

Filing Checklist for 2014 Tax Return Filed On Standard Forms

Prepared on: 01/11/2015 02:07:28 pm

Return: C:\Users\Smokey\Desktop\Tax\2014 Whittenburg\2014 Ch. 2\Ivan Incisor Ch 2 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, Ivan and Irene 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
Fresno, CA 93888-0002**

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
- Dependents 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		\$77,245
Adjustments	-	\$13,000
Adjusted gross income		\$64,245
Deductions	-	\$12,400
Exemption(s)	-	\$11,850
Taxable income		\$39,995
Tax withheld or paid already		\$6,000
Actual tax due	-	\$4,894
Refund applied to next year	-	\$0
Refund		\$1,106

* Your long-term capital gains and qualifying dividends are taxed at a lower rate than your other income. As a result, your total federal tax is less than the tax shown on the IRS's

Frqn 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

1

Single

4

Head of hshld. If qual

Status

2

Married filing jointly

person a child but not your

Check

(even if only one had income)

dependent, child's name:

one

3

Married filing separately

box.

Spouse name

5

Qual widow w/dep child

Exemp- 6a

6a

Self (but NOT if you can be someone's dependent)

tions

b

Spouse

c Dependents:

(1) First

Last Name

(2) SSN

(3) Rela-

(4) # Children

Crdt

Lived w/

If > 4

Ira

Incisor

690-99-9999

Son

you

depen-

div

check

here

d Total number of exemptions claimed

Add nos. above

3

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

65,000

d. Total for line 7

65,000

Income

7

Wages, etc

7

65,000

8a

Taxable interest income. (Sch B if required)

8a

1,030

Attach

copy B

b

Tax-exempt interest

8b

650

9a

Ordinary dividends

9a

1,465

b

Qual divs

9b

1,320

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)

i.

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 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	3,750
	20a	Soc Sec benefits 20a	b Taxable ..	20b
	21	Other income (type and amt) GAMBLING	21	6,000
	22	Combine lines 7 through 21. Your total income	22	77,245
	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 ▶ 667-34-9224	31a	13,000	

**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: 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		
	34	Tuition & fees. Attach Form 8917	34		
	35	Dom. prod. act. ded. (Fm 8903)	35	0	
	36	Lns 23 - 35 ▶	36	13,000	
	37	Line 22 - line 36. Your adjusted gross income ▶	37	64,245	

KIA

END OF PAGE 1

Tax and 38 Amount on line 37 (adjusted gross income) 38 64,245

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 51,845

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 11,850

43 Taxable income. Ln 41 minus 42 (not less than 0) 43 39,995

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 4,894

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 4,894

**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 4,894

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 4,894

**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) 6,000
c. Add'l Medicare tax withholding from Form 8959 0
d. Total federal tax withheld (to line 64) 6,000

Pay-ments
64 Federal income tax withheld 64 6,000
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 ☐ 2439 b ☐ Reserved c ☐ Reserved
d ☐ 73 0

74 Lines 64, 65, 66a, 67 - 73. **Total payments** 74 6,000

Refund 75 If line 74 is larger than line 63, amt **overpaid** 75 1,106

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

Check if Form 8888 is attached: ☐ 76a 1,106

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 Dentist	Day tel.
	Spouse's sig (req'd if jt.)	Date	Spouse's occupation Homemaker	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: Ivan Incisor

SSN: 477-34-4321

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. - Dependents Worksheet - Worksheet for Dependents
3. - Last Year's Data Worksheet - Last Year's Data Worksheet
4. - Form 1099-INT/OID - Interest Income Worksheet1
5. - Form 1099-INT/OID - Interest Income Worksheet2
6. - Form 1099-INT/OID - Interest Income Worksheet3
7. - Form 1099-DIV - Dividends and Distributions1
8. - Form 1099-DIV - Dividends and Distributions2
9. - Form 1099-DIV - Dividends and Distributions3
10. - 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)IvanI Incisor

