

COVER PAGE

Filing Checklist for 2014 Tax Return Filed On Standard Forms

Prepared on: 01/11/2015 01:39:56 pm

Return: C:\Users\Smokey\Desktop\Tax\2014 Whittenburg\2014 Ch. 2\Carl Conch 2014 Tax Return.T14

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

Step 1. Sign and date the return

Because you're filing a joint return, Carl and Mary both need to sign the tax 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
- Form 1099-INT/OID
- Form 1099-DIV
- Form 1099-G

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 | | \$71,008 |
| Adjustments | - | \$0 |
| Adjusted gross income | | \$71,008 |
| Deductions | - | \$12,400 |
| Exemption(s) | - | \$7,900 |
| Taxable income | | \$50,708 |
| Tax withheld or paid already | | \$9,726 |
| Actual tax due | - | \$6,701 |
| Refund applied to next year | - | \$0 |
| Refund | | \$3,025 |

Frgn ctry,prov/state/county,postal code:

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 person a child but not your dependent, child's name:

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

3 ☐ Married filing separately

5 ☐ Qual widow w/dep child

one box. Spouse name

Exemp- tions **6a** ☒ **Yourself** (but **NOT** if you can be someone's dependent)

b ☒ **Spouse**

c Dependents:

| (1) First Last Name | (2) SSN | (3) Relationship | (4) # Children Crdt | # Lived w/ you | Apart - div | # Other |
|---------------------|---------|------------------|---------------------|----------------|-------------|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

If > 4 dependents, check here ☐ **d** Total number of exemptions claimed Add nos. above **2**

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 67,000

d. Total for line 7 67,000

Income

7 Wages, etc

7 67,000

Attach copy B

8a Taxable interest income. (Sch B if required)

8a 283

8b Tax-exempt interest

8b 0

9a Ordinary dividends

9a 125

9b 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

Not
For
Filing

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 | | 13 | 0 | |
| | 14 | Other gains or losses. Attach Form 4797 | | 14 | | |
| | 15a | IRA's | 15a | b Taxbl | 15b | 0 |
| | 16a | Pension,annuities | 16a | b Taxbl | 16b | 0 |
| | 17 | Rent, royalty, partnership, S corp, trust (Sch E) | | 17 | | |
| | 18 | Farm income or loss. Attach Schedule F | | 18 | 0 | |
| | 19 | Unemploy compensation | | 19 | 2,600 | |
| | 20a | Soc Sec benefits | 20a | b Taxable .. | 20b | |
| | 21 | Other income (type and amt) GAMBLING | | 21 | 1,000 | |
| | 22 | Combine lines 7 through 21. Your total income | | 22 | 71,008 | |
| | Adjusted 23 | Educator expenses | 23 | 0 | | |
| | 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 |
| c. | Total (to line 32) 0 |

| | | | | | |
|-------|----|-------------------------------------|----|---|--|
| Gross | 32 | IRA deduction (see instr) | 32 | 0 | |
|-------|----|-------------------------------------|----|---|--|

| MINI-WORKSHEET FOR LINE 33, STUDENT LOAN INTEREST DEDUCTION | |
|--|---|
| Note: <i>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.</i> | |
| 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 | | |
| | 34 | Tuition & fees. Attach Form 8917 | 34 | | |
| | 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 | 71,008 | |

KIA

END OF PAGE 1

Not
For
Filing

Tax and 38 Amount on line 37 (adjusted gross income) 38 71,008

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) 12,400

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 12,400

40 Itemized deductions or standard deduction 40 12,400

Check here if you itemized

41 Subtract line 40 from line 38 41 58,608

MINI-WORKSHEET FOR PERSONAL EXEMPTIONS

a. Is amount on line 38 more than amount shown
below on line d for your filing status?
☒ 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 7,900

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 50,708

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 6,701

45 Alternative minimum tax. (Form 6251) 45 0

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

47 Add lines 44, 45, and 46 47 6,701

**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 ☐ Fm 3800
b ☐ 8801 c ☐ 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 6,701

