

**IRS e-file Signature Authorization**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

**2014**

Submission Identification  
Number (SID)

▶ 20075220150270000191

Taxpayer's name  
ROBERT ROWE

Social security number  
411-02-0752

Spouse's name  
RITA ROWE

Spouse's social security number  
412-02-0752

**Part I Tax Return Information-Tax Year Ending December 31, 2014 (Whole Dollars Only)**

|   |   |   |         |
|---|---|---|---------|
| 1 | Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) . . . . .                      | 1 | 39,600. |
| 2 | Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) . . . . .                                 | 2 | 648.    |
| 3 | Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) . . . . .                | 3 | 750.    |
| 4 | Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) . . . . . | 4 | 872.    |
| 5 | Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14) . . . . .                            | 5 |         |

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize KINNELON PUBLIC LIBRARY to enter or generate my PIN 12345  
**ERO firm name** Enter five numbers, but do not enter all zeros  
as my signature on my tax year 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ 01/01/2015

**Spouse's PIN: check one box only**

I authorize KINNELON PUBLIC LIBRARY to enter or generate my PIN 12345  
**ERO firm name** Enter five numbers, but do not enter all zeros  
as my signature on my tax year 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ 01/01/2015

**Practitioner PIN Method Returns Only-continue below**

**Part III Certification and Authentication-Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 20075298765  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ S24051405 KINNELON PUBLIC LIBRAR Date ▶ 01/01/2015

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_, 20

Your first name and initial **ROBERT ROWE** Last name \_\_\_\_\_ See separate instructions.

Your social security number **411-02-0752**

If a joint return, spouse's first name and initial **RITA ROWE** Last name \_\_\_\_\_ Spouse's social security number **412-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **123 MAPLE** Apt. 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). **PLUCKEMIN NJ 07978-**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**Presidential Election Campaign**  
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 **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. ▶ \_\_\_\_\_

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

3  Married filing separately. Enter spouse's SSN above and full name here. ▶ \_\_\_\_\_

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse

**Boxes checked on 6a and 6b** **2**

**c Dependents:**

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.) | No. of children on 6c who:   |
|----------------|-----------|--|-------------------------------------|--|--|
|                |           |  |                                     |  | lived with you <b>0</b>  |
|                |           |  |                                     |  | did not live with you due to divorce or separation (see instructions) <b>0</b> |
|                |           |  |                                     |  | Dependents on 6c not entered above <b>0</b>                                    |

**Add numbers on lines above** **2**

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). Attach Schedule D if required. If not required, check here  **13** 12,233.

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **15b** Taxable amount

16a Pensions and annuities **16a** PSO 25,000. **16b** Taxable amount 22,500.

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** 14,000. **20b** Taxable amount 4,867.

21 Other income. List type and amount **21**

22 Combine the amounts in the far right col for lines 7 through 21. This is your total income **22** 39,600.

**Adjusted Gross Income**

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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** 39,600.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (39,600), 39a (Total boxes checked 1), 40 (13,772), 41 (25,828), 42 (7,900), 43 (17,928), 44 (648), 45, 46, 47 (648), 48-54, 55, 56 (648).

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.

Other Taxes

Table with 2 columns: Line number and Amount. Rows include 57, 58, 59, 60a, 60b, 61, 62, 63 (648).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 64 (750), 65, 66a, 66b, 67, 68, 69 (770), 70, 71, 72, 73, 74 (1,520).

Refund

Direct deposit? See instructions

Table with 2 columns: Line number and Amount. Rows include 75 (872), 76a (872), 77.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 78, 79.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. [X] No

Sign Here

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.

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN. Includes AARP FOUNDATION TAX-AIDE, KINNELON PUBLIC LIBRARY, S24051405.

Name: ROBERT & RITA ROWE

SSN: 411-02-0752

**Interest.** List all interest on Schedule B, regardless of the amount.  
**Unemployment and/or state tax refund.** Fill out 1099-G worksheet.

| Additional Earned Income                 | Taxpayer | Spouse | Total   |
|--|----------|--------|---------|
| Scholarship income - no W2 .....         |          |        |         |
| Household employee income - no W2 .....  |          |        |         |
| Social Security/Railroad Tier 1 Benefits | Taxpayer | Spouse | Total   |
| Social Security received this year ..... | 14,000.  |        |         |
| Railroad tier 1 received this year ..... |          |        |         |
| Total .....                              | 14,000.  |        | 14,000. |
| Medicare to Schedule A .....             |          |        |         |
| Federal tax withheld .....               |          |        |         |

**Married Filing Separately**

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3 .....

