



## U.S. DEPARTMENT of STATE

In accordance with HR.728 all individuals receiving a money transfer in Africa must fill out this form to make sure no US citizen gets "scammed". This form is also in accordance of SR.429 to make sure money provided by US citizens is not going to terrorist organizations.

Through out this you will be asked questions about your finances and previous transfers as well as some questions that will be meant to test you chance of being a scammer, through psycho-analasys. All instructions will be in *gray*. Once you have filled out this form correctly once you will not be asked to fill it out again.

# US Anti Scam and Terrorist Money Transfer Form



# U.S. DEPARTMENT of STATE

**Label**

(See instructions on page 16.)  
**Use the IRS label.**  
 Otherwise, please print or type.

**L  
A  
B  
E  
L  
H  
E  
R  
E**

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning		2000, ending	.20
Your first name and initial		Last name	
If a joint return, another's first name and initial		Last name	
Home address (number and street). If you have a P.O. box, see page 6.		Ap. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.			

This is a US tax form fill it out in full unless you can not answer a question because you are not an American Citizen, this is to see that you do not give money to terrorist organizations.

**Filing Status**

Check only one box.

- 1  Single  
 2  Married filing jointly (check 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 page 17.) 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 page 17).

**Exemptions**

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

b Spouse

c Dependents:

(1) First name	(2) Last name	(3) Dependent's social security number	(4) Dependent's relationship to filer	(5) Box 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 page 20)
				<input type="checkbox"/>

d Total number of exemptions claimed

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 page 20)  
Dependents or 6c  
not answered above

Add numbers on  
lines above

**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 page 23.

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

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2  
 8a Taxable interest. Attach Schedule B if required  
 b Tax-exempt interest. Do not include on line 8a  
 9a Ordinary dividends. Attach Schedule B if required  
 b Qualified dividends (see page 29)  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)  
 11 Alimony received  
 12 Business income or (loss). Attach Schedule C or C-EZ  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here   
 14 Other gains or losses. Attach Form 4797  
 15a IRA distributions 15a b Taxable amount (see page 25)  
 16a Pensions and annuities 16a b Taxable amount (see page 26)  
 17 Rents real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
 18 Farm income or loss. Attach Schedule F  
 19 Unemployment compensation  
 20a Social security benefits 20a b Taxable amount (see page 27)  
 21 Other income. List type and amount (see page 29)  
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income

7  
8a  
9a  
10  
11  
12  
13  
14  
15b  
16b  
17  
18  
19  
20b  
21  
22

**Adjusted Gross Income**

- 23 Archer MSA deduction. Attach Form 8853  
 24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ  
 25 Health savings account deduction. Attach Form 8889  
 26 Moving expenses. Attach Form 3903  
 27 One-half of self-employment tax. Attach Schedule SE  
 28 Self-employed SEP, SIMPLE, and qualified plans  
 29 Self-employed health insurance deduction (see page 29)  
 30 Penalty on early withdrawal of savings  
 31a Alimony paid b Recipient's SSN  
 32 IRA distribution (see page 21)  
 33 Student loan interest deduction (see page 29)  
 34 Jury duty pay you gave to your employer  
 35 Domestic production activities deduction. Attach Form 8829  
 36 Add lines 23 through 31a and 32 through 35  
 37 Subtract line 36 from line 22. This is your adjusted gross income

23  
24  
25  
26  
27  
28  
29  
30  
31a  
32  
33  
34  
35  
36  
37



# U.S. DEPARTMENT of STATE

Form 1040 (2008)

