

COVER PAGE

Filing Checklist for 2014 Tax Return Filed On Standard Forms

Prepared on: 01/09/2015 10:37:15 am

Return: C:\Users\Smokey\Desktop\Tax\2014 Whittenburg\2014 Ch. 1\Patty Bayan 2014 Tax Return.T14

To file your 2014 tax return, simply follow these instructions:

Step 1. Sign and date the return

If your return is signed by a representative for you, you must have a power of attorney attached that specifically authorizes the representative to sign your return. To do this, you can use Form 2848, Power of Attorney and Declaration of Representative.

Step 2. Assemble the return

These forms should be assembled behind Form 1040 --U.S. Individual Income Tax Return

Staple these documents to the front of the first page of the return:

Form W-2: Wage and Tax Statement

1st

Step 3. Mail the return

Mail the return to this address:

**Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0002**

We recommend that you use one of these IRS-approved methods to send your return. Retain the proof of mailing to avoid a late filing penalty:

- U.S. Postal Service certified mail.
- FedEx Priority Overnight, Standard Overnight, 2Day, International Priority, or International First.
- United Parcel Service Next Day Air, Next Day Air Saver, 2nd Day Air, 2nd Day Air A.M., Worldwide Express Plus, or Worldwide Express.

Step 4. Keep a copy

Print a second copy of the return for your records. We recommend that you also print and retain these supporting forms, which don't need to be sent to the IRS:

- Background Worksheet
- Last Year's Data Worksheet

2014 return information - Keep this for your records

Here is some additional information about your 2014 return. Keep this information with your records.

You will need your 2014 AGI to electronically sign your return next year.

Quick Summary

Income		\$19,400
Adjustments	-	\$0
Adjusted gross income		\$19,400
Deductions	-	\$6,200
Exemption(s)	-	\$3,950
Taxable income		\$9,250
 Tax withheld or paid already		 \$3,000
Actual tax due	-	\$938
Refund applied to next year	-	\$0
Refund		\$2,062

Presidential

Note: Checking a box below won't change your tax or refund.

Elec Campaign

Check if you/spouse want \$3 to go to fund

You

Spouse

Filing Status

1

Single

4

Head of hshld. If qual

2

Married filing jointly

person a child but not your

even if only one had income

dependent, child's name:

3

Married filing separately

5

Qual widow w/dep child

one

Spouse name

box.

Exemp- 6a

6a

Spouse

Dependents:

(1) First

Last Name

(2) SSN

(3) Rela-

tionship

(4) # Children

Crdt

#

Lived w/

you

Apart -

div

Other

If > 4

depen-

dents,

check

here

d

Total number of exemptions claimed

Add nos. above

1

MINI-WORKSHEET FOR LINE 7, WAGES

a. Wages not on W-2

Self:

Spouse:

b. Total from line a

0

Note: Line b includes spouse amounts only if you are married filing a joint return.

c. Wages from W-2's

19,400

d. Total for line 7

19,400

Income 7

Wages, etc

7

19,400

8a

Taxable interest income. (Sch B if required)

8a

0

Attach copy B

b

Tax-exempt interest

8b

0

9a

Ordinary dividends

9a

0

b

Qual divs

9b

0

MINI-WORKSHEET FOR LINE 10, TAXABLE REFUNDS OF STATE AND LOCAL INCOME TAXES

Note: This mini-worksheet requires certain information from your 2013 income tax return. If you did not create this tax return using last year's tax data, complete the Last Year's Data Worksheet before continuing.

a. Sum of "special case" amounts from Forms 1099-G (based on Pub. 525)

a.

0

(If so, see IRS Pub. 525 and enter your taxable refunds manually on line 10.)

b. Amount of refunds (up to diff betw deds):

i. Refunds received (Form 1099-G)

0

Check to use amount on line i

Check to calculate limit on taxable amt

Limitation on Taxable Amount

H&R Block load last year users who calculated (but did not use) sales tax deduction in 2013:

1. Sales tax you could have deducted in 2013

Line 1 comes from the Last Year's Data Worksheet. We blank out lines 2 - 9 if line 1 is calculated.

Others:

2. 2013 number of exemptions

3. 2013 adjusted gross income

4. 2013 nontaxable income

5. 2013 total available income

6. 2013 states of residence:

(1) 2013 state at year-end

2013 locality

2013 state general sales tax rate %

CA and NV: Enter your 2013 combined state and local general sales tax rate on the following line.

2013 local general sales tax rate %

(2) 2013 other state

2013 dates of residence in other state:

From to

2013 locality

2013 state general sales tax rate %

CA and NV: Enter your 2013 combined state and local general sales tax rate on the following line.

2013 Local general sales tax rate %

7. 2013 total from tables

8. 2013 sales tax for major purchases

9. 2013 state and local sales tax ded (line 7 + line 8)

10. 2013 state and local inc tax ded

11. Ln 10 minus Ln 9 (or line 1, if applicable)

12. Smaller of lines b(i) and 11

ii. Line b(i) or 12 b.