**All others**

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 34,733.  
 + tax-exempt interest: \_\_\_\_\_ and excluded income from American Samoa (Form 4563) or Puerto Rico: \_\_\_\_\_ + 50% of the benefits received: 7,000. .....

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable.

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable .....

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

|  |          |  |        |
|--|----------|--|--------|
| 85% of the social security and railroad benefits received is taxable .....             | <b>A</b> |  |        |
| Modified AGI .....   |          |  |        |
| \$34,000 (\$44,000) .....  |          |  |        |
| Subtract .....   |          |  |        |
|  | X 85%=   |  |        |
| Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly) ..... |          |  |        |
| Add .....  | <b>B</b> |  |        |
| <b>Taxable social security and railroad retirement tier 1.</b> Minimum of A or B. .... |          |  | 4,867. |

**Lump Sum Payment of Social Security and Railroad Tier 1 Benefits**

|  | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| Gross amount received attributable to 2014 .....                                   |          |        |       |
| Using the above modified AGI, this is the taxable amount of the 2014 benefit ..... |          |        |       |
| Amounts taxable from previous years .....  |          |        |       |
| <b>Taxable benefits using the lump-sum election method</b> .....                   |          |        |       |

Name: ROBERT & RITA ROWE

SSN: 411-02-0752

If you or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 2014, use the Shared Responsibility Payment Worksheet, below, to figure your shared responsibility payment. For each individual, check the box in the column labeled "Full" if the individual had minimum essential coverage for the entire year, check the box labeled "None" if the individual did not have insurance all year, or check the box for each month that the individual did not have minimum essential coverage. If you are applying for an exemption or have been granted a full or partial exemption for an individual, check the box in the column labeled "Exm" and only check those months that are not covered by the exemption, if any. If you received insurance through the Marketplace, check the box labeled "Mkt".

|             | Full                                | None                     | Mkt                                 | Exm                      | Jan                      | Feb                      | Mar                      | Apr                      | May                      | Jun                      | Jul                      | Aug                      | Sept                     | Oct                      | Nov                      | Dec                      |
|-------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ROBERT ROWE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RITA ROWE   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|--|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| 1 Total number of boxes checked per month, maximum of 5.....                 |     |     |     |     |     |     |     |     |      |     |     |     |
| 2 Total number of boxes checked per month for individuals 18 or over .....   |     |     |     |     |     |     |     |     |      |     |     |     |
| 3 One-half the number of boxes checked per month for individuals under 18 .. |     |     |     |     |     |     |     |     |      |     |     |     |
| 4 Add lines 3 and 4 for each month .....                                     |     |     |     |     |     |     |     |     |      |     |     |     |
| 5 Multiply line 4 by \$95 for each month, maximum of \$285 .....             |     |     |     |     |     |     |     |     |      |     |     |     |

|   |         |
|---|---------|
| 6 Sum of the number of boxes checked on line 1 above for the year .....   |         |
| 7 Household income .....  | 39,600. |
| Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero .....  |         |
| 8 Filing threshold .....  |         |
| 9 Subtract line 8 from line 7 .....   | 39,600. |
| 10 Multiply line 9 by 1% .....  | 396.    |
| 11 Is line 10 more than \$285?<br><input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero.<br><input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet ..... |         |
| 12 Divide line 11 by 12 .....   |         |
| 13 Multiply line 6 by \$204 .....   |         |
| 14 Smaller of line 12 or line 13 .....  |         |

1099-R DETAIL REPORT - 2014

| Payer                | EIN        | T<br>S | Box<br>7 | IRA/SEP<br>Simple | Fed.<br>With. | State<br>With. | Gross | 1099R<br>Taxable | Roll/<br>Exclude | Net   | Cost  | Cost<br>Bal. |
|----------------------|------------|--------|----------|-------------------|---------------|----------------|-------|------------------|------------------|-------|-------|--------------|
| ACME GOVERNMENT SERV | 40-5990752 | T      | 7        |                   | 750NJ         |                | 25000 | 25000            | E                | 2500  | 22500 |              |
|                      |            |        |          |                   | ---           |                | ----- | -----            |                  | ----- | ----- |              |
|                      |            |        |          |                   | 750           |                | 25000 | 25000            |                  | 2500  | 22500 |              |







**Premium Tax Credit (PTC)**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.

▶ Information about Form 8962 and its separate instructions is at [www.irs.gov/form8962](http://www.irs.gov/form8962).