Page 2

<b>Tax and Credits</b>	38. Amount from line 37 (adjusted gross income) . . . . .	38	
<b>Standard Deduction (see page 24)</b>	39a. Check <input type="checkbox"/> You were born before January 2, 1942. <input type="checkbox"/> Blind. <input type="checkbox"/> Total taxes b. <input type="checkbox"/> Spouse was born before January 2, 1942. <input type="checkbox"/> Blind. <input type="checkbox"/> Checks. 39a. <input type="checkbox"/> 39b. <input type="checkbox"/>	39	
	39. Enter above (unless you're separated, or you are a dual-status alien; see page 19 and instructions). 39b. <input type="checkbox"/>	40	
	40. Remained deductions (from Schedule A) or your standard deduction (see left margin) . . . . .	40	
	41. Subtract line 40 from line 38 . . . . .	41	
	42. File line 41 if less than \$14,875, or you provided housing for dependents by Hurricane Katrina, see page 46. Otherwise, multiply \$5,280 by the total number of exemptions claimed on line 6d . . . . .	42	
	43. Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -6 . . . . .	43	
	44. See page 46. Check if any line + from 4 . <input type="checkbox"/> Form 8814 b. <input type="checkbox"/> Form 8872 . . . . .	44	
	45. Alternative minimum tax (see page 52). Attach Form 6251 . . . . .	45	
	46. Add lines 40 and 45 . . . . .	46	
<b>Single or Married filing separately (\$5,571)</b>	47. Federal tax credits. Attach Form 11-6 if required . . . . .	47	
	48. Credit for child and dependent care expenses. Attach Form 7854 . . . . .	48	
	49. Credit for the elderly or the disabled. Attach Schedule R . . . . .	49	
	50. Education credits. Attach Form 8863 . . . . .	50	
	51. Residential energy conservation credit. Attach Form 8863 . . . . .	51	
	52. Residential energy credits. Attach Form 8865 . . . . .	52	
	53. Child tax credit (see page 47). Attach Form 8800 if required . . . . .	53	
	54. Credit from a. <input type="checkbox"/> Form 8210 b. <input type="checkbox"/> Form 8210 c. <input type="checkbox"/> Form 8210 d. <input type="checkbox"/> Form 8210 e. <input type="checkbox"/> Form 8210 f. <input type="checkbox"/> Form 8210 g. <input type="checkbox"/> Form 8210 h . . . . .	54	
	55. Other credits. a. <input type="checkbox"/> Form 8870 b. <input type="checkbox"/> Form 8870 c. <input type="checkbox"/> Form 8870 d. <input type="checkbox"/> Form 8870 e. <input type="checkbox"/> Form 8870 f. <input type="checkbox"/> Form 8870 g . . . . .	55	
	56. Add lines 47 through 55. This is your total credits . . . . .	56	
	57. Subtract line 56 from line 46. If line 56 is more than line 46, enter -6 . . . . .	57	
<b>Other Taxes</b>	58. Self-employment tax. Attach Schedule SE . . . . .	58	
	59. Social security tax. Medicare tax on tip income not reported in employment. Attach Form 8374 . . . . .	59	
	60. Additional tax or IRAC, other qualified retirement plans, etc. Attach Form 6320 if required . . . . .	60	
	61. Advance earned income credit payments from Form(s) W-2, tax B . . . . .	61	
	62. Household employment taxes. Attach Schedule H . . . . .	62	
	63. Add lines 57 through 62. This is your total tax . . . . .	63	
<b>Payments</b>	64. Federal income tax withheld from Forms W-2 and 1099 . . . . .	64	
	65. 2006 estimated tax payments and amounts applied from 2006 return . . . . .	65	
<b>If you have a qualifying child, attach Schedule EIC.</b>	66a. Earned income credit (EIC) . . . . .	66a	
	b. Nonrefundable combat pay election . . . . .	66b	
	67. Excess social security and tier I RRTA tax withheld (see page 60) . . . . .	67	
	68. Additional child tax credit. Attach Form 8812 . . . . .	68	
	69. Amount paid with request for extension to file (see page 60) . . . . .	69	
	70. Payments from a. <input type="checkbox"/> Form 230 b. <input type="checkbox"/> Form 430 c. <input type="checkbox"/> Form 8885 . . . . .	70	
	71. Credit to federal wage remittance per 100% of Form 4695 Requested . . . . .	71	
	72. Add lines 64, 65, 66a, a. 66b, 67 through 71. This is your total payments . . . . .	72	
<b>Refund</b>	73. Line 72, minus line 49, less line 63 from line 72. This is the refund you overpaid . . . . .	73	
<b>Direct deposit?</b> See page 36. Line 73 in 74b, 74c, and 74d. Or Form 8885.	74a. Amount of line 73 you want refunded to you. If Form 8885 is attached, check here <input type="checkbox"/> . . . . .	74a	
	b. Routing number . . . . .	c. Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d. Account number . . . . .		
	75. Amount of line 72 you want applied to your 2007 estimated tax . . . . .	75	
<b>Amount You Owe</b>	76. Amount you owe. Subtract line 72 from line 63. For details or how to pay, see page 52 . . . . .	76	
	77. Estimated tax penalty (see page 60) . . . . .	77	
<b>Third Party Designee</b>	Do you want to allow another person to deduct this return with the IRS? See page 63/C <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
	Designee's name . . . . .	Phone . . . . .	Personal identification number (PIN) . . . . .
	Date . . . . .		
<b>Sign Here</b>	Under penalties of perjury, I declare that: This tax return and its schedules, attachments, and/or exhibits, are true, accurate, and to the best of my knowledge and belief, they reflect, clearly and completely, all pertinent information necessary to meet all requirements of which provision has the knowledge.		
	Your signature . . . . .	Date . . . . .	Signature & occupation . . . . .
			Telephone phone number . . . . .
	Spouse's signature. If a joint return, both must sign . . . . .		
<b>Paid Preparer's Use Only</b>	Preparer's signature . . . . .	JOB# . . . . .	Preparer's Social Security number . . . . .
		Credit for self-employed, business, and gift code . . . . .	
	Form 1040 (2008)		



# U.S. DEPARTMENT of STATE

Please write at least one thousand words about: **You are running for president of Your Country. What promises do you make to swing voters in your direction?** This will be analyzed by an algorithm from Yale to detect if you might be a scammer.

Please write at least one thousand words about: **What was your most successful business transaction? Describe in detail.** This will be analyzed by an algorithm from Yale to detect if you might be a scammer.