Note: We carry line 12 to line b if you indicate that you want to calculate the difference between your 2013 income and sales tax deductions. Otherwise we carry line b(i) to line b.

c. Itemized deductions allowed in 2013 c.

d. 2013 filing status d.

If line d is "3", "X" if itemizing ☐

e. 2013 minimum standard deduction e.

f. Number of boxes x'd on 2013 Form 1040, line 39a f.

g. Ln f x \$1200 (\$1500 if Ln d is 1 or 4) g.

h. Reserved h.

i. Reserved i.

j. 2013 standard deduction (Ln e + Ln g) j.

Note: We blank line j if line d is X'd.

k. Sum of lines h, i, and j k.

l. Line c - line k (not < 0) l.

m. Smaller of line b or line l m.

n. Sum of lines a and m (to line 10) n. 0

of W-2, W-2G, & 1099-R here.	10	Taxable refunds of state and local income taxes	10	0
	11	Alimony received	11	
	12	Business income or loss. Attach Sched C or C-EZ	12	0
	13	Capital gain/loss <input type="checkbox"/>	13	0
	14	Other gains or losses. Attach Form 4797	14	
	15a	IRA's 15a	b Taxbl	15b
	16a	Pension, annuities 16a	b Taxbl	16b
	17	Rent, royalty, partnership, S corp, trust (Sch E)	17	
	18	Farm income or loss. Attach Schedule F	18	0
	19	Unemploy compensation	19	
	20a	Soc Sec benefits 20a	b Taxable . .	20b
	21	Other income (type and amt)	21	0
	22	Combine lines 7 through 21. Your total income	22	19,400
Adjusted	23	Educator expenses 23		
	24	Certain bus expenses of recipients		

24	Certain bus expenses of reservists, artists, fee-basis gov't officials	24	0
25	Health savings acct ded (Fm 8889)	25	0
26	Moving exps (Form 3903)	26	0
27	Deductible self-empl tax (Sch SE)	27	0
28	SE SEP/SIMPLE/qualified plans.	28	0

**MINI-WORKSHEET FOR LINE 29, SELF-EMPLOYED
HEALTH INSURANCE DEDUCTION**

- a. Total paid in 2014 for 2014 health insurance coverage established under your business (or the S corporation in which you were a more-than-2-percent shareholder) for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2014, even if the child was not your dependent
- Note:** Do not include amounts for any month you were eligible to participate in an employer-sponsored health plan (see instr.) or amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer.
- Note:** See the IRS instructions if, during 2014, you were an eligible trade adjustment assistance (TAA) recipient, alternative TAA (ATAA) recipient, reemployment trade adjustment assistance (RTAA) recipient, Pension Benefit Guaranty Corporation pension recipient, or more-than-2-percent shareholder in an S corporation.
- Note:** Your personal services must have been a material income-producing factor in the business.
- b. Amount from Schedule K-1, line 13 0
- c. Line a plus line b 0
- d. Check here if the business under which the insurance plan was established was an S corp., and you were a more-than-2% shareholder in the S corp ☐
- e. Net profit and any other earned income from the business under which the insurance plan is established, less 1040 lines 27 and 28 0
- Note:** We calculate line e. for you in most cases. But note these special rules:
- If you have more than one source of self-employment income, or if you are filing Form 2555 or Form 2555-EZ, use the worksheet in IRS Publication 535 to figure your entry for line e.
 - If you checked box d., enter your Medicare wages (box 5 of Form W-2) from the S corp. on line e. You may need to make additional adjustments on line e. if, in addition to the S corp, you have another health plan and source of self-employment.
 - See the IRS instructions and override as necessary if you have Conservation Reserve Program payments that are exempt from self-employment tax.
- f. Smaller line c. or e. (for line 29) 0
- g. Extra premiums included on line c. that were for nondependent children under age 27 for whom a medical expense deduction can't be claimed
- Note:** You might need to adjust our calculations on line 1 of Schedule A if you had more than one source of income that could support the self-employed health insurance deduction and you paid additional premiums to cover a nondependent child.

29	Self-employed health ins deduction	29	0	
30	Penalty on early w/drawal of svgs	30	0	
31a	Alimony pd . . bRecip SSN ▶	31a		

**MINI-WORKSHEET FOR LINE 32,
IRA DEDUCTION**

- a. Your IRA deduction
- b. Your spouse's IRA deduction 0
- c. Total (to line 32) 0

Gross **32** IRA deduction (see instr) **32** 0

**MINI-WORKSHEET FOR LINE 33,
STUDENT LOAN INTEREST DEDUCTION**

Note: *If you are claimed as a dependent on someone else's return, or if you are married filing a separate return, you are not eligible for this deduction.*

- a. Qualifying interest
- b. Maximum interest deduction
- c. Eligible interest. Smaller line a or b
- d. Total income (Form 1040 line 22)
- e. Total of amounts from Form 1040, lines
23 through 32, and amount to left
of line 36
- f. Foreign earned income and housing deduction
- g. Income excluded from Puerto Rico, Guam,
American Samoa, or N. Mariana Islands
- h. Modified AGI. Ln d - Ln e + Lns f and g
- i. Phaseout threshold (\$65,000; \$130,000 jnt)
- j. Line h - line i
- k. Reduction amount (line c times line j divided
by \$15,000 if not joint, \$30,000 joint)
- l. Deduction (line c - line k). To line 33