Attachment  
Sequence No. **73**

|  |   |   |
|--|---|---|
| Name shown on your return<br><b>ROBERT &amp; RITA ROWE</b> | Your social security number<br><b>411-02-0752</b> | Relief<br>(see instructions) <input type="checkbox"/> |
|--|---|---|

**Part 1: Annual and Monthly Contribution Amount**

|  |           |          |
|--|-----------|----------|
| 1 Family Size: Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d . . . . .   | <b>1</b>  | 2        |
| 2a Modified AGI: Enter your modified AGI (see instructions) . . . . . <b>2a</b> 48,733 .   | <b>2a</b> |          |
| b Enter total of your dependents' modified AGI (see instructions) . . . . .  | <b>2b</b> |          |
| 3 Household Income: Add the amounts on lines 2a and 2b . . . . .   | <b>3</b>  | 48,733 . |
| 4 Federal Poverty Line: Enter the federal poverty amount as determined by the family size on line 1 and the federal poverty table for your state of residence during the tax year (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC | <b>4</b>  | 15,510 . |
| 5 Household Income as a Percentage of Federal Poverty Line: Divide line 3 by line 4. Enter the result rounded to a whole percentage. (For example, for 1.542 enter the result as 154, for 1.549 enter as 155.) (See instructions for special rules.) . . . . .   | <b>5</b>  | 314 %    |
| 6 Is the result entered on line 5 less than or equal to 400%? (See instructions if the result is less than 100%).<br><input checked="" type="checkbox"/> <b>Yes. Continue to line 7.</b><br><input type="checkbox"/> <b>No.</b> You are not eligible to receive PTC. If you received advance payment of PTC, see the instructions for how to report your Excess Advance PTC Repayment amount.        |           |          |
| 7 Applicable Figure: Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . .  | <b>7</b>  | 0.0950   |
| 8a Annual Contribution for Health Care: Multiply line 3 by line 7 . . . . . <b>8a</b> 4,630 .  | <b>8a</b> |          |
| b Monthly Contribution for Health Care: Divide line 8a by 12. Round to whole dollar amount   | <b>8b</b> | 386 .    |

**Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

9 Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions)  
 **Yes.** Skip to Part 4, Shared Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage.  **No. Continue to line 10.**

10 Do all Forms 1095-A for your tax household include coverage for Jan. - Dec. with no changes in monthly amounts shown on lines 21-32, columns A and B?  
 **Yes. Continue to line 11.** Compute your annual PTC. Skip lines 12-23 and continue to line 24.  **No. Continue to lines 12-23.** Compute your monthly PTC and continue to line 24.

| Annual Calculation  | A. Premium Amount (Form(s) 1095-A, line 33A)                      | B. Annual Premium Amount of SLCS (Form(s) 1095-A, line 33B)               | C. Annual Contribution Amount (Line 8a)   | D. Annual Maximum Premium Assistance (Subtract C from B)  | E. Annual Premium Tax Credit Allowed (Smaller of A or D)  | F. Annual Advance Payment of PTC (Form(s) 1095-A, line 33C)               |
|---------------------|---|---|---|---|---|---|
| 11 Annual Totals    | 4,800 .   | 5,400 .   | 4,630 .   | 770 .   | 770 .   |   |
| Monthly Calculation | A. Monthly Premium Amount (Form(s) 1095-A, lines 21-32, column A) | B. Monthly Premium Amount of SLCS (Form(s) 1095-A, lines 21-32, column B) | C. Monthly Contribution Amount (Amount from line 8b or alternative marriage monthly contribution) | D. Monthly Maximum Premium Assistance (Subtract C from B) | E. Monthly Premium Tax Credit Allowed (Smaller of A or D) | F. Monthly Advance Payment of PTC (Form(s) 1095-A, lines 21-32, column C) |
| 12 January          |   |   |   |   |   |   |
| 13 February         |   |   |   |   |   |   |
| 14 March            |   |   |   |   |   |   |
| 15 April            |   |   |   |   |   |   |
| 16 May              |   |   |   |   |   |   |
| 17 June             |   |   |   |   |   |   |
| 18 July             |   |   |   |   |   |   |
| 19 August           |   |   |   |   |   |   |
| 20 September        |   |   |   |   |   |   |
| 21 October          |   |   |   |   |   |   |
| 22 November         |   |   |   |   |   |   |
| 23 December         |   |   |   |   |   |   |

