

For the year Jan 1 - Dec 31, 2014, or other tax year beginning , 2014, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no. ▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse.
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax or (see instrs)
 If more than four dependents, see instructions and check here...
 d Total number of exemptions claimed. ▶

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

Adjusted Gross Income
 23 Educator expenses. 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24
 25 Health savings account deduction. Attach Form 8889. 25
 26 Moving expenses. Attach Form 3903. 26
 27 Deductible part of self-employment tax. Attach Schedule SE. 27
 28 Self-employed SEP, SIMPLE, and qualified plans. 28
 29 Self-employed health insurance deduction. 29
 30 Penalty on early withdrawal of savings. 30
 31a Alimony paid b Recipient's SSN. ▶ 31a
 32 IRA deduction. 32
 33 Student loan interest deduction. 33
 34 Tuition and fees. Attach Form 8917. 34
 35 Domestic production activities deduction. Attach Form 8903. 35
 36 Add lines 23 through 35. 36
 37 Subtract line 36 from line 22. This is your adjusted gross income. ▶ 37

Tax and Credits

Standard Deduction for -

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others: Single or Married filing separately, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

38 Amount from line 37 (adjusted gross income)
39a Check if: You were born before January 2, 1950, Blind. Total boxes checked 39a
Spouse was born before January 2, 1950, Blind. 39b
b If your spouse itemizes on a separate return or you were a dual-status alien, check here
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instrs
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see instrs). Check if any from: a Form(s) 8814 c
b Form 4972
45 Alternative minimum tax (see instructions). Attach Form 6251.
46 Excess advance premium tax credit repayment. Attach Form 8962.
47 Add lines 44, 45 and 46.
48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441
50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit. Attach Schedule 8812, if required
53 Residential energy credits. Attach Form 5695
54 Other crs from Form: a 3800 b 8801 c
55 Add lines 48 through 54. These are your total credits
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE.
58 Unreported social security and Medicare tax from Form: a 4137 b 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H.
b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: individual responsibility (see instructions) Full-year coverage
62 Taxes from: a Form 8959 b Form 8960 c Instrs; enter code(s)
63 Add lines 56-62. This is your total tax.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099
65 2014 estimated tax payments and amount applied from 2013 return
66a Earned income credit (EIC)
b Nontaxable combat pay election
67 Additional child tax credit. Attach Schedule 8812
68 American opportunity credit from Form 8863, line 8
69 Net premium tax credit. Attach Form 8962
70 Amount paid with request for extension to file
71 Excess social security and tier 1 RRTA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136
73 Credits from Form: a 2439 b Reserved c Reserved d
74 Add lns 64, 65, 66a, & 67-73. These are your total pmts.

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here.
b Routing number
c Type: Checking Savings
d Account number
77 Amount of line 75 you want applied to your 2015 estimated tax

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions.
79 Estimated tax penalty (see instructions).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See instructions.

Keep a copy for your records.

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.
Your signature Date Your occupation Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see instrs)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
Firm's name Firm's address Firm's EIN Phone no.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2014

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions)	1		
	2 Enter amount from Form 1040, line 38. 2			
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5 State and local (check only one box):	5		
	a <input type="checkbox"/> Income taxes, or			
	b <input type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions)	6		
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ►	8		

	9 Add lines 5 through 8			9
Interest You Paid	10 Home mtg interest and points reported to you on Form 1098.	10		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►			
	Note. Your mortgage interest deduction may be limited (see instructions).			
	-----	11		

	12 Points not reported to you on Form 1098. See instrs for spl rules	12		
	13 Mortgage insurance premiums (see instructions)	13		
	14 Investment interest. Attach Form 4952 if required. (See instrs.)	14		
	15 Add lines 10 through 14			15
	Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	
17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17		
18 Carryover from prior year		18		
19 Add lines 16 through 18				19
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21		

	22 Tax preparation fees	22		
	23 Other expenses – investment, safe deposit box, etc. List type and amount ►	23		

	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38. 25			
26 Multiply line 25 by 2% (.02)	26			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other Miscellaneous Deductions	28 Other – from list in instructions. List type and amount ►		28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$152,525? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		29	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here. <input type="checkbox"/>			

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2014

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

Name of proprietor _____		Social security number (SSN) _____
A Principal business or profession, including product or service (see instructions)	B Enter code from instructions ▶ _____	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instrs) _____	
E Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code _____		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you 'materially participate' in the operation of this business during 2014? If 'No,' see instructions for limit on losses. <input type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2014, check here _____ ▶ <input type="checkbox"/>		
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
J If 'Yes,' did you or will you file required Forms 1099?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked. <input type="checkbox"/>	1	
2 Returns and allowances.....	2	
3 Subtract line 2 from line 1.....	3	
4 Cost of goods sold (from line 42).....	4	
5 Gross profit. Subtract line 4 from line 3.....	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).....	6	
7 Gross income. Add lines 5 and 6..... ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising.....	8	18 Office expense (see instructions).....	18	
9 Car and truck expenses (see instructions).....	9	19 Pension and profit-sharing plans.....	19	
10 Commissions and fees.....	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions).....	11	a Vehicles, machinery, and equipment....	20 a	
12 Depletion.....	12	b Other business property.....	20 b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).....	13	21 Repairs and maintenance.....	21	
14 Employee benefit programs (other than on line 19).....	14	22 Supplies (not included in Part III).....	22	
15 Insurance (other than health).....	15	23 Taxes and licenses.....	23	
16 Interest:		24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc).....	16 a	a Travel.....	24 a	
b Other.....	16 b	b Deductible meals and entertainment (see instructions).....	24 b	
17 Legal & professional services.....	17	25 Utilities.....	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a..... ▶	28	26 Wages (less employment credits).....	26	
29 Tentative profit or (loss). Subtract line 28 from line 7.....	29	27 a Other expenses (from line 48).....	27 a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.....	30	27 b Reserved for future use	27 b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32 a	<input type="checkbox"/> All investment is at risk.
			32 b	<input type="checkbox"/> Some investment is not at risk.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Capital Gains and Losses

▶ **Attach to Form 1040 or Form 1040NR.**

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2014

Attachment
Sequence No. **12**

Your social security number

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gain or losses, go to Part II below. Otherwise, go to Part III on page 2.				7

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				12
13 Capital gain distributions. See instrs.				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2.				15

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule **D** (Form 1040) 2014