Income **33** Student loan interest deduction **33** 0

34 Tuition & fees. Attach Form 8917 **34** 0

35 Dom. prod. act. ded. (Fm 8903) **35** 0

36 Lns 23 - 35 ▶ **36** 0

37 Line 22 - line 36. Your **adjusted gross income** ▶ **37** 19,400

KIA

END OF PAGE 1

Not
For
Filing

Tax and 38 Amount on line 37 (adjusted gross income) 38 19,400

Credits 39a You born before Jan 2, 1950 Blind 39a 0
Sp born before Jan 2, 1950 Blind

MINI-WORKSHEET FOR LINE 39b
a. Married, filing separately and spouse itemizes
b. Are you a dual-status alien

b Sp itemizes on sep rtn/dual-status alien 39b

MINI-WORKSHEET FOR LINE 40,
STANDARD VS ITEMIZED DEDUCTION
a. Your standard deduction (calculated) 6,200
b. Itemized deductions (from Schedule A)
c. "X" if you are required to itemize (calculated)
d. "X" if you want to itemize, even if lower deduction
e. "X" if you are married filing separately and
are taking the standard deduction (calculated)
f. Larger of a. and b. (or, if c or d is "X", then b;
if e is "X", then a) Carry to line 40 6,200

40 Itemized deductions or standard deduction 40 6,200

Check here if you itemized

41 Subtract line 40 from line 38 41 13,200

MINI-WORKSHEET FOR PERSONAL EXEMPTIONS
a. Is amount on line 38 more than amount shown
below on line d for your filing status?
X No. Stop. Multiply \$3,950 by line 6d and
enter result on line 42.
Yes. Continue.
b. Line 6d multiplied by \$3,950
c. Amount on Line 38
d. Ceiling amount
Married filing jointly or
Qualifying widow(er) 305,050
Married filing separately 152,525
Single 254,200
Head of household 279,650
e. Line c minus line d
f. Is line e more than \$122,500 (\$61,250 if
married filing separately)?
Yes. Stop. Enter -0- on line 42.
No. Divide line e by \$2,500 (\$1,250
if married filing separately)
g. Line f multiplied by 2% (.02)
Note: We limit line g to 1.00.
h. Line b multiplied by line g
i. Deduction for exemptions.
Line b minus line h (to line 42)

42 Exemptions. If line 38 is \$152,525 or less, multiply
\$3,950 by number on line 6d (see instructions) 42 3,950

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 9,250

FOREIGN EARNED INCOME TAX WORKSHEET
a. Form 1040, line 43
b. Form 2555, line 45 and 50, or Form 2555-EZ,
line 18
c. Lines a + b
d. Tax on line c
e. Tax on line b
f. Line d. minus line e. If zero or less, enter 0

44 Tax. See instr. Check if total includes tax from
a 8814 b 4972 c 44 938

45 Alternative minimum tax. (Form 6251) 45 0

46 Excess adv prem tax cr repmt. Attach Form 8962 46

**MINI-WORKSHEET FOR LINE 48,
FOREIGN TAX CREDIT**

- a. Foreign tax credit from Form(s) 1099-DIV, 1099-INT, 1099-MISC, and Schedule(s) K-1 (partnerships/S corps) 0
Note: We blank line a if you use Form(s) 1116.
b. Smaller of line a. and line 44 0
c. Foreign tax credit from Form(s) 1116 0
d. Line b + line c. To line 48 0

48	Foreign tax credit (1116 if req'd)	48	0
49	Child care credit (Form 2441)	49	
50	Educ credits from Fm 8863, line 19	50	
51	Retirement savings crdt (Fm 8880)	51	0
52	Child tax credit	52	

Note: Attach Schedule 8812, if required.

53	Residential energy crdts (Fm 5695)	53	
54	Other credits. Check: a <input type="checkbox"/> Fm 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> Specify	54	0
55	Add lines 48 through 54. Your total credits	55	0
56	Subtract line 55 from line 47 (not less than 0)	56	938

Other Taxes	57	Self-employment tax. (Sched SE)	57	0
	58	Unreported tax from: a <input type="checkbox"/> Fm 4137 b <input type="checkbox"/> Fm 8919	58	0
	59	Tax on IRAs, qualified plans, etc. (Form 5329)	59	0
	60a	Household employment taxes from Schedule H	60a	0
	60b	First-time homebuyer credit repayment. Form 5405	60b	0
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	0
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code	62	0
	63	Lns 56 to 62. Total tax	63	938

**MINI-WORKSHEET FOR LINE 64,
FEDERAL TAX WITHHELD**

- a. Backup withholding (Bkgd Wks, 1099-DIV, 1099-INT/OID, 1099-MISC, K-1) 0
b. Oth fed inc tax w/h (W-2, W-2G, 1099-G, 1099-R, SSA-1099, RRB-1099) 3,000
c. Add'l Medicare tax withholding from Form 8959 0
d. Total federal tax withheld (to line 64) 3,000

