

PRINTED 01/11/2015

LINDA LOWE
123 MAPLE
PLUCKEMIN NJ 07978-

Taxpayer Spouse
SSN 416-02-0752
Birth 05/06/1991
Death
Day Phone 908-555-1111
Evening
Cell or Fax
PIN 12345

Email
Taxpayer Occupation CODER Spouse Occupation
Filing Status SINGLE

Blank lines for additional information.

Preparer ID: Preparation Fee: Date:
Preparer: AARP FOUNDATION TAX-AIDE Time in return min.

Recap of 2014 Income Tax Return

Earned Income 14,000. Federal Tax 903.
Federal AGI 15,200. Withholding 1,000.
Taxable Income 9,000. Refund/(Due) 97.
EIC Tax Bracket 15.0 %

State Tax Withholding Refund/Due
State Tax Withholding Refund/Due

Table with 4 columns: Bank Product Information, Check, Direct Deposit, Debit Card. Rows include Qualifying refund, Fees, Net refund, Federal disbursement, State disbursement, Check one.

Name: LINDA LOWE

SSN: 416-02-0752

	TSJ	Amount
1 Gambling winnings from Form W-2G		
2 Form 1099-MISC, lines 3, 7, and 8		250.
3 Taxable distributions from education savings accounts (ESAs) and QTPs		
4 Recovery of itemized deductions		
5 Foreign income exclusion from Form 2555, line 45		
6 Foreign income exclusion from Form 2555-EZ, line 18		
7 Income addition from Form 6478, line 2		
8 Income addition from Form 8814, line 12		
9 Taxable Archer MSA distributions from Form 8853, line 8		
10 Taxable Medicare Advantage MSA distributions from Form 8853, line 12		
11 Taxable long-term care insurance contract payments from Form 8853, line 26		
12 Taxable HSA distributions from Form 8889, line 16		
13 Income for failure to maintain HDHP coverage from Form 8889, line 20		
14 Jury duty pay	<input type="checkbox"/>	
15 NOL carried forward - enter as a negative amount	<input type="checkbox"/>	
16 Describe - 1099-C FROM ACME BANK	<input checked="" type="checkbox"/>	950.
17 Describe -	<input type="checkbox"/>	
18 Describe -	<input type="checkbox"/>	
19 Describe -	<input type="checkbox"/>	
20 Describe -	<input type="checkbox"/>	
21 Describe -	<input type="checkbox"/>	
22 Describe -	<input type="checkbox"/>	
23 Describe -	<input type="checkbox"/>	
24 Describe -	<input type="checkbox"/>	
25 Describe -	<input type="checkbox"/>	
26 Describe -	<input type="checkbox"/>	
27 Describe -	<input type="checkbox"/>	
28 Describe -	<input type="checkbox"/>	
29 Describe -	<input type="checkbox"/>	
30 Describe -	<input type="checkbox"/>	
31 Total other income		1,200.

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

Your first name and initial LINDA Last name LOWE Your social security number 416-02-0752

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. 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- **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**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and 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 **Boxes checked on 6a and 6b** 0

c Dependents:		(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:
If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name	Last name			lived with you
					did not live with you due to divorce or separation (see instructions)
					Dependents on 6c not entered above

d Total number of exemptions claimed 0 **Add numbers on lines above**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	14,000.
	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. Do not include on line 8a	8b	800.
Attach Forms(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	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 <input type="checkbox"/>	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. List type and amount <u>See statement</u>	21	1,200.
	22	Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	15,200.

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	15,200.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (15,200), 39a (Total boxes checked), 40 (6,200), 41 (9,000), 42, 43 (9,000), 44 (903), 45, 46, 47 (903), 48, 49, 50, 51, 52, 53, 54, 55, 56 (903).

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 (903).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 64 (1,000), 65, 66a (NO), 66b, 67, 68, 69, 70, 71, 72, 73, 74 (1,000).

Refund

Table with 2 columns: Line number and Amount. Rows include 75 (97), 76a (97), 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

Print/Type preparer's name: AARP FOUNDATION TAX-AIDE; Preparer's signature; Date; Check if self-employed; PTIN: S24051405; Firm's name: KINNELON PUBLIC LIBRARY; Firm's EIN; Firm's address; Phone no.

W-2 DETAIL REPORT - 2014

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
ACME CORP	40-8990752	X	14000	1000	868	203	NJ	14000	450		
			-----	-----	---	---		-----	---		
			14000	1000	868	203		14000	450		

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

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.

2014

Submission Identification
Number (SID)

▶ 20075220150110000094

Taxpayer's name
LINDA LOWE

Social security number
416-02-0752

Spouse's name

Spouse's social security number

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	15,200.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	903.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	1,000.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	97.
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 _____ to enter or generate my PIN
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 ▶ _____

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 Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2014)

Name: LINDA LOWE

SSN: 416-02-0752

Preparer Use Fields

Question	Answer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11 Other than English what language is spoken in your home	NONE
12 Do you or any member of your household have a disability	NO
13 Preparer Initials	AH
14 Quality Reviewer Initials	
15	
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23	
24	
25	

Taxpayer Reminders

Empty area for taxpayer reminders.

US 1040

Three - Year Tax Summary

2014

Name: LINDA LOWE

SSN: 416-02-0752

Gross Income	2012	2013	2014
Wages and salaries			14,000.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income			1,200.
Total gross income			15,200.
Adjustments to Income			
Adjusted gross income			15,200.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			6,200.
Exemptions			
Taxable Income	0	0	9,000.
Tax (2014 - 1040, line 44)	0	0	903.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			1,000.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			1,000.
Tax liability after credits			903.
Estimated tax penalty			
Refund or (Balance Due)			97.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
Tax preparation fee			
State refund or (balance due)			
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:
