						
	04/18/11 06/15/11 09/15/11 01/17/12 01/17/12		04/18, 06/15, 09/15, 01/17,	/11			04/13 06/11 09/11 01/11	<u>5/11</u>								
	•	<b>Other Than With</b> s, see Tax Help)	holding	Federal		St	ate	ID	Local	ID						
6 7 8 9	Credited by Totals Line	nts applied to 20 estates and trust es 1 through 7 ions	s													
Та	axes Withhel	d From:			Fec	leral		State	Lo	cal						
10 11 12 13 14 15 16 17 18	Forms W-2 Forms 109 Forms 109 Schedules Forms 109 Social Sect Form 1099 Cother with b Other with c Other with d Positive Ac e Negative A	2 2G 9-R 9-MISC and 109 K-1 9-INT, DIV and C urity and Railroa I-B nolding nolding djustment holding Lines 1	9-G			2,97			557.							
20	) Total Tax	Payments for 20	011			<u>2,971.</u> 2,971.			557 <b>.</b>							
		es Paid In 201 or localities, see				St	ate	ID	Local	ID						
21 22 23 24	2 2010 estim B Balance du	ith 2010 extension nated tax paid aft ue paid with 2010 ended returns, in	er 12/31/10 ) return	 	· ·   _											

## Federal Carryover Worksheet ► Keep for your records

Name(s) Shown on Return	Social Security Number
Zachary B & Holly M Eastland	433-79-8840

#### 2010 State and Local Income Tax Information (See Tax Help)

	(a) State or .ocal ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return		(f) Total Over- payment	(g) Applied Amount	-
lota	als								-
Oth	er Tax aı	nd Income Info	rmation				2010	2011	
1 2 3 4 5 6 7 8	Numbe Itemize Check Adjuste Tax lial Alterna	or of exemptions ad deductions . box if required t ad gross income bility for Form 2 tive minimum ta	to itemize deducti 210 or Form 2210 ax	65 (0 - 4) ons 	· · · · · · ·	1 2 3 4 5 6 7 8		24,7	57. 41. 73.

QuickZoom to the IRA Information Worksheet for IRA information

Excess Contributions				2010	2011
<ul> <li>9 a Taxpayer's excess Archer MSA contributions as</li> <li>b Spouse's excess Archer MSA contributions as of</li> <li>10 a Taxpayer's excess Coverdell ESA contributions as</li> <li>b Spouse's excess Coverdell ESA contributions as</li> <li>11 a Taxpayer's excess HSA contributions as of 12/31</li> <li>b Spouse's excess HSA contributions as of 12/31</li> </ul>	b				
Loss and Expense Carryovers Note: Enter all entries as a positive amount				2010	2011
<ul> <li>12 a Short-term capital loss.</li> <li>b AMT Short-term capital loss</li> <li>13 a Long-term capital loss</li> <li>b AMT Long-term capital loss</li> <li>b AMT Long-term capital loss</li> <li>14 a Net operating loss available to carry forward</li> <li>b AMT Net operating loss available to carry forward</li> <li>15 a Investment interest expense disallowed</li> <li>b AMT Investment interest expense disallowed</li> <li>16 Nonrecaptured net Section 1231 losses from:</li> </ul>	   d .	· · · · · · · · · · · · · · · · · · ·	12 a b 13 a b 14 a b 15 a b 16 a c d e f		

#### **ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING**

Taxpayer:	Zachary B & Holly M Eastland
Primary SSN:	433-79-8840

Federal Return Submitted:	April	16,	2012	06:27	PM PDT	
Federal Return Acceptance Date:						

Your return was electronically transmitted on 04/16/2012

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

#### **1. THE INTUIT ELECTRONIC POSTMARK.**

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 17, 2012. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 17, 2012, your Intuit electronic postmark will indicate April 17, 2012, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 17, 2012, and a corrected return is submitted and accepted before April 22, 2012. If your return is submitted after April 22, 2012, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2012. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2012, and the corrected return is submitted and accepted by October 20, 2012.

#### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.