Pay- ments	64	Federal income tax withheld	64	3,000
	65	2014 est tax + amt from 13 return	65	0
	66a	EIC	66a	
	66b	Nontax combat pay	66b	
		Note: Attach Schedule EIC if you have a qualifying child.		
	67	Add'l chld tax cr. Attach Sch 8812	67	
	68	American opp crdt, Fm 8863, ln 8	68	
	69	Net prem tax cr. Attach Form 8962	69	
	70	Amt pd with extension request	70	

**MINI-WORKSHEET FOR LINE 71,
EXCESS SOC SEC AND RRTA**

- (Fill in W-2's first; leave blank unless 2 or more employers.)
a. "X" if more than 1 employer. Self: ☐ Spouse: ☐
b. Eligible Soc Sec tax paid. Self: Spouse:
c. Eligible RRTA tax paid. Self: Spouse:
d. Uncollected SS/RRTA on tips or group term life insurance. Self: Spouse:
e. Sum of lines b, c, and d. Self: 0 Spouse:
f. If a="X", amount on line e minus \$7,254.. Self: 0 Spouse:
g. Total on line f. Carry to ln 71 TOTAL: 0

71	Excess Soc Sec & RRTA tax withheld	71	0
72	Credit for fed tax on foreign (Fm 4136)	72	

72	Crdt for fed tax on fuels (F 4136)	72	
MINI-WORKSHEET FOR LINE 73, MISCELLANEOUS CREDITS			
a.	Credits from Form 2439		0
b.	Credit for repayment of amounts you included in income in an earlier year because it appeared you had a right to the income		
c.	Total for line 73		0

73 Credits from: a ☐ 2439 b ☐ Reserved c ☐ Reserved
d ☐ 73 0

74 Lines 64, 65, 66a, 67 - 73. **Total payments** 74 3,000

Refund 75 If line 74 is larger than line 63, amt **overpaid** 75 2,062

Direct 76a Amount of line 75 you want refunded to you.

Check if Form 8888 is attached: ☐ 76a 2,062

deposit? b Routing number xxxxxxxx c Type: ☒ Checking ☐ Savings

See d Account number xxxxxxxxxxxxxxxxx

instr. 77 Amt to **apply to 2015 estimated tax** 77 0

Amount 78 **Amount you owe** (including Form 2210 penalty) 78

Note: For details on how to pay, see IRS instr.

Payment Voucher, see IRS instructions.

You Owe 79 Amount of penalty on Form 2210 79

Desi- Allow another to discuss return with IRS? ☐ **Yes.** Complete following ☒ **No**

gnee Designee's name: Phone PIN

Note: If you are signing for your child, sign his or her name, and
write "By" and then your name, and then, "parent for minor child."

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.

Sign here	Signature:	Date	Your occupation Parking Attendant	Day tel.
	Spouse's sig (req'd if jt.)	Date	Spouse's occupation	IP PIN
Keep a copy for your records.	Preparer name	Preparer signature	Date	Self- empl? <input type="checkbox"/>
	Firm's name		Firm's EIN	PTIN
	Firm's address		Ph	

END OF FORM

SUPPORTING FORMS

RE: 2014 Tax Returns

PREPARED FOR: Patty Bayan

SSN: 466-33-1234

PRINTED ON: January 09, 2015

PREPARED USING: H&R Block 2014 [5501]

SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS

SUPPORTING FORMS IN YOUR RETURN

1. - Background Worksheet - Background Information Worksheet
2. - Last Year's Data Worksheet - Last Year's Data Worksheet

***** DO NOT MAIL THIS PAGE *****

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

Your name (first, MI, last, Jr/III)PattyBayan

Spouse's name (first,MI,last,Jr/III)

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)543 Space Drive

Your city, state, and ZIP codeHouston, TX 77099

Foreign country

Foreign province/state/county

Foreign postal code

Domestic telephone number (daytime)

Foreign telephone number (daytime)

☐ I live outside the U.S. and Puerto Rico and my main place of work is outside the U.S. and Puerto Rico, or I'm in military or naval service outside the U.S. and Puerto Rico.

☐ Check here if you received a letter from the IRS with an identity protection personal identification number (IP PIN). IP PIN's are uncommon. They are sent to certain taxpayers taxpayers who have had a problem with identity theft.