Other Taxes
57 Self-employment tax. (Sched SE) 57 0
58 Unreported tax from: a ☐ Fm 4137 b ☐ Fm 8919 58 0
59 Tax on IRAs, qualified plans, etc. (Form 5329) 59 0
60a Household employment taxes from Schedule H 60a 0
b First-time homebuyer credit repayment. Form 5405 60b 0
61 Health care: individual responsibility (see instructions) Full-year coverage ☒ 61 0
62 Taxes from: a ☐ Form 8959 b ☐ Form 8960
c ☐ Instructions; enter code 62 0
63 Lns 56 to 62. **Total tax** 63 6,701

**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) 9,726
c. Add'l Medicare tax withholding from Form 8959 0
d. Total federal tax withheld (to line 64) 9,726

Pay-ments
64 Federal income tax withheld 64 9,726
65 2014 est tax + amt from 13 return 65 0
66a EIC 66a
b 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: 0
f. If a="X", amount on line e minus \$7,254. Self: 0 Spouse: 0
g. Total on line f. Carry to ln 71 TOTAL: 0

71 Excess Soc Sec & RRTA tax withheld 71 0
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 | <input type="checkbox"/> 2439 | b | <input type="checkbox"/> Reserved | c | <input type="checkbox"/> Reserved |
| | d | <input type="checkbox"/> | | 73 | | 0 | |

| | | | |
|----|---|----|-------|
| 74 | Lines 64, 65, 66a, 67 - 73. Total payments | 74 | 9,726 |
|----|---|----|-------|

| | | | | |
|---------------|----|--|----|-------|
| Refund | 75 | If line 74 is larger than line 63, amt overpaid | 75 | 3,025 |
|---------------|----|--|----|-------|

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

| | | | | | |
|--|--|---------------------------------|--------------------------|-----|-------|
| | | Check if Form 8888 is attached: | <input type="checkbox"/> | 76a | 3,025 |
|--|--|---------------------------------|--------------------------|-----|-------|

| | | | | | | | |
|----------|---|----------------|----------|---|-------|--|----------------------------------|
| deposit? | b | Routing number | XXXXXXXX | c | Type: | <input checked="" type="checkbox"/> Checking | <input type="checkbox"/> Savings |
|----------|---|----------------|----------|---|-------|--|----------------------------------|

| | | | |
|-----|---|----------------|--------------------|
| See | d | Account number | XXXXXXXXXXXXXXXXXX |
|-----|---|----------------|--------------------|

| | | | | |
|--------|----|---|----|---|
| 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? | <input type="checkbox"/> Yes. Complete following | <input checked="" type="checkbox"/> 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 | Day tel. |
|------------------|------------|------|-----------------|----------|

| | | | | |
|--|-----------------------------|------|---------------------|--------|
| | Spouse's sig (req'd if jt.) | Date | Spouse's occupation | IP PIN |
|--|-----------------------------|------|---------------------|--------|

| | | | | |
|--|--|--|-----------|--|
| | | | Homemaker | |
|--|--|--|-----------|--|

| | | | | | |
|--------------------------------------|---------------|--------------------|------|-------------------------------------|------|
| Keep a copy for your records. | Preparer name | Preparer signature | Date | Self-empl? <input type="checkbox"/> | PTIN |
|--------------------------------------|---------------|--------------------|------|-------------------------------------|------|

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

| | | |
|--|-------------|------------|
| | Firm's name | Firm's EIN |
|--|-------------|------------|

| | | |
|--|----------------|----|
| | Firm's address | Ph |
|--|----------------|----|

END OF FORM

SUPPORTING FORMS

RE: 2014 Tax Returns

PREPARED FOR: Carl Conch

SSN: 835-21-5423

PRINTED ON: January 11, 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
3. - Form 1099-INT/OID - Interest Income Worksheet
4. - Form 1099-DIV - Dividends and Distributions
5. - Form 1099-G - Certain Government Payments

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

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

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

Carl

Conch

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

Mary

Duval

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)