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

C/O information, if necessary

☐ Foreign address (not APO/FPO)

Your street and apartment # (if any)468 Mule Deer Lane

Your city, state, and ZIP codeSpokane, WA 99206

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	477-34-4321	637-34-4927
b. Date of birth (MM/DD/YYYY)	1/1/1966	1/1/1969
c. "X" if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Enter "X" if disabled	<input type="checkbox"/>	<input type="checkbox"/>
e. Occupation	Dentist	Homemaker
f. "X" if you want \$3 to go to Pres. Elec. Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>

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|                                                                           | 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

- 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 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) 0

**MINI-WORKSHEET FOR LINE 5c**

a. Withholding from imported Form 1099-B's 0

b. Withholding from other Form 1099-B's 0

c. Total withholding on Form 1099-B 0

- c. Withholding on Form 1099-B 0
- d. Withholding on Form 1099-PATR 0

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 \_\_\_\_\_

---

**BACKGROUND INFO CONTINUED ON PAGE 3**

---

*END OF PAGE 2*

---

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 |
|------------------|-----------------------|---------------------------|
| _____            | _____                 | _____                     |
| _____            | _____                 | _____                     |
| _____            | _____                 | _____                     |

SECTION I BASIC INFORMATION

Tell us about the person you want to claim as a dependent:

|            |    |           |               |               |      |
|------------|----|-----------|---------------|---------------|------|
| First Name | MI | Last Name | Soc. Sec. No. | Date of Birth | ITIN |
| Ira        |    | Incisor   | 690-99-9999   | 6/1/1997      |      |

|              |                             |
|--------------|-----------------------------|
| Relationship | Type of Dependent           |
| Son          | Child Lived with You        |
|              | Time Lived With You         |
|              | Lived With All Year or Born |

Month's person lived with you ..... 17

Person's age ..... 17

DOB string .....June 1, 1997

Person is fosterchild placed with you by court order/placement agency ..... ☐

Was this person a US citizen/resident alien of the US in 2014? ..... ☒ ☐

If no, was this person a resident of Canada or Mexico in 2014? ..... ☐ ☐

Is this person your adopted child who lived with you all year? ..... ☐ ☐

If tax ID is an ITIN is substantial presence test satisfied?.. ..... ☐ ☐

If NO to substantial presence test are there special circumstances? ..... ☐ ☐

SECTION II QUICK ENTRY

If you're not sure this person qualifies, check NO and go to Section III.

Are you sure this person qualifies as your dependent in 2014 ..... ☒ Yes ☐ No

IF YOU ANSWERED YES - STOP!

You do not need to complete the rest of this worksheet.  
We will prevent you from checking this box if you have not completed all the information in Section I, or if we've determined (based upon that information) this person cannot be your dependent.

|                                         |                                     |
|-----------------------------------------|-------------------------------------|
| QUICK ENTRY QUALIFYING CHILD VALIDATION |                                     |
| a. Relationship test .....              | <input checked="" type="checkbox"/> |
| b. Age test .....                       | <input checked="" type="checkbox"/> |
| c. Support test.....                    | <input checked="" type="checkbox"/> |
| d. Residence test...                    | <input checked="" type="checkbox"/> |

SECTION III DEPENDENT QUALIFICATION TESTS

Do not complete this Section unless you answered NO in Section II.

PART A ALL DEPENDENTS

1. Will the person named in Section I file a joint return in 2014? ..... ☐ Yes ☐ No

\* If NO, go to line 3.

\* If YES, go to line 2.

2. Does this person satisfy the exception to the dependent joint return test? ..... ☐ ☐

See the FAQ to the left to learn about the exception to joint return test.

\* If YES, go to Part B, line 3.

\* If NO **STOP**. You cannot claim this person as your dependent.