|   |           |       |
|---|-----------|-------|
| 24 Total Premium Tax Credit: Enter the amount from line 11E or add lines 12E through 23E and enter the total here . . . . .   | <b>24</b> | 770 . |
| 25 Advance Payment of PTC: Enter the amount from line 11F or add lines 12F through 23F and enter the total here . . . . .   | <b>25</b> |       |
| 26 Net Premium Tax Credit: If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 . . . . . | <b>26</b> | 770 . |

**Part 3: Repayment of Excess Advance Payment of the Premium Tax Credit**

|  |           |  |
|--|-----------|--|
| 27 Excess Advance Payment of PTC: If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here . . . . .                                       | <b>27</b> |  |
| 28 Repayment Limitation: Using the percentage on line 5 and your filing status, locate the repayment limitation amount in the instructions. Enter the amount here . . . . .    | <b>28</b> |  |
| 29 Excess Advance Premium Tax Credit Repayment: Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44 . . . . . | <b>29</b> |  |

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

**US Schedule A**

**Itemized Deduction Detail Worksheet**

**2014**

Name: ROBERT & RITA ROWE

SSN: 411-02-0752

| Medical Expenses                      |         | Medical miles:                          | Deduction: |
|---------------------------------------|---------|---|------------|
| Insurance premiums paid (not pre-tax) |         | 1                                       |            |
| Taxpayer .....                        |         | Medicare from 1040 worksheet .....      |            |
| Spouse .....                          | 4,030 . | Remainder from worksheets               |            |
| Qualified long term care contracts    |         | Taxpayer .....                          |            |
| Taxpayer .....                        |         | Spouse .....                            |            |
| Spouse .....                          |         | Self-employed health insurance          |            |
| Other medical expenses                |         | Taxpayer .....                          |            |
|                                       |         | Spouse .....                            |            |
|                                       |         | Amount from additional worksheets ..... |            |
|                                       |         | <b>Total</b> .....                      | 4,030 .    |

| Cash Contributions             |          | Other Charitable miles:                 | X .14 =  |
|--------------------------------|----------|---|----------|
| <b>50% Limit Organizations</b> |          |   |          |
| CHURCH                         | 12,000 . | From Schedules K-1 .....                |          |
|                                |          | Amount from additional worksheets ..... |          |
|                                |          | <b>Total</b> .....                      | 12,000 . |

| 30% Limit Organizations |  | Charitable miles:                       | X .14 = |
|-------------------------|--|---|---------|
|                         |  | Schedules K-1 .....                     |         |
|                         |  | Amount from additional worksheets ..... |         |
|                         |  | <b>Total</b> .....                      |         |

| Other Than Cash Contributions |  | 50% Limit Organizations                 |
|-------------------------------|--|---|
|                               |  | From Forms 8283 .....                   |
|                               |  | Amount from additional worksheets ..... |
| From Schedules K-1            |  | <b>Total</b> .....                      |

| 30% Limit          |  | Capital gain property donated to 50% limit organizations. |
|--------------------|--|---|
|                    |  | From Forms 8283 .....                                     |
| From Schedules K-1 |  | <b>Total</b> .....  |

| 30% Limit          |  | Not capital gain property donated to 30% limit organizations. |
|--------------------|--|---|
|                    |  | From Forms 8283 .....   |
| From Schedules K-1 |  | <b>Total</b> .....  |

| 20% Limit Organization |  | Capital gain property donated to 30% limit organizations. |
|------------------------|--|---|
|                        |  | From Forms 8283 .....                                     |
| From Schedules K-1     |  | <b>Total</b> .....  |

|      | From years 2007 through 2013 |     |                       |     | To 2015 tax year        |     |                       |     |
|------|------------------------------|-----|-----------------------|-----|-------------------------|-----|-----------------------|-----|
|      | Cash and other property      |     | Capital gain property |     | Cash and other property |     | Capital gain property |     |
|      | 50%                          | 30% | 30%                   | 20% | 50%                     | 30% | 30%                   | 20% |
| 2009 |                              |     |                       |     |                         |     |                       |     |
| 2010 |                              |     |                       |     |                         |     |                       |     |
| 2011 |                              |     |                       |     |                         |     |                       |     |
| 2012 |                              |     |                       |     |                         |     |                       |     |
| 2013 |                              |     |                       |     |                         |     |                       |     |
| 2014 |                              |     |                       |     |                         |     |                       |     |