EASTLAND ZACHARY B AND HOLLY M 101 MONTPELIER DR. BOUTTE, LA 70039

Balance Due/ Refund	Your Louisiana state tax return (Form IT-540) shows a refund due to you in the amount of \$557.00. Your tax refund should be direct deposited into your account within 7 to 14 days after your return is accepted. The account information you entered - Account Number: 129397628 Routing Transit Number: 314074269.										
Where's My Refund?	Before you call the Louisiana Department of Revenue with questions about your refund, give them 7 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Louisiana Department of Revenue directly at 1-225-219-0102. From outside of Louisiana use 1-888-829-3071.										
What You Need to Sign	Sign and date Form LA-84530L within 1 day of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.										
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Louisiana Department of Revenue already has your return.										
What You Need to Fax	You must fax a copy of your official orders, including endorsements, that establish your 120 plus consecutive days of out-of-state active duty to the Louisiana Department of Revenue's electronic filing attachment fax number (225)231-6221. Include your name, social security number, and indicate the tax year on the first page of the fax.										
What You Need to Keep	   Your Electronic Filing Instructions (this form)   - Form LA-84530L and attachment(s)   Printed copy of your state and federal returns										
2011 Louisiana Tax Return Summary	Image: Taxable Income       \$       0.00         Image: Total Tax       \$       0.00         Image: Total Tax       \$       557.00         Image: Total Payments/Credits       \$       557.00         Image: Amount to be Refunded       \$       557.00										

	530L (1/12) 8453OL	1002	201	1 Indivi	dual Inco		uisia K Decla		for Ele	ctron	ic Fi	ling								
Con	<b>EXECUTE</b>	R quality of life			IR	IS DC	N►	0	0-				Ι	Ι	]-	C	Γ			]-[2
ZA	first name and initial			Ē	EASTLA			8	r Social Security Number	1	4	3	3	7	9 E	3 8	3 4	0		
HOI	se's first name and in LLY M ent home address (nu		ncluding apartme		EASTLA			Social S	pouse's Security Number Daytime	2	6	1	5	6	2 7	, 3	3 0	5	20	)11
103	1 MONTPELI							Tel	ephone Number	5 tate	0	4	_	5 ZIP	29	) 2	2 2	5		
BOU	JTTE								I	A				700	)39					
Part	Α				Та	ax Retu	urn Infe	ormat	ion											
Bal	ance Due	<b>—</b> ,		, 🗌		00		Re	fund	due				, [		Γ	],	5	5 7	, 00
Part	_		Direct De		of Refun	d (Opti	onal) 🛛	⊠ or D	irect	Debit	(Op	otior	nal)							
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	of Account: 🛛	Checking	🗌 Savir	igs						<b> </b> [	Full	Payr	men	t 🗌			al Pay e ma			dit card.
PAR	T C				De	claratio	on of T	Гахрау	/er			-							_	
	I consent that I have filed a j	,		•		0													t B is	correct. I
	I do not want will receive my	direct depos	sit of my refu	und or a	am not r	receivin	g a refi	und. I			-								ect de	eposited
	I authorize the (direct debit) e authorize the sary to answe	entry to the financial ins	financial institutions inv	stitutior olved ir	n accour n proces	nt indica sing the	ated in e electi	Part B ronic p	for pa	ayme	nt of	f my	Sta	te ta	axes	ow	ed o	n thi	is retu	ırn. I also
	I understand to payment of my																recei	ve f	ull an	d timely
	clare that I hav pest of my know						red for	electro	onic tra	ansmi	ssio	n to	the	Stat	te of	Loi	uisiar	na ai	nd, to	
Plea	se sign here	,	Your signature			r	Date		Sno	ouse's	sign	aturo	(if i	aint	roturr					ate
			rour signature	5		L	Jale		Зро	1056 5	sign	ature	, (n Je	JIII	etun	1)			Da	ale
																			REV 10	/25/2011 TTO

You must retain this form along with the state copy of your supporting W2s and 1099s for a minimum of 3 years. DO NOT MAIL.