PART B DETERMINE WHETHER PERSON IS YOUR QUALIFYING CHILD

3. If this person is your child, are any of these statements true? ..... ☐ ☐

\* You are divorced or legally separated under a decree of divorce or separate maintenance from the child's other parent.

\* You are separated under a written separation agreement from the child's other parent.

\* You lived apart during the last 6 months of the calendar year.

Answer NO if this person is not your child.

\* If NO, go to line 4.

\* If YES, complete the MINI-WORKSHEET FOR LINE 3.

|                                                                                                                            |                                                   |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| MINI-WORKSHEET FOR LINE 3                                                                                                  |                                                   |
| DIVORCE & SEPARATION RULES                                                                                                 |                                                   |
| AND MULTIPLE SUPPORT AGREEMENTS                                                                                            |                                                   |
|                                                                                                                            | Yes No                                            |
| a. Did you (and your spouse if married filing jointly) provide more than 1/2 the support for this child during 2014? ..... | <input type="checkbox"/> <input type="checkbox"/> |
| * If YES, skip (b) through (c) and go to line (d).                                                                         |                                                   |
| b. Did this child's other parent provide more than 1/2 the support for this child during 2014? .....                       | <input type="checkbox"/> <input type="checkbox"/> |

- \* If YES, skip (c) and go to line (d).
- c. Did both of you together provide more than 1/2 of this child's support during 2014? ☐ ☐
- \* If NO, skip (d) through (f) and go to line (g).
- d. Did you live with this child for more than 1/2 of 2014? ☐ ☐
- \* If YES, skip (e) through (g) and go to line (h).
- e. Did this child's other parent live with this child for more than 1/2 of 2014? ☐ ☐
- \* If YES, skip (f) through (g) and go to line (h).
- f. Was the time this child lived with you and his/her other parent (when combined) more than 1/2 of 2014? ☐ ☐
- If YES, skip (g) and go to line (h).
- g. Are you eligible to claim a 2014 exemption for this child under a multiple support agreement? ☐ ☐
- \* If NO, **STOP**.  
Do not complete the rest of this WORKSHEET.  
This child is not your dependent this year.
- \* If YES, do not complete the rest of this MINI-WORKSHEET, but go to line 4.
- Note:** *If this child qualifies as your dependent, make sure you attach Form 2120 to your 2014 tax return.*
- h. Does a divorce or separation agreement give you the dependent exemption? ☐ ☐
- \* If YES, do not complete the rest of this MINI-WORKSHEET, but go to line 4.
- Note:** *Answer YES if you have an agreement to claim this dependent in alternate years, and this is your year.*
- i. Does a divorce or separation agreement give this child's other parent the dependent exemption? ☐ ☐
- \* If NO, and you answered YES to d, do not complete the rest of this MINI-WORKSHEET, but go to line 4.
- Note:** *Answer YES if you have an agreement to claim this dependent in alternate years, and this is NOT your year.*
- j. Will the other parent release his/her claim for this person's dependent exemption to you for 2014? ☐ ☐
- \* If NO, **STOP**.  
Do not complete the rest of this WORKSHEET.  
This child is not your dependent this year.
- \* If YES, go to line 4.
- Note:** *If this child qualifies as your dependent, make sure you attach Form 8332, signed by the child's other parent to your 2014 tax return.*

- |  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
- 4. Did this person live in your home for more than half the year? ☐ ☐
  - If YES, go to line 5.
  - If NO:
    - \* If you also answered NO to line 3 go to Part C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.
    - \* If you answered YES to line 3 and YES to line h or line j of the MINI-WORKSHEET FOR LINE 3 go to line 5.
    - \* If you answered YES to line 3 and you did NOT check line h or line j of the MINI-WORKSHEET FOR LINE 3, go to Part C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.
  - 5. Is this person's relationship valid for a Qualifying Child? ☐ ☐
  - We calculate this answer based upon the relationship selected in Section I.*
  - ☐ Check this box if this person is your fosterchild, placed in your care by an authorized placement agency or by judgment, decree, or other valid court order.
  - \* If YES go to line 6.
  - \* If NO go to PART C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.
  - 6. Was this person under age 19 at the end of the year? ☐ ☐
  - We calculate this based on this person's date of birth in Section I.*
  - \* If YES, skip lines 7-9 and go to line 10.
  - \* If NO, go to line 7.