1234 Mallory Sq.

64

Your city, state, and ZIP code

Key West

FL

33040

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 | 835-21-5423 | 633-65-7912 |
| b. Date of birth (MM/DD/YYYY) | 1/1/1960 | 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 | Factory worker | Homemaker |
| 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)

☐

☐

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 ☐

BACKGROUND INFO CONTINUED ON PAGE 2

END OF PAGE 1

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

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

5. TAXES PAID/WITHHELD

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

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

Total estimated tax payments

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

- c. Withholding on Form 1099-B

- 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 _____

Applying Refund to Your 2015 Estimated Tax

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 _____

BACKGROUND INFO CONTINUED ON PAGE 3

END OF PAGE 2

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 633-65-7912

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) 2

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) 71,008

4b Taxable income (1040 line 43, 1040A ln 27, 1040EZ ln 6) 51,008

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) 6,761

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 0

13 Interest on deferred tax on gain from certain installment sales with sales price over \$150,000 0

14 Tax on income received from nonqualified deferred compensation plan that fails to meet requirements 0

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) 0

| | |
|-----------------------|--|
| | 0 |
| 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 |
| Carl | Conch | SSN: 835-21-5423 |

| | |
|-----------------------|---|
| 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 | 0 |
| 58 | Recapture of low-income housing credit | 0 |
| 59 | Recapture of COBRA premium assistance | 0 |
| 60 | Recapture of Indian employment credit | 0 |
| 61 | Recapture of new markets credit | 0 |
| 62 | Section 72(m)(5) excess benefits tax | 0 |
| 63 | Tax on excess parachute payments | 0 |
| 64 | Tax on accumulation distribution of trusts | 0 |
| 65 | Tax on medical savings account distributions | 0 |
| 66 | Recapture of employer-provided childcare facilities | 0 |
| 67 | Tax on health savings account distributions | 0 |
| 68 | Tax on Medicare Advantage MSA distributions | 0 |
| 69 | Recapture of alternative motor vehicle credit | 0 |
| 70 | Recapture of alternative fuel vehicle refueling property credit | 0 |

| | | |
|-----------|--|---|
| 71 | Recapture of health coverage tax credit advance payment | |
| 72 | Certain tax on Sec. 457A deferred compensation | 0 |
| 73 | Tax for failure to maintain HDHP coverage | 0 |
| 74 | Recap of charitable deduction for fractional tang pers prop int | 0 |
| 75 | Interest from Frm 8621, In 16f (Sec 1291 fund distr/disposition) | 0 |

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

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

Electronic Filing Information

| | | |
|-----------|---|--|
| 81 | Personal Identification Number (PIN) | |
| | Spouse's Personal Identification Number (PIN) | |

Amounts Needed for Form 2210

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

Use this form to report interest you received, even if it wasn't reported on a Form 1099-INT/1099-OID.

Is this interest for:

☒ You ☐ Your spouse ☐ Both of you

What kind of interest is this:

☒ Interest reported on Form 1099-INT (fill in 1099-INT below)
(go to "Exempt Interest" below)

☐ Original issue discount/interest reported on Form 1099-OID
(fill in 1099-OID below)

☐ Seller-financed mortgage interest (go to "Seller-Financed Mortgage Interest" below)

☐ Other interest (fill in 1099-INT below)

If you need to make any adjustments, also complete the "Adjustments" section at the bottom of this form.

Interest paid by:

FORM 1099-INT

Box 1 - Interest income: \$ 283

Box 2 - Early withdrawal penalty: \$

Box 3 - Interest on U.S. Savings Bonds and Treasury obligations: \$ _____
 Box 3 includes Series EE or I Savings Bond interest ☐

Box 4 - Federal income tax withheld: \$

Box 5 - Investment expenses: \$

Note: if you did not receive a Form 1099-INT, don't use boxes 6 and 7 below. Instead, report your foreign taxes on Form 1116.