### 2011 LOUISIANA RESIDENT - 2D

Namo Chan						Taxpayer SS	SN ,	433'	7988	34C
Dece Filing						Spouse SSN	1 (	6150	6273	305
Spou: Dece										
Amer Retur		LA	7	0039		Telephone	50	0495	5292	225
	FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return. Enter a "1" in box if single. 2. Enter a "2" in box if married filing jointly.	6 6A		EMPTIONS: Yourself	65 or	Blind	Qualifying			
	<ul> <li>Enter a "3" in box if married filing separately.</li> <li>Enter a "4" in box if head of household. *</li> <li>Enter a "5" in box if qualifying widow(er).</li> </ul>	6B		Spouse	older 65 or older	Blind	Widow(er	′ I	otal of A & 6B	2
6C D	If the qualifying person is not your dependent, enter name here. <b>DEPENDENTS</b> – Enter dependent information below. If you have mequired information. Enter the total number from Federal Form 104	ore ti 0A, I	han 6 Line	dependents 6c, or Federa	, attach a statem al Form 1040, Lin	ent to your return e 6c, in the boxes	with the here.	60	;	0
	Dependent First and Last Name			SSN	Relation	ship to you	Birth [	Date (n	nm/dd/y	ууу)
						·				
REV 11	1/29/2011 TTO			6D <b>T</b> (	DTAL EXEMPTION	<b>S</b> – Total of 6A, 6B,	and 6C	6[	)	2
lf yo	ou are not required to file a federal return, indicate wages here.			Mark this	box and enter z	ero "0" on Lines	7 throu	gh 16.		
7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gros Income is less than zero, enter "0."	SS	X	From Louisiana Schedule E, attached	7			ſ	573	
8A	FEDERAL ITEMIZED DEDUCTIONS				8 <b>8</b>				0	
8B	FEDERAL STANDARD DEDUCTION				8B				0	
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from L	ine 8	A.		8C				0	
9	FEDERAL INCOME TAX – If your federal income tax has been decreas credit allowed by IRS, mark the box.	ed by	a feo	deral disaster	9				573	
10	YOUR LOUISIANA TAX TABLE INCOME - Subtract Lines 8C and 9 fro	m Lir	ie 7. l	f less than zer	ro, enter "0." <b>10</b>				0	
11	YOUR LOUISIANA INCOME TAX				11				0	



#### NONREFUNDABLE TAX CREDITS

12A	FEDERAL CHILD CARE CREDIT	12A	0
12B	2011 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT	12B	0
12C	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2007 THROUGH 2010	12C	0
12D	2011 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT		0
	<b>5</b> <sub>0</sub> <b>4</b> <sub>0</sub> <b>3</b> <sub>0</sub> <b>2</b> <sub>0</sub>	12D	0
12E	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2008 THROUGH 2010	12E	0
13	EDUCATION CREDIT	13	0
14	OTHER NONREFUNDABLE TAX CREDITS – From Schedule G, Line 11	14	0
15	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 12B through 14.	15	0
16	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 15 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0."	16	0
17	CONSUMER USE TAX X No use tax due. Amount from the Consumer Use Tax Worksheet, Line 2.	17	0
18	TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 16 and 17. REFUNDABLE TAX CREDITS	18	0
19	2011 LOUISIANA REFUNDABLE CHILD CARE	19	0
19A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	19A	0
19B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	19B	0
20	2011 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT		
	<b>5</b> 0 <b>4</b> 0 <b>3</b> 0 <b>2</b> 0	20	0
21	EARNED INCOME CREDIT	21	0
22	LOUISIANA CITIZENS INSURANCE CREDIT	22	0
23	OTHER REFUNDABLE TAX CREDITS – From Schedule F, Line 7	23	0
	PAYMENTS		
24	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2011 – Attach Forms W-2 and 1099.	24	557
25	AMOUNT OF CREDIT CARRIED FORWARD FROM 2010	25	0
26	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership.	26	0
27	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2011	27	0
28 REV 1	AMOUNT PAID WITH EXTENSION REQUEST 1/29/2011 TTO	28	0



IT-540-2D (Page 3 of 4)

29	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 19 and 20 through 28. Do not include amounts on Lines 19A and 19B.	29	557
30	OVERPAYMENT – If Line 29 is greater than Line 18, subtract Line 18 from Line 29. Otherwise, enter zero "0" on Lines 30 through 48 and go to Line 49.	30	557
31	UNDERPAYMENT PENALTY - If you are a farmer, check the box.	31	0
32	<b>ADJUSTED OVERPAYMENT</b> – If Line 30 is greater than Line 31, subtract Line 31 from Line 30 and enter the result here. If Line 31 is greater than Line 30, enter zero "0" on Lines 32 through 48, subtract Line 30 from Line 31, and enter the balance on Line 49.	32	557
	DONATIONS OF LINE 32		
33	The Military Family Assistance Fund	33	0
34	Coastal Protection and Restoration Fund	34	0
35	The START Program	35	0
36	Wildlife Habitat and Natural Heritage Trust Fund	36	0
37	Louisiana Prostate Cancer Trust Fund	37	0
38	Louisiana Animal Welfare Commission	38	0
39	Community - Based Primary Health Care Fund	39	0
40	National Lung Cancer Partnership	40	0
41	Louisiana Chapter of the National Multiple Sclerosis Society Fund	41	0
42	Louisiana Food Bank Association	42	0
43	Louisiana Bicentennial Commission and Battle of New Orleans Bicentennial Commission	43	0
44	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	44	0
45	TOTAL DONATIONS – Add Lines 33 through 44.	45	0
16	REFUND DUE		
46	SUBTOTAL – Subtract Line 45 from Line 32.	46	557
47	AMOUNT OF LINE 46 TO BE CREDITED TO 2012 INCOME TAX	47	0
48	AMOUNT TO BE REFUNDED – Subtract Line 47 from Line 46. <b>REFUND</b> If you file a paper return, you will receive your refund on an Electronic Access Card (prepaid card).	48	557