7. Was this person a student in 2014? ☐ ☐  
\* If NO, go to line 9.  
\* If YES, go to line 8.
8. Was this person under age 24 at the end of the year? ☐ ☐  
*We calculate this based on this person's date of birth in Section I.*  
\* If YES, skip line 9 and go to line 10.  
\* If NO, go to line 9.
9. Was this person permanently and totally disabled? ☐ ☐  
\* If YES, go to line 11.  
\* If NO go to line 10.
10. Is this person younger than taxpayer (or spouse if MFJ)? ☒ ☐  
\* If YES, go to line 11.  
\* If NO go to PART C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.
11. Did this person provide over half his/her own support in 2014? ☐ ☐  
\* If NO, read the caution below and go to line 12.  
\* If YES, **STOP. You cannot claim this person as your dependent.**

**CAUTION!** *It's possible that someone can be the Qualifying Child of more than one person, but only one person can claim that Qualifying Child as a dependent. If two people claim the same Qualifying Child as a dependent, the exemption will be permitted only for the person with the better claim under law. Use the MINI-WORKSHEET FOR LINE 12 to see if you have the better claim against anyone else who might claim an exemption for this person.*

**TIP!** You can check YES for line 12 without completing the MINI-WORKSHEET FOR LINE 12 if you are this person's parent and you are filing a joint return with his/her other parent.

**MINI-WORKSHEET FOR LINE 12**

|                                                                                                                                                                                                                                                                                                                    | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Are you this person's parent? .....                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the other taxpayer who can claim the person in Section I as a Qualifying Child this person's parent? .....                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| * If you answered Yes to (a) and No to (b) <b>STOP.</b><br><b>Your have the better claim.</b><br>* If you answered YES to (b) and NO to (a) <b>STOP.</b><br><b>This person's parent has the better claim.</b><br>* If you answered NO to (a) and (b) go to (e).<br>* If you answered YES to (a) and (b) go to (c). |                          |                          |
| c. Did this person reside with you longer than with the other person's parent during 2014? .....                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES <b>STOP. You have the better claim.</b>                                                                                                                                                                                                                                                                     |                          |                          |
| d. Did this person reside with you for the same amount of time as with the other parent during 2014? .....                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| If NO <b>STOP. The other parent has the better claim.</b>                                                                                                                                                                                                                                                          |                          |                          |
| e. Was your federal adjusted gross income (AGI) higher than the AGI of the other taxpayer during 2014? .....                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES <b>STOP, you have the better claim.</b>                                                                                                                                                                                                                                                                     |                          |                          |

12. Do you want to claim this person as your dependent? ☐ ☐  
*If you do not have the better claim to the dependent exemption, you should only answer YES to line 12 if you know the other taxpayer will not claim this person as a dependent.*

**PART C DETERMINE WHETHER PERSON IS YOUR QUALIFYING RELATIVE**

*Complete this Part only if this person is not a Qualifying Child and we directed you to complete this Part in Part B.*

- |                                                                                                                                                                          | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 13. Although not your Qualifying Child, is this person a Qualifying Child for somebody else? .....                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>See the FAQ to the left to see who can be a Qualifying Child.</i><br>* If NO, go to line 14.<br>* If YES <b>STOP.</b> You cannot claim this person as your dependent. |                          |                          |

14. Is this person's relationship valid for a Qualifying Relative? ☐ ☐  
*See the FAQ to the left to see who can be a Qualifying Relative.*  
\* If YES, go to line 15.  
\* If NO **STOP.** You cannot claim this person as your dependent.