Taxpayer 6-digit IP PIN

Spouse 6-digit IP PIN

2. GENERAL INFORMATION

	Yours	Your spouse's
a. Social Security number	466-33-1234	
b. Date of birth (MM/DD/YYYY)	1/1/1960	
c. "X" if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation	Parking Attendant	
f. "X" if you want \$3 to go to Pres. Elec. Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>

~~~~~

|                                                                     | Primary taxpayer         | Spouse                   |
|---------------------------------------------------------------------|--------------------------|--------------------------|
| g. If this return is for a deceased person, enter the date of death |                          |                          |
| h. Full-time student (see help panel for details)                   | <input type="checkbox"/> | <input type="checkbox"/> |

3. FILING STATUS

a. Choose your filing status below:

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

If you have not yet made an entry, we choose married filing a joint return. For more information, see the filing status section of the IRS instructions for Form 1040.

b. If you are married filing separately, check the applicable box.

I want to itemize my deductions

I want to use the standard deduction

c. Check the box if you are married filing separately AND you and your spouse lived apart throughout 2014

d. If filing status is head of household, and qualifying person is a child but not your dependent, enter the child's name and SSN

Click here to clear or make a new selection

**Note:** Once you enter information on line d, we will carry that data into a copy of the Dependents Worksheet as a nondependent. To delete or edit this information, you'll need to delete or edit the copy of the Dependents Worksheet that applies to this person. If you determine this person is your dependent after completing the Dependent Worksheet, we'll set the above fields null.

e. If qualifying widow(er), enter the year your spouse died

f. Check the box if you are married, AND your filing status is married

- f. Check the box if you are married, **AND** your filing status is married  
filing separately or head of household, **AND** your spouse was age 65 or  
older as of January 1, 2015 ..... ☐
- g. Dual-Status Alien: Enter "X" if you or your spouse is a dual-status alien  
**AND** you are NOT entering on this tax return your combined worldwide  
income. If you enter "X," your standard deduction is zero ..... ☐

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**BACKGROUND INFO CONTINUED ON PAGE 2**

*END OF PAGE 1*

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4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

- a. Place an "X" here if anyone else (a parent, e.g.) can claim you as a dependent on his or her tax return. (Joint filers enter "X" only if someone else can claim you, **AND** your tax before withholding is zero.) ☐
- b. Enter "Y" if you are entitled to an exemption for yourself ☒ Y  
(This is always "Y," unless the question above is "X.")
- c. If married, place an "X" here if anyone else (a parent, e.g.) can claim **your spouse** as an exemption on his or her tax return. (Joint filers enter "X" only if someone else can claim your spouse, **AND** your tax before withholding is zero.) ☐
- d. Enter "X" if you are entitled to an exemption for your spouse ☒ X  
(Married filing jointly or, in some cases, married filing separately or head of household. See IRS 1040/1040A instructions for details.)

Your Exemption for Alternative Minimum Tax

- |                                                                                                                                                                                          | YES                      | NO                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| e. You had at least one parent living on the last day of 2014<br>If you answered yes to the previous question and you were ages 18-23 on the last day of 2014, answer the next question. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Your earned income was less than half of your support in 2014                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |

5. TAXES PAID/WITHHELD

- a. Estimated taxes paid (do not include 2013 refund applied):

| Date | Amount |
|------|--------|
|      |        |
|      |        |
|      |        |
|      |        |
|      |        |
|      |        |
|      |        |

Total estimated tax payments 0

**Note:** If you and your spouse each filed separate extensions but are now filing a joint return, or if you jointly filed an extension but are now filing separate returns, see the IRS instructions to Form 4868 and adjust the amount on line b. accordingly.

- b. Amount paid with Form 4868 (for October returns)

MINI-WORKSHEET FOR LINE 5c

- a. Withholding from imported Form 1099-B's 0
- b. Withholding from other Form 1099-B's
- c. Total withholding on Form 1099-B 0

- c. Withholding on Form 1099-B 0

- d. Withholding on Form 1099-PATR

6. PAYING YOUR TAXES BY CREDIT CARD

- a. Confirmation number, if taxes are being paid by credit card.
- b. Amount charged to credit card (not including convenience fee), if taxes are being paid by credit card

7. REFUND INFORMATION

Direct Deposit

Would you like to speed your refund by having the IRS deposit it directly into your account at a bank or other financial institution in the United States? If so, fill in the following regarding the account and place an X here ☒

- 1a. Routing Transit Number ("RTN")
- b. Depositor Account Number ("DAN")

**Note:** Here is a sample of the numbers you might find at the bottom of a check, with "RTN," "DAN," and check number identified.

RTN: DAN: Check number:  
123404567 123-4567 0101

- c. Type of account:  
☒ Checking ☐ Savings

- d. Amount to be deposited in first account .....
- 2a. Routing Transit Number ("RTN") .....
- b. Depositor Account Number ("DAN") .....
- c. Type of account:  
☒ Checking ☐ Savings
- d. Amount to be deposited in second account .....
- 3a. Routing Transit Number ("RTN") .....
- b. Depositor Account Number ("DAN") .....
- c. Type of account:  
☒ Checking ☐ Savings
- d. Amount to be deposited in third account .....

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**Applying Refund to Your 2015 Estimated Tax**

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If you are due a refund this year, do you want to apply any of it to 2015  