#### AMOUNTS DUE LOUISIANA

49	AMOUNT YOU OWE - If Line 18 is greater than Line 29, subtract Line 29 f	49	0	
50	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FU	ND	50	0
51	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND REST	51	0	
52	ADDITIONAL DONATION TO LOUISIANA CHAPTER OF THE NATIONAL SOCIETY FUND	52	0	
53	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	53	0	
54	INTEREST		54	0
55	DELINQUENT FILING PENALTY		55	0
56	DELINQUENT PAYMENT PENALTY	56	0	
57	UNDERPAYMENT PENALTY – If you are a farmer, check the box.		57	0
58	BALANCE DUE LOUISIANA – Add Lines 49 through 57.	58	0	



Status 010

Contribution and Donation 00000

I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance in order to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through use of an Electronic Access Card (prepaid card).

Your Signature			Date	Signature of paid preparer other than taxpayer SELF-PREPARED			
Spouse's Signature (If filing join	tly, both must sign.)		Date	Telephone number of paid pr	eparer	Date	
Name	Address	FO	R OFFICE USE O	NLY			
EAST	101	Field Flag			Social Security Num FEIN of paid p		
Individual Income Tax Calendar year return due		-	artment o	f Revenue	SPEC CODE		

PO BOX 3440 BATON ROUGE LA 70821-3440



SCH	IEDULE E – 2011 ADJUSTMENTS TO INCOME			Social Security	v Number 433798840
1	FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040A, Line 21, <b>OR</b> Federal Form 1040, Line 37. Check bo	1	24741		
2	INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND TI SUBDIVISIONS	2	0		
2A	RECAPTURE OF START CONTRIBUTIONS	2A	0		
3	TOTAL – Add Lines 1, 2, and 2A.			3	24741
	<b>EXEMPT INCOME</b> – Enter on Lines 4A through 4H the along with the dollar amount.	e amount of e	exempted income in	ncluded in Line 1 above. Enter d	escription and associated code,
	Exempt Income Description		Code		Amount
4A	MILITARY PAY EXCLUSION		10E	4A	24741
4B				4B	0
4C				4C	0
4D				4D	0
4E				4E	0
4F				4F	0
4G				4G	0
4H				4H	0
41	<b>EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX</b> – Add line through 4H.	es 4A		41	24741
4J	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 of	or Option 2.		4J	573
4K	EXEMPT INCOME – Subtract Line 4J from Line 4I.			4K	24168
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280C EXPER Subtract Line 4K from Line 3.	NSE ADJUS	TMENT –	5A	573
5B	IRC 280C EXPENSE ADJUSTMENT			5B	0
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Linhere and on Form IT-540-2D, Line 7.	ne 5A. Enter	the result	5C	573
Des	cription	Code	Descriptio	on	Code
	est and Dividends on US Government Obligations	01E		gs Program Contribution	
Louis	iana State Employees' Retirement Benefits (Date Retired)	02E		Exclusion	
Ta	axpayer Spouse			olunteer	
Louis	iana State Teachers' Retirement Benefits (Date Retired)	03E		efighter	
Ta	axpayer Spouse		Voluntary Ret	trofit Residential Structure	
	ral Retirement Benefits (Date Retired)axpayer Spouse	04E	-	and Secondary School Tuitior	
	Retirement Benefits (Date Retired)	05E	Educational I	Expenses for Home-Schooled	d Children 18E
	rovide name or statute:		Educational I	Expenses for Quality Public I	Education 19E
	axpayer Spouse		Capital Gain	from Sale of Louisiana Busir	ness 20E
	al Retirement Income Exemption for Taxpayers 65 or over	06E			20L
	rovide name of pension or annuity:		Other Identify:		49E
	ble Amount of Social Security.		· · · · · · · · · · · · · · · · · · ·		
	e American Income.				