15. Did this person have more than \$3,950 of gross income in 2014? ☐ ☐  
*See the FAQ to the left to learn what is considered gross income.*

- \* If NO, go to line 16.
- \* If YES **STOP**. You cannot claim this person as your dependent.

---

**16.** Did you (and your spouse if married filing jointly) provide more than half the support for this person during 2014? ..... ☐ ☐

**TIP!** Answer YES if a multiple support agreement lets you claim this person.

**Note:** *We calculate line 16 if you completed the MINI-WORKSHEET FOR LINE 5.*

*See the FAQ to the left to learn what is considered support.*

- \* If YES, this person is your Qualifying Relative and we'll make this person your dependent.
  - \* If NO, this person is not your Qualifying Relative or your dependent.
-

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 637-34-4927

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) 3

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) 65,380

4b Taxable income (1040 line 43, 1040A ln 27, 1040EZ ln 6) 41,480

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) 5,329

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)

Not  
For  
Filing

## 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

Ivan I Incisor SSN: 477-34-4321

## 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 . . . . .

71

Recapture of health coverage tax credit advance payment

72

Certain tax on Sec. 457A deferred compensation

73

Tax for failure to maintain HDHP coverage

74

Recap of charitable deduction for fractional tang pers prop int

75

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.*

76

☐ Income taxes deducted
 ☐ General sales taxes deducted

77

☐ 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)

Is this interest for:

What kind of interest is this:

☐ Other interest (fill in 1099-INT below)

**Interest paid by:** Pacific Northwest Bank

**Box 1 - Interest income:** \$ 380

**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:** \$

**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: \$

**Box 1 -** Original issue discount for 2014: \$

**Box 2 - Other periodic interest:** \$

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

|           |                                                 |    |
|-----------|-------------------------------------------------|----|
| <b>a.</b> | 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: \$

**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:** \_\_\_\_\_

Is this interest for:

What kind of interest is this:

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

FORM 1099-INT

**Box 2 -** Early withdrawal penalty: \$

**Box 4 -** Federal income tax withheld: \$

**Box 5 -** Investment expenses: \$

**Box 6 - Foreign tax paid:** \$

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

|                                     |    |     |
|-------------------------------------|----|-----|
| <b>Box 8 -</b> Tax-exempt interest: | \$ | 650 |
|-------------------------------------|----|-----|

**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: \$

|                |                  |    |
|----------------|------------------|----|
| <b>Box 5 -</b> | Market discount: | \$ |
|----------------|------------------|----|

|                |                      |    |
|----------------|----------------------|----|
| <b>Box 6 -</b> | Acquisition premium: | \$ |
|----------------|----------------------|----|

|                |                                                       |    |
|----------------|-------------------------------------------------------|----|
| <b>Box 8 -</b> | Original issue discount on U.S. Treasury obligations: | \$ |
|----------------|-------------------------------------------------------|----|

|                |                      |    |
|----------------|----------------------|----|
| <b>Box 9 -</b> | Investment expenses: | \$ |
|----------------|----------------------|----|

**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:** \_\_\_\_\_

Is this interest for:

What kind of interest is this:

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

FORM 1099-INT

**Box 2 - Early withdrawal penalty:** \$

**Box 4 -** Federal income tax withheld: \$

**Box 5 -** Investment expenses: \$

**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.

|           |                                                 |    |  |
|-----------|-------------------------------------------------|----|--|
| <b>a.</b> | Portion of box 2 from U.S. Treasury obligations | \$ |  |
|-----------|-------------------------------------------------|----|--|

**Box 3 -** Early withdrawal penalty: \$

**Box 4 -** Federal income tax withheld: \$

|                |                  |    |
|----------------|------------------|----|
| <b>Box 5 -</b> | Market discount: | \$ |
|----------------|------------------|----|

|                |                      |    |
|----------------|----------------------|----|
| <b>Box 6 -</b> | Acquisition premium: | \$ |
|----------------|----------------------|----|

|                |                                                       |    |
|----------------|-------------------------------------------------------|----|
| <b>Box 8 -</b> | Original issue discount on U.S. Treasury obligations: | \$ |
|----------------|-------------------------------------------------------|----|