estimated tax? If so, please enter the amount here

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**BACKGROUND INFO CONTINUED ON PAGE 3**

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*END OF PAGE 2*

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Not  
For  
Filing

8. THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the IRS?    ☐ Yes    ☒ No

*If Yes, complete the following information:*

Designee's name: \_\_\_\_\_

Designee's phone number: \_\_\_\_\_

Designee's personal identification number (PIN): \_\_\_\_\_

9. RETURN ASSISTANCE

How was this return prepared:

☒ By yourself.

☐ With help of an IRS-sponsored program (if so, enter one of the following: TC, TCE, TC-X, TCE-X, VITA, VITA-T, Self-Help, IRS-Prepared, IRS-Reviewed, Outreach): \_\_\_\_\_

10. STATE TAX RETURNS

Enter information below about any 2014 state tax returns you're filing.  
For each state, select the residency status that applies for 2014.

| Name of state(s) | Your residency status | Spouse's residency status |
|------------------|-----------------------|---------------------------|
| _____            | _____                 | _____                     |
| _____            | _____                 | _____                     |
| _____            | _____                 | _____                     |

Use this Worksheet to enter information from your 2013 tax return for use in our calculations.

2013 Form 1040, 1040A or 1040EZ

1a Filing status:

☒ Single

☐ Married filing joint return

☐ Married filing separate return

☐ Head of household

☐ Qualifying widow(er)

Spouse's Social Security number

If you and your spouse filed separate returns last year, check the box if your spouse itemized deductions

1b Form filed:

Eligible for:

☒ Form 1040

☒ Form 1040A

☒ Form 1040EZ

Filed:

☒ Form 1040

☐ Form 1040A

☐ Form 1040EZ

2 Number of exemptions (1040 line 6, 1040A line 6)

1

3 Number of additional deductions (1040 line 39a, 1040A line 23a)

0

Note:

Your entry on line 2 must be between 0 and 4.

4a Adjusted gross income (1040 line 37, 1040A ln 21, 1040EZ ln 4)

19,400

4b Taxable income (1040 line 43, 1040A ln 27, 1040EZ ln 6)

9,400

4c Foreign earned income worksheet, Form 1040 line c)

0

5 Itemized deductions (1040, above line 40)

6 Tax less certain credits (1040 line 55, 1040A line 35, 1040EZ line 10)

968

7 Self-employment tax (1040 line 56)

0

8 Alternative minimum tax (1040 line 45, 1040A line 28 write-in)

0

9a Household employment tax (1040 line 59a)

0

9b Homebuyer credit repayment, Form 5405, line 8 (1040 line 59b)

0

10 Earned income credit (1040 ln 64a, 1040A ln 38a, 1040EZ ln 8a)

0

11 Refund applied to 2014 (1040 line 75, 1040A line 44)

0

12 Interest on tax due on installment income from lots/timeshares

13 Interest on deferred tax on gain from certain installment sales with sales price over \$150,000

14 Tax on income received from nonqualified deferred compensation plan that fails to meet requirements

2013 Schedule D

15 Used Schedule D Tax Worksheet

☐ Yes ☐ No

16a Line 6 of Qualified Dividends and Capital Gain Tax Worksheet or line 13 of Schedule D Tax Worksheet

16b Line 7 of Qualified Dividends and Capital Gain Tax Worksheet or line 14 of Schedule D Tax Worksheet

17 Line 19 of Schedule D

18a Line 10 of Schedule D Tax Worksheet

18b Line 19 of Schedule D Tax Worksheet

Note:

Enter the amounts on lines 20 and 21 as positive numbers.

20 Short-term capital loss carryforward (line 8 of Capital Loss Carryover Worksheet in 2014 Schedule D instructions)

21 Long-term capital loss carryforward (line 13 of Capital Loss Carryover Worksheet in 2014 Schedule D instructions)

2013 Form 2555

Note:

Lines 22 - 25 are for the housing deduction carryover.

22 Line 46 (yours)

23 Line 48 (yours)

24 Line 46 (spouse's)

25 Line 48 (spouse's)

2013 Form 4136

26 Total fuel tax credit (line 17)

## 2013 Form 4952

27 Disallowed investment interest expense (line 7) . . . . .  
28 Disallowed investment interest expense (AMT) (line 7) . . . . .

## 2013 Form 5329

29 Tax on early distribution (line 4) (yours) . . . . .  
30 Tax on early distribution (line 4) (spouse's) . . . . .  
31 Tax on distribution from education account (line 8) (yours) . . . . .  
32 Tax on distribution from education account (line 8) (spouse's) . . . . .

## 2013 Form 5405

33 2013 Homebuyer credit re-payment . . . . .

## 2013 Form 5695

34 Residential energy efficient property cr carryforward (line 16) . . . . .

## 2013 Form 6251

35 Adjusted gross income minus itemized deductions (line 1) . . . . .  
36 Medical and dental expenses (line 2) . . . . .  
37 Taxes from Schedule A if you itemize (line 3) . . . . .  
38 Certain interest on a home mortgage (line 4) . . . . .  
39 Miscellaneous deductions (line 5) . . . . .  
40 Amount from line 6 (enter as negative) . . . . .  
41 Tax refund from Form 1040 (line 7; enter as negative) . . . . .  
42 Investment interest expense (reg. - AMT) (line 8) . . . . .  
43 Depletion differences (line 9) . . . . .  
44 Net operating loss (line 10; enter as positive) . . . . .  
45 Interest from specified private activity bonds (line 12) . . . . .  
46 Qualified small business stock (line 13) . . . . .  
47 Regular tax minus 4972 amount and foreign tax credit (line 34) . . . . .

## LAST YEAR'S DATA (CONT'D) PAGE 3

2014

Patty Bayan SSN: 466-33-1234

## 2013 Form 8801

48 Prior Year AMT less AMT (Line 18) . . . . .  
49 Fuel credit (Line 20) . . . . .  
50 Allowable minimum tax credit (line 25) . . . . .  
51 Minimum tax credit carryforward (line 26) . . . . .  
52 Line 57 of 2010 return (line 57) . . . . .

## 2013 Schedule 8812

53 Additional child tax credit (line 13) . . . . .

## 2013 Form 8859

54 DC first-time homebuyer credit carryforward (line 4) . . . . .

## 2013 Form 8885

55 Health insurance credit (yours) . . . . .  
56 Health insurance credit (spouse's) . . . . .

## Miscellaneous 2013 Taxes

57 Recapture of investment credit . . . . .  
58 Recapture of low-income housing credit . . . . .  
59 Recapture of COBRA premium assistance . . . . .  
60 Recapture of Indian employment credit . . . . .  
61 Recapture of new markets credit . . . . .  
62 Section 72(m)(5) excess benefits tax . . . . .  
63 Tax on excess parachute payments . . . . .  
64 Tax on accumulation distribution of trusts . . . . .  
65 Tax on medical savings account distributions . . . . .  