| Contributions allowed this year  |          |
|--|----------|
| 50% of adjusted gross income .....   | 19,800 . |
| This year's 50% organization cash contributions allowed .....                    | 12,000 . |
| 30% of adjusted gross income .....   | 11,880 . |
| This year's capital gain contributions to 50% organizations limited to 30% ..... |          |
| 50% cash carryover allowed .....   |          |
| 50% capital gain carryover limited to 30% .....                                  |          |
| This year's 30% organization cash and other property contributions allowed ..... |          |
| 30% organizations cash and other property carryover .....                        |          |
| 20% of adjusted gross income .....   | 7,920 .  |
| This year's capital gain contributions to 30% organizations limited to 20% ..... |          |
| 30% capital gain carryover limited to 20% AGI .....                              |          |
| <b>Total contributions allowed this year</b> .....                               | 12,000 . |

**US Schedule D**

**Capital Gain or Loss Transactions Worksheet**

**2014**

\* Check if 28% rate gain or (loss)

| (a)<br>Description of property | 1<br>0<br>9<br>9 | T<br>S<br>J | * | (b)<br>Date acquired | (c)<br>Date sold | (d)<br>Sales price | (e)<br>Cost or other basis | (f)<br>Code | (g) Adjustments<br>to Gain or Loss | (h)<br>Gain or loss | S<br>/<br>L |
|--------------------------------|------------------|-------------|---|----------------------|------------------|--------------------|----------------------------|-------------|------------------------------------|---------------------|-------------|
| 486 BBRY                       | A                | T           |   | 07/01/2014           | 09/30/2014       | 3,873.             | 5,000.                     | W           | 152.                               | (975.)              | S           |
| 25 AAPL                        | A                | T           |   | 07/01/2014           | 09/30/2014       | 11,753.            | 10,000.                    |             |                                    | 1,753.              | S           |
| 17 BBRY                        | E                | T           |   | 12/30/2004           | 01/02/2014       | 200.               | 1,415.                     |             |                                    | (1,215.)            | L           |
| 23 AAPL                        | E                | T           |   | 12/30/2002           | 12/30/2014       | 13,000.            | 330.                       |             |                                    | 12,670.             | L           |
|                                |                  |             |   |                      |                  | 28,826.            | 16,745.                    |             | 152.                               | 12,233.             |             |