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Department of the Treasury-Internal Revenue Service

Form

Income	Tax	Retu	ırn	for	Single	and
Later Fil				D -		- 4 -

<b>1040EZ</b>	Joi	nt Filers With	No Dependents	(99) 2	2011		(	OMB No. 1545-0074
Your first name ar	nd initial		Last name				Your s	ocial security number
Zachary B	3		Eastland				433-	-79-8840
If a joint return, sp		t name and initial	Last name					's social security number
Holly M			Eastland				615-	-62-7305
	umber and	street). If you have a P.O				Apt. no.		Make sure the SSN(s)
101 Montp	elier	Dr.						above are correct.
City, town or post o	ffice, state,	and ZIP code. If you have a	foreign address, also complete	spaces below (se	e instructions).		Preside	ential Election Campaign
Boutte LA	70039	9						re if you, or your spouse if filing ant \$3 to go to this fund. Checking
Foreign country n	ame		Foreign pr	rovince/county		Foreign postal code		ow will not change your tax or
Income	1	-	d tips. This should be should be $\frac{1}{2}$	own in box 1 o	of your Form(s)	W-2.	1	
Attach		Attach your Form(s	s) w-2.				1	24,741.
Form(s) W-2 here.	2	Taxable interest. If	the total is over \$1,500,	you cannot us	e Form 1040EZ		2	
Enclose, but do				_			•	
not attach, any payment.	3	Unemployment cor	npensation and Alaska P	ermanent Fun	d dividends (see	e instructions).	3	
	4		3. This is your adjusted				4	24,741.
	5		m you (or your spouse if	-	-			
			es) below and enter the a	amount from th	ne worksheet or	ı back.		
		You	Spouse					
			you (or your spouse if a			single;		
			l filing jointly. See back	-			5	19,000.
	6		n line 4. If line 5 is larger	r than line 4, e	nter -0			
		This is your <b>taxabl</b>				►	6	5,741.
Payments,	7		withheld from Form(s)				7	2,971.
Credits,	<u>8a</u>		edit (EIC) (see instructi	-			8a	
and Tax	<u>b</u>	Nontaxable combat			8b		9	
	9							2,971.
	10	<b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.						573.
Refund	11a	If line 9 is larger th	an line 10, subtract line	10 from line 9.	This is your <b>re</b>	fund.		
Have it directly		-	ached, check here 🕨 🗌	]			11a	2,398.
deposited! See instructions and	► b	Routing number	3 1 4 0 7 4	2 6 9	▶c Type: 🔀	Checking Sa	vings	
fill in 11b, 11c, and 11d or Form 8888.	► d	Account number	129397	6 2 8				
Amount	12	If line 10 is larger th	han line 9, subtract line 9	from line 10.	This is			
You Owe		U	e. For details on how to			►	12	
Third Dorty	Do yo	u want to allow anoth	er person to discuss this	return with the	e IRS (see instru	ictions)? 🗌 Ye	s. Comp	lete below. 🛛 No
Third Party Designee	Design	ee's Phone Personal identi						
Sign	name	penalties of periury 1 de	eclare that I have examined	no.  this return and	to the best of my	number (PIN	,	rue correct and
Sign Here	accura	tely lists all amounts and	I sources of income I receive preparer has any knowledge.	ed during the tax	year. Declaration	of preparer (other	than the ta	axpayer) is based
Joint return? See instructions.	Your s	gnature		Date	Your occupation Military			phone number 04) 952-9225
Keep a copy for your records.	Spous	e's signature. If a joint ret	turn, <b>both</b> must sign.	Date	Spouse's occup			ent you an Identity Protection t
Daid	Print/Type	preparer's name	Preparer's signature	1	Da	ite		
Paid							Check L self-empl	
Preparer	Firm's nar	ne 🕨 SELF PRE	PARED		'	Firm's EIN ►		l
Use Only	Firm's add					Phone no.		
For Disclosure, P			iction Act Notice, see instr	uctions. BAA		REV 12/01/11 TTC	)	Form <b>1040EZ</b> (2011)