66 Recapture of employer-provided childcare facilities . . . . .  
67 Tax on health savings account distributions . . . . .  
68 Tax on Medicare Advantage MSA distributions . . . . .  
69 Recapture of alternative motor vehicle credit . . . . .  
70 Recapture of alternative fuel vehicle refueling property credit . . . . .

|           |                                                                        |       |
|-----------|------------------------------------------------------------------------|-------|
| <b>71</b> | Recapture of health coverage tax credit advance payment .....          | _____ |
| <b>72</b> | Certain tax on Sec. 457A deferred compensation .....                   | _____ |
| <b>73</b> | Tax for failure to maintain HDHP coverage .....                        | _____ |
| <b>74</b> | Recap of charitable deduction for fractional tang pers prop int .....  | _____ |
| <b>75</b> | Interest from Frm 8621, In 16f (Sec 1291 fund distr/disposition) ..... | _____ |

**Note:** *Lines 76 - 80 are for determining whether your state income tax refund is taxable.*

|           |                                                       |       |
|-----------|-------------------------------------------------------|-------|
| <b>76</b> | <input type="checkbox"/> Income taxes deducted        |       |
|           | <input type="checkbox"/> General sales taxes deducted |       |
| <b>77</b> | <input type="checkbox"/> Sales tax calculated         |       |
| <b>78</b> | State or local income tax deducted .....              | _____ |
| <b>79</b> | Sales tax you could have deducted .....               | _____ |
| <b>80</b> | Sales tax on major purchases .....                    | _____ |

**Electronic Filing Information**

|           |                                                     |       |
|-----------|-----------------------------------------------------|-------|
| <b>81</b> | Personal Identification Number (PIN) .....          | _____ |
|           | Spouse's Personal Identification Number (PIN) ..... | _____ |

**Amounts Needed for Form 2210**

|           |                                                                      |       |
|-----------|----------------------------------------------------------------------|-------|
| <b>82</b> | Refundable Part of the American Opportunity Credit (F8863, L8) ..... | _____ |
| <b>83</b> | Adoption Credit .....                                                | _____ |
| <b>84</b> | Credit Determined Under Section 1341(a)(5)(B) .....                  | _____ |

Is this W-2 for:

☒ Yourself

☐ Your spouse

Note: If your Form W-2 is marked "Void," do not enter it in here.

You should contact your employer to receive a corrected Form W-2.

☐ Check here if you received a W-2c correcting this W-2.

a. Employee's SSN:

466-33-1234

☐ Do NOT carry SSN from Background Wkst

Void

☐

Note: We do not carry ITINs from the Background Worksheet. You need to manually enter the Social Security number shown in box a of this W-2.

|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           |                            |               |                 |               |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------|-----------------|---------------|-------------------|
| b. Employer ID No.                                                                                                                                                                                                                                                                                 | 1. Wages, etc.                                                                                                                                                                                                                            | 2. Fed Tax WH              |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                    | 19,400                                                                                                                                                                                                                                    | 3,000                      |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                    | 3. Soc Sec Wages                                                                                                                                                                                                                          | 4. SocSec Tax WH           |               |                 |               |                   |
| c. Employer/payer name, address, and zip code:<br>Name1:<br>Name2:<br>Street:<br>City:<br>State: ZIP:<br><input type="checkbox"/> Check if foreign address.<br>Country<br>Province/state/county<br>Postal code                                                                                     | 5. Med. Wages                                                                                                                                                                                                                             | 6. Med. Tax WH             |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                    | 7. Soc Sec Tips                                                                                                                                                                                                                           | 8. Alloc. tips             |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                    | 9.                                                                                                                                                                                                                                        | 10. Depndnt Care           |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                    | 11. Nonqual plans                                                                                                                                                                                                                         | 12. See instrns. Code Amt. |               |                 |               |                   |
| d. Control Number                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                           |                            |               |                 |               |                   |