**US Schedule A**

**Sales Tax Worksheet**

**2014**

Name: ROBERT & RITA ROWE

SSN: 411-02-0752

|    |   |        |         |      |
|----|---|--------|---------|------|
| 1  | Federal AGI.....  |        | 39,600. |      |
| 2  | Nontaxable income listed on tax return  |        |         |      |
| a  | Nontaxable interest .....   |        |         |      |
| b  | Social security .....   | 9,133. |         |      |
| c  | Combat pay .....  |        |         |      |
| d  | Income on Forms 4970 and 4972 .....   |        |         |      |
| e  | Nontaxable part of IRA, pension, or annuity distributions, not including rollovers.....   |        | 9,133.  |      |
| 3  | Other nontaxable income   |        |         |      |
| a  | <u>p</u> UB SVC EMP MED INS ON 1099-R .....   | 2,500. |         |      |
| b  | .....   |        |         |      |
| c  | .....   |        |         |      |
| d  | .....   |        |         |      |
| e  | .....   |        | 2,500.  |      |
| 4  | <b>Income for sales tax chart</b> .....   |        | 51,233. |      |
| 1  | Enter the taxpayer's state of residency for 2014 .....  |        |         | NJ   |
|    | If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____  |        |         |      |
|    | <b>State sales tax from the applicable table</b> .....  |        |         | 712. |
| 2  | Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2014?  |        |         |      |
|    | <input checked="" type="checkbox"/> <b>No.</b> Line 2 should be -0-.  |        |         |      |
|    | <input type="checkbox"/> <b>Yes.</b> Enter the letter (A - D) for the optional local sales tax table you want to use .....  |        |         |      |
|    | <b>Local sales tax from the applicable table</b> .....  |        |         |      |
| 3  | Did your locality impose a local general sales tax in 2014? Residents of California and Nevada, see the Schedule A instructions.  |        |         |      |
|    | <input checked="" type="checkbox"/> <b>No.</b> Go to line 7.  |        |         |      |
|    | <input type="checkbox"/> <b>Yes.</b> Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5 .....   |        |         |      |
| 4  | Did you enter -0- on line 2 above?  |        |         |      |
|    | <input type="checkbox"/> <b>No.</b> Skip to line 6.   |        |         |      |
|    | <input type="checkbox"/> <b>Yes.</b> Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions.<br>Enter 6.5% as 6.5 .....   |        |         |      |
| 5  | Divide line 3 by line 4 .....   |        |         |      |
| 6  | Did you enter -0- on line 2 above?  |        |         |      |
|    | <input type="checkbox"/> <b>No.</b> Multiply line 2 by line 3.  |        |         |      |
|    | <input type="checkbox"/> <b>Yes.</b> Multiply line 1 by line 5 .....  |        |         |      |
| 7  | Total of lines 1 and 6 - prorated for part-year residents .....   |        |         | 712. |
| 8  | General sales tax paid on specified items.<br>Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate.<br>Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate ..... |        |         |      |
| 9  | <b>Total sales tax using the sales tax chart</b> .....  |        |         | 712. |
| 10 | <b>Sales tax using actual receipts</b> .....  |        |         |      |
| 11 | <b>Sales tax deduction for Schedule A, line 5</b> .....   |        |         | 712. |

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

▶ Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).  
▶ Attach to Form 1040.

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. **07**

|  |   |  |         |        |    |         |
|--|---|--|---------|--------|----|---------|
| Name(s) shown on Form 1040<br><b>ROBERT &amp; RITA ROWE</b>                              |   | Your social security number<br><b>411-02-0752</b>  |         |        |    |         |
| <b>Medical and Dental Expenses</b>   | <b>Caution.</b> Do not include expenses reimbursed or paid by others.   |  |         |        |    |         |
|  | 1 Medical and dental expenses (see instructions) . . . . .  | 1  | 4,030.  |        |    |         |
|  | 2 Enter amount from Form 1040, line 38 <input type="text" value="2"/> <input type="text" value="39,600."/> . . . . .  |  |         |        |    |         |
|  | 3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1950, multiply line 2 by 7.5% (.075) instead . . . . .   | 3  | 2,970.  |        |    |         |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .        |   |  | 4       | 1,060. |    |         |
| <b>Taxes You Paid</b>  | 5 State and local   |  |         |        |    |         |
|  | a <input type="checkbox"/> Income taxes   | }  | 5       | 712.   |    |         |
|  | b <input checked="" type="checkbox"/> RESERVED  |  |         |        |    |         |
|  | 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  | 712.    |
|  | <b>Interest You Paid</b>  | 10 Home mortgage 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 inst. and show that person's name, identifying no., and address ▶ _____ | 11      |        |    |         |
| <b>Note.</b><br>Your mortgage interest deduction may be limited (see instructions).      |   |  |         |        |    |         |
| 12 Points not reported to you on Form 1098. See instructions for special rules . . . . . |   | 12   |         |        |    |         |
| 13 RESERVED . . . . .  |   | 13   |         |        |    |         |
| 14 Investment interest. Attach Form 4952 if required. (See instructions.) . . . . .      |   | 14   |         |        |    |         |
| 15 Add lines 10 through 14 . . . . .   |   |  |         | 15     |    |         |
| <b>Gifts to Charity</b>  | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .  | 16   | 12,000. |        |    |         |
|  | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .  | 17   |         |        |    |         |
|  | 18 Carryover from prior year . . . . .  | 18   |         |        |    |         |
|  | 19 Add lines 16 through 18 . . . . .  |  |         |        | 19 | 12,000. |
| <b>Casualty and Theft Losses</b>   | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .  |  |         |        | 20 |         |
| <b>Job Expenses and Certain Miscellaneous Deductions</b>                                 | 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 <input type="text" value="25"/> _____   | 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 |         |
| <b>Other Miscellaneous Deductions</b>  | 28 Other - from list in the inst. List type and amount ▶ _____  |  |         |        | 28 |         |
| <b>Total Itemized Deductions</b>   | 29 Is Form 1040, line 38, over \$152,525?<br><input checked="" type="checkbox"/> <b>No.</b> 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.<br><input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. |  |         |        | 29 | 13,772. |
|  | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . <input type="checkbox"/>   |  |         |        |    |         |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2014

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

▶ Attach to Form 1040 or Form 1040NR.