Box 6 - Foreign tax paid: \$

Box 7 - Foreign country or U.S. possession: _____

Box 8 - Tax-exempt interest: \$

MINI-WORKSHEET FOR LINE 8

a. Portion of this interest item that's exempt from state tax in the state for which you'll be filing a state tax return as a full-year resident

Box 9 - Specified private activity bond interest: \$

Box 10 - Market discount:

Box 11 - Bond premium:

Box 12 - Tax-exempt bond CUSIP no.:

Box 13 - State(s):

Box 14 - State identification number(s):

Box 15 - State tax withheld: \$

\$

FORM 1099-OID

Box 1 - Original issue discount for 2014: \$

Box 2 - Other periodic interest: \$

MINI-WORKSHEET FOR LINE 2

Answer the following question if you'll be using a state edition of our program to prepare your state tax return.

| | | | |
|-----------|---|----|--|
| a. | Portion of box 2 from U.S. Treasury obligations | \$ | |
|-----------|---|----|--|

Box 3 - Early withdrawal penalty: \$

Box 4 - Federal income tax withheld: \$

Box 5 - Market discount: \$

| | | |
|----------------|----------------------|----|
| Box 6 - | Acquisition premium: | \$ |
|----------------|----------------------|----|

Box 8 - Original issue discount on U.S. Treasury obligations: \$

Box 9 - Investment expenses: \$

**Not
For
Filing**

Box 10 - State(s): _____

Box 11 - State identification number(s): _____

Box 12 - State tax withheld: \$ _____
\$ _____

SELLER-FINANCED MORTGAGE INTEREST

If this interest is from a seller-financed mortgage and the buyer used the property as a personal residence, enter the following information:

Buyer's name _____

Buyer's Social Security number _____

Buyer's street address _____

Buyer's city _____

Buyer's state _____

Buyer's ZIP _____

Interest received in 2014 _____

Note: *Be sure to give your Social Security number to the buyer, or you may be subject to a \$50 penalty.*

ADJUSTMENTS

Enter below the type and amount of any adjustments that you may need to make to this interest item:

Type of adjustment:

- ☐ Nominee interest
- ☐ OID adjustment
- ☐ Accrued interest adjustment required
- ☐ Amortizable bond premium
- ☐ U.S. Savings Bond adjustment (not the same as Form 8815 adj.)
- ☐ Other adjustment (frozen deposit, etc.)

Amount of adjustment: _____

Use this form to report dividends you received, even if they weren't reported on a Form 1099-DIV.

Is this 1099-DIV for:
☒ You ☐ Your spouse ☐ Both of you

Dividends paid by: _____

Box 1a - Total ordinary dividends:

\$125

MINI-WORKSHEET FOR LINE 1a

Answer the following question if you'll be using a state edition of our program to prepare your state tax return.

a. Percentage of box 1a from US Treasury obligations: %

Box 1b - Qualified dividends:

\$

MINI-WORKSHEET FOR LINE 1b

a. Portion, if any, of line 1b that is not qualified dividends

Box 2a - Total capital gain distributions:

\$

Box 2b - Unrecaptured section 1250 gain:

\$

Box 2c - Section 1202 gain:

\$

Box 2d - Collectibles (28%) gain:

\$

Note: If you have an amount for Section 1202 gain in Box 2c, be sure to enter the excludable amount as a loss on the Capital Gains and Losses Worksheet.

Box 3 - Nondividend distributions:

\$

Box 4 - Federal income tax withheld:

\$

Box 5 - Investment expenses:

\$

Note: if you did not receive a Form 1099-DIV, don't use boxes 6 and 7 below. Instead, report your foreign taxes on Form 1116.

Box 6 - Foreign tax paid:

\$

Box 7 - Foreign country or U.S. possession:

Box 8 - Cash liquidation distribution:

\$

Box 9 - Noncash liquidation distribution:

\$

Box 10 - Exempt-interest dividends:

\$

MINI-WORKSHEET FOR LINE 10

a. Portion of this dividend item that's exempt from state tax in the state for which you'll be filing a state tax return as a full-year resident \$

Box 11 - Spec'd private activity bond interest dividends:

\$

Box 12 - State(s):

Box 13 - State identification number(s):

Box 14 - State tax withheld:

\$

\$

ADJUSTMENTS

Check one of the boxes below if you have an adjustment for this dividend.
If you have a nominee adjustment, also enter the amount of the adjustment.