**Box 9 -** Investment expenses: \$

**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:

Big Bank

Box 1a - Total ordinary dividends:

\$850

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:

\$850

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:

Not  
For  
Filing

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:    Big Gas Company

Box 1a -

Total ordinary dividends:

\$

470

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:

\$

470

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:

Not  
For  
Filing

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: Mango Mutual Fund

Box 1a - Total ordinary dividends:

\$145

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<br>OMB No. 1545-0120           |  |
| Irene Incisor                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                             |       | SSN: 637-34-4927                    |  |
| Is this 1099-G for <input type="checkbox"/> Yourself <input checked="" type="checkbox"/> Your spouse <input type="checkbox"/> Both of you                                                                                                                                                                                                                                                 |                                                       |                             |       |                                     |  |
| Check the box if this 1099-G is marked corrected <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 |                                                       |                             |       |                                     |  |
| Check what kind of payment is shown on this 1099-G.<br><input type="checkbox"/> State tax refund<br><input checked="" type="checkbox"/> Unemployment compensation<br><input type="checkbox"/> Other government payment                                                                                                                                                                    |                                                       |                             |       |                                     |  |
| PAYER's name, street, city, state, ZIP, and telephone.<br>Paid by: _____<br><br>Payer's Address:<br>Street: _____<br>City: _____<br>State: _____ ZIP: _____<br>Telephone: _____<br>Payer ID # _____                                                                                                                                                                                       |                                                       |                             |       |                                     |  |
| For Indiana only:<br>Indiana county tax withheld _____<br>Indiana county _____                                                                                                                                                                                                                                                                                                            |                                                       |                             |       |                                     |  |
| RECIPIENT's name, street, city, state, ZIP, and account number.<br>Recipient's Name (first, middle initial, last, suffix):<br>Irene Incisor<br>Recipient's Address:<br>Street: 468 Mule Deer Lane<br><br>City: Spokane<br>State: WA ZIP: 99206<br>Account #:<br><input type="checkbox"/> Do NOT carry name from Bkgd Wkst<br><input type="checkbox"/> Do NOT carry address from Bkgd Wkst |                                                       |                             |       |                                     |  |
| Box 1                                                                                                                                                                                                                                                                                                                                                                                     | Unemployment compensation                             | 1                           | 3,750 |                                     |  |
| 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            |                             |       | <input checked="" type="checkbox"/> |  |
| 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?                                          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Did you deduct general sales taxes in 2013?                                       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Do you fall into any of the exceptions given in the IRS instructions for line 10? | <input type="checkbox"/> Yes            | <input type="checkbox"/> 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:

477-34-4321

☐ 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              |
|                                                                                                                                                                                                                                                                                                       | 65,000                                                                                                                                                                                                                         | 6,000                      |
|                                                                                                                                                                                                                                                                                                       | 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>Ivan I<br>Incisor<br><input type="checkbox"/> Do NOT carry name from Bkgd Wkst                                                                                                                                                                                 |                                                                                                                                                                                                                                |                            |
| f. Employee's address and ZIP code<br>Add1: 468 Mule Deer Lane<br>Add2:<br>Apt No.<br>Town/City Spokane<br>State & ZIP WA 99206<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>a Code P amount, complete the additional info. section below. |                            |
|                                                                                                                                                                                                                                                                                                       | 14. Other Description Other Amt.                                                                                                                                                                                               |                            |

Note: To e-file your address and your employer's address must be entered exactly as it appears on the W-2.

|           |                         |                 |               |                 |               |                   |
|-----------|-------------------------|-----------------|---------------|-----------------|---------------|-------------------|
| 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**