**2014**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment  
Sequence No. **12**

Name(s) shown on return  
**ROBERT & RITA ROWE**

Your social security number  
**411-02-0752**

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . . . . . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 15626 .                          | 15000 .                         | 152 .   | 778 .   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 778 .  |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . . . . . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   | 13200 .                          | 1745 .                          |  | 11455 .   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> 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 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .  |                                  |                                 |  | <b>15</b> 11455 .   |

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

Schedule D (Form 1040) 2014

**Part III Summary**

|  |           |         |
|--|-----------|---------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p>   | <b>16</b> | 12,233. |
| <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>                        |           |         |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>  |           |         |
| <p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . . . ▶</p>   | <b>18</b> |         |
| <p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶</p>   | <b>19</b> |         |
| <p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p> |           |         |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or <input type="text"/></li> <li>• (\$3,000), or if married filing separately, (\$1,500) <input type="text"/></li> </ul> <p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> | ( )     |
| <p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>   |           |         |

Name: ROBERT & RITA ROWE

SSN: 411-02-0752

|    |  |         |         |         |
|----|--|---------|---------|---------|
| 1  | Taxable income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet                               |         |         | 17,928. |
| 2  | Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b   |         |         |         |
| 3  | Line 4g of Form 4952   |         |         |         |
| 4  | Line 4e of Form 4952   |         |         |         |
| 5  | Subtract line 4 from line 3  |         |         |         |
| 6  | Subtract line 5 from line 2. If -0- or less, enter -0-   |         |         |         |
| 7  | Smaller of line 15 or line 16 of Schedule D  | 11,455. |         |         |
| 8  | Smaller of line 3 or line 4  |         |         |         |
| 9  | Subtract line 8 from line 7. If -0- or less, enter -0-   | 11,455. |         |         |
| 10 | Add lines 6 and 9  |         | 11,455. |         |
| 11 | Add lines 18 and 19 of Schedule D  |         |         |         |
| 12 | Smaller of line 9 or line 11   |         |         |         |
| 13 | Subtract line 12 from line 10. If -0- or less, -0-   |         |         | 11,455. |
| 14 | Subtract line 13 from line 1. If -0- or less, -0-  |         |         | 6,473.  |
| 15 | Smaller of line 1 or \$72,500 if married filing jointly or qualifying widow(er); \$36,250, if single or married filing separately; \$48,600 if head of household | 17,928. |         |         |
| 16 | Smaller of line 1 or line 15   |         | 17,928. |         |
| 17 | Smaller of line 14 or line 16  |         | 6,473.  |         |
| 18 | Subtract line 10 from line 1. If -0- or less, -0-  | 6,473.  |         |         |
| 19 | Larger of line 17 or line 18   |         | 6,473.  |         |
| 20 | Subtract line 17 from line 16. This line is taxed at 0%  |         | 11,455. |         |

If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42.  
Otherwise, go to line 21.

|    |   |  |  |  |
|----|---|--|--|--|
| 21 | Smaller of line 1 or line 13  |  |  |  |
| 22 | Amount from line 20   |  |  |  |
| 23 | Subtract line 22 from line 21   |  |  |  |
| 24 | \$400,000 if single; \$225,000 if married filing separately; \$450,000 if married filing jointly or qualifying widow(er); or \$425,000 if head of household |  |  |  |
| 25 | Smaller of line 1 or line 24  |  |  |  |
| 26 | Add lines 19 and 20   |  |  |  |
| 27 | Subtract line 26 from line 25   |  |  |  |
| 28 | Smaller of line 23 or line 27   |  |  |  |
| 29 | Multiply line 28 by 15%   |  |  |  |
| 30 | Add lines 22 and 28   |  |  |  |

If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42.  
Otherwise, go to line 31.

|    |                               |  |  |  |
|----|-------------------------------|--|--|--|
| 31 | Subtract line 30 from line 21 |  |  |  |
| 32 | Multiply line 31 by 20%       |  |  |  |

If Schedule D, line 19, is zero, skip lines 33 through 38 and go to line 39.  
Otherwise, go to line 33.