☐ Nominee dividend

☐ Restricted stock dividend

Amount of adjustment:

FORM 1099-G

CERTAIN GOVERNMENT PAYMENTS

2014

OMB No. 1545-0120

Mary Duval

SSN: 633-65-7912

Is this 1099-G for ☐ Yourself ☒ Your spouse ☐ Both of you

Check the box if this 1099-G is marked corrected ☐

Check what kind of payment is shown on this 1099-G.
☐ State tax refund
☒ Unemployment compensation
☐ Other government payment

PAYER's name, street, city, state, ZIP, and telephone.
Paid by:

Payer's Address:
Street:
City:
State: ZIP:
Telephone:
Payer ID #

For Indiana only:
Indiana county tax withheld
Indiana county

RECIPIENT's name, street, city, state, ZIP, and account number.
Recipient's Name (first, middle initial, last, suffix):
Mary Duval
Recipient's Address:
Street: 1234 Mallory Sq.
64
City: Key West
State: FL ZIP: 33040
Account #:
☐ Do NOT carry name from Bkgd Wkst
☐ Do NOT carry address from Bkgd Wkst

Box 1

Unemployment compensation

1

2,600

Amount in Box 1 repaid in 2014

Box 2

State or local income tax refunds, credits or offsets

2

Note: Please use the Last Year's Data Worksheet if there is an amount in box 2.

Box 3

Box 2 amount is for tax year

3

Box 4

Federal income tax withheld

4

Box 5

RTAA payments

5

Box 6

Taxable grants

6

Box 7

Agriculture payments

7

Box 8

Check if box 2 is trade or business income

Note: If box 8 is X'd, include in your income any portion of the refund that reduced your tax in the year you deducted the tax. Report the income on the same form or schedule on which you deducted the tax--for example, Schedule C.

Box 9

Market gain

9

Box 10a

State

10a

State

Box 10b

State identification number

10b

State identification number

Box 11

State income tax withheld

11

State income tax withheld

State Tax Refund Information

Answer the following questions if you checked the State tax refund box at the top of this form. You do not need to answer these questions if you checked either the Unemployment compensation or Other government payment box.

Did you itemize your deductions in 2013? ☒ Yes ☐ No

Did you deduct general sales taxes in 2013? ☐ Yes ☒ No

Do you fall into any of the exceptions given in the IRS instructions for line 10? ☐ Yes ☐ No

Not
For
Filing

If you checked Yes above or the tax year in box 3 is not 2013,
consult IRS Publication 525 to figure the amount on this Form
1099-G that you must include on line 10 of Form 1040, and enter
that amount (but not less than zero) here _____

**Not
For
Filing**

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:

835-21-5423

☐ 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 67,000 | 9,726 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Soc Sec Wages | 4. SocSec Tax WH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Employer/payer name, address, and zip code: | 5. Med. Wages | 6. Med. Tax WH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. Soc Sec Tips | 8. Alloc. tips | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Control Number | 9. | 10. Depndnt Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Employee's name (1st,Mi,last,Jr) | 11. Nonqual plans | 12. See instrns. Code Amt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Employee's address and ZIP code | 13. Statutory employee .. <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third party sick pay ... <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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></div> | | <div><div>a Code P amount, complete the additional info. section below.</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Other Description | | Other Amt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>15. State</td><td>Employer State Tax ID #</td><td>16. State Wages</td><td>17. State Tax</td><td>18. Local Wages</td><td>19. Local Tax</td><td>20. Locality Name</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | 15. State | Employer State Tax ID # | 16. State Wages | 17. State Tax | 18. Local Wages | 19. Local Tax | 20. Locality Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. State | Employer State Tax ID # | 16. State Wages | 17. State Tax | 18. Local Wages | 19. Local Tax | 20. Locality Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 equal to \$20 or more 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 less than \$20 in a calendar month | |
| Note: 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**