| e. Employee's name (1st,Mi,last,Jr)<br>Patty<br>Bayan<br><input type="checkbox"/> Do NOT carry name from Bkgd Wkst                                                                                                                                                                                 |                                                                                                                                                                                                                                           |                            |               |                 |               |                   |
| f. Employee's address and ZIP code<br>Add1: 543 Space Drive<br>Add2:<br>Apt No.<br>Town/City Houston<br>State & ZIP TX 77099<br><input type="checkbox"/> Check if foreign address.<br>Country<br>Province/state/county<br>Postal code<br><input type="checkbox"/> Do NOT carry addr from Bkgd Wkst | 13. Statutory employee .. <input type="checkbox"/><br>Retirement plan ..... <input type="checkbox"/><br>Third party sick pay ... <input type="checkbox"/><br><br><div>a Code P amount, complete the additional info. section below.</div> |                            |               |                 |               |                   |
|                                                                                                                                                                                                                                                                                                    | <div>Note: To e-file your address and your employer's address must be entered exactly as it appears on the W-2.</div>                                                                                                                     |                            |               |                 |               |                   |
| 14. Other Description                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                           | Other Amt.                 |               |                 |               |                   |
| 15. State                                                                                                                                                                                                                                                                                          | Employer State Tax ID #                                                                                                                                                                                                                   | 16. State Wages            | 17. State Tax | 18. Local Wages | 19. Local Tax | 20. Locality Name |

ADDITIONAL INFORMATION FOR BOX 8 (TIPS) TO CARRY TO FORM 4137

1. If you have records of all unreported tips you received in 2014, and you want to use that amount instead of Box 8, check "Enter my own tips."

☐ Use box 8

☐ Enter my own tips

2. Cash and charge tips equal to \$20 or more in a calendar month

Not  
For  
Filing

|                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|
| Cash and charge tips <b>equal to \$20 or more</b> in a calendar month received but not reported to your employer                   |  |
| 3. Cash and charge tips received but not reported to your employer because the total was <b>less than \$20</b> in a calendar month |  |
| <b>Note:</b> The \$20 per month limitation on lines 2 and 3 applies separately to each employer.                                   |  |

**ADDITIONAL INFORMATION FOR BOX 10 (DEPENDENT CARE BENEFITS)**

If an amount appears in box 10 above, check the box that applies.

The benefits were for:

1. A care provider you hired and paid ☐
2. A care provider hired and paid by your employer ☐
3. On-site care provided by your employer ☐

Did you contribute to a flexible spending account during 2014?

- ☐ Yes  
☐ No

**ADDITIONAL INFORMATION FOR BOX 11 (NONQUALIFIED/457(B) PLAN DISTRIBUTIONS)**

- a. Check this box if you received a distribution from a nonqualified plan or nongovernmental Section 457(b) plan ☐
- b. Is the amount in box 11 above a distribution from a nonqualified plan or nongovernmental Section 457(b) plan?

- ☐ Yes  
☐ No

- If Yes, we carry the amount from box 11 to line c below.
- If No, enter the distribution amount received from your nonqualified plan or nongovernmental 457(b) plan
- c. Distribution amount received from your nonqualified plan or nongovernmental 457(b) plan (from box 11 of W-2 or line b above)

**ADDITIONAL INFORMATION FOR BOX 12 (CODE P)**

If you have a box 12 Code P amount, you received employer-provided relocation benefits. If you moved only once, you will not need to make an additional entry. We'll carry that amount to copy 1 of Form 3903 when you check the box below.

Box 12 amounts with Code P

If you moved more than once, check the box and assign the box 12 amount to the copy of Form 3903 corresponding to the move for which these benefits were paid (for example, copy 2 for your 2nd move, copy 3 for your 3rd, etc.).

Number of copies of Form 3903 (moves) presently in your return 0

Check here to assign to Form 3903 ☐ Form 3903 Copy # 1

**ADDITIONAL INFORMATION FOR BOX 12 (CODES A AND M)**

If you have a box 12 Code A amount, enter the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on tips.

**DO NOT** include Tier 2 RRTA amounts.

Total box 12 Code A amount (calculated) 0

Box 12 Code A amounts, minus Tier 2 RRTA amounts

If you have a box 12 Code M amount, tell us the portion of this amount that consists of uncollected Social Security and Tier 1 RRTA tax on group-term life insurance.

**DO NOT** include Tier 2 RRTA amounts.

Total box 12 Code M amount (calculated) 0

Box 12 Code M amounts, minus Tier 2 RRTA amounts

**ADDITIONAL INFORMATION FOR BOX 13 (STATUTORY EMPLOYEES)**

If the Statutory Employee box in box 13 is checked, we do not carry your box 1 wages to line 7 of Form 1040. Instead, we carry these wages to the Schedule C you designate here

**ADDITIONAL MISCELLANEOUS INFORMATION**

- ☐ **Non-standard W-2.** Check here if this W-2 is handwritten, looks like it was prepared on a typewriter, or appears to be altered in any way.
- ☐ **Minister/Religious Employee.** Check this box if you are a minister or religious employee with no Social Security and Medicare tax withheld on your W-2.
- ☐ **International Employee**