|    |  |  |  |  |
|----|--|--|--|--|
| 33 | Smaller of line 9 above or Schedule D, line 19     |  |  |  |
| 34 | Add lines 10 and 19                                |  |  |  |
| 35 | Amount from line 1                                 |  |  |  |
| 36 | Subtract line 35 from line 34. If -0- or less, -0- |  |  |  |
| 37 | Subtract line 36 from line 33. If -0- or less, -0- |  |  |  |
| 38 | Multiply line 37 by 25%                            |  |  |  |

If Schedule D, line 18, is zero, skip lines 39 through 41 and go to line 42.  
Otherwise, go to line 39.

|    |  |  |  |        |
|----|--|--|--|--------|
| 39 | Add lines 19, 20, 28, 31 and 37                      |  |  |        |
| 40 | Subtract line 39 from line 1                         |  |  |        |
| 41 | Multiply line 40 by 28%                              |  |  |        |
| 42 | Tax on line 19 amount                                |  |  | 648.   |
| 43 | Add lines 29, 32, 38, 41, and 42                     |  |  | 648.   |
| 44 | Tax on line 1 amount                                 |  |  | 1,793. |
| 45 | Tax on all taxable income. Smaller of lines 43 or 44 |  |  | 648.   |





Name: ROBERT & RITA ROWE

SSN: 411-02-0752

| Gross Income                                     | 2012  | 2013  | 2014    |
|--|-------|-------|---------|
| Wages and salaries .....                         |       |       |         |
| Interest and dividends .....                     |       |       |         |
| Business income .....                            |       |       |         |
| Sale of assets - gain or loss .....              |       |       | 12,233. |
| Pension and IRA distributions .....              |       |       | 22,500. |
| Rents, royalties, etc .....                      |       |       |         |
| Unemployment and social security .....           |       |       | 4,867.  |
| Other income .....                               |       |       |         |
| Total gross income .....                         |       |       | 39,600. |
| <b>Adjustments to Income</b> .....               |       |       |         |
| <b>Adjusted gross income</b> .....               |       |       | 39,600. |
| <b>Itemized or Standard Deductions</b>           |       |       |         |
| Medical expense deduction .....                  |       |       | 1,060.  |
| Taxes .....                                      |       |       | 712.    |
| Interest .....                                   |       |       |         |
| Contributions .....                              |       |       | 12,000. |
| Miscellaneous deductions .....                   |       |       |         |
| Other itemized deductions .....                  |       |       |         |
| Total deductions .....                           |       |       | 13,772. |
| <b>Exemptions</b> .....                          |       |       | 7,900.  |
| Taxable Income .....                             | 0     | 0     | 17,928. |
| <b>Tax (2014 - 1040, line 44)</b> .....          | 0     | 0     | 648.    |
| Alternative minimum tax .....                    |       |       |         |
| Other taxes .....                                |       |       |         |
| <b>Credits and Payments</b>                      |       |       |         |
| Credits .....                                    |       |       |         |
| Withholding .....                                |       |       | 750.    |
| EIC and Additional Child Tax Credit .....        |       |       |         |
| Estimated tax payments .....                     |       |       |         |
| Other payments .....                             |       |       | 770.    |
| Total credits and payments .....                 |       |       | 1,520.  |
| Tax liability after credits .....                |       |       | 648.    |
| Estimated tax penalty .....                      |       |       |         |
| <b>Refund or (Balance Due)</b> .....             |       |       | 872.    |
| Federal marginal tax bracket .....               | 0.0 % | 0.0 % | 15.0 %  |
| Tax preparation fee .....                        |       |       |         |
| <b>State refund or (balance due)</b>             |       |       |         |
| 1st resident state refund (balance due) .....    |       |       |         |
| 2nd resident state refund (balance due) .....    |       |       |         |
| 1st part-year state refund (balance due) .....   |       |       |         |
| 2nd part-year state refund (balance due) .....   |       |       |         |
| 1st nonresident state refund (balance due) ..... |       |       |         |
| 2nd nonresident state refund (balance due) ..... |       |       |         |
| 3rd nonresident state refund (balance due) ..... |       |       |         |
| 4th nonresident state refund (balance due) ..... |       |       |         |
| 5th nonresident state refund (balance due) ..... |       |       |         |

NOTES FOR 2014:

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