

**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)

▶ 20075220150270000190

Taxpayer's name  
HENRY HOWE

Social security number  
413-02-0752

Spouse's name  
ANNE HOWE

Spouse's social security number  
414-02-0752

**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	33,000 .
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) . . . . .	2	405 .
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	2,339 .
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 Paperwork Reduction Act Notice, see your tax return instructions.

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

Your first name and initial **HENRY HOWE** Last name \_\_\_\_\_ See separate instructions.

If a joint return, spouse's first name and initial **ANNE HOWE** Last name \_\_\_\_\_ Your social security number **413-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **123 ELM** Apt. no. \_\_\_\_\_ Spouse's social security number **414-02-0752**

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

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 4  Head of household (with qualifying person). (See instructions.)

2  Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

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.)
LINDA	LOWE	416-02-0752	DAUGHTER	<input type="checkbox"/>
WILLIAM	HOWE	415-02-0752	SON	<input type="checkbox"/>

No. of children on 6c who:  
 ■ lived with you 1  
 ■ did not live with you due to divorce or separation (see instructions) 0  
 Dependents on 6c not entered above 1

d Total number of exemptions claimed 4

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 30,000.

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b 3,000.

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

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 10,000. b Taxable amount 20b 3,000.

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 33,000.

**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 33,000.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 33,000.; 39a Check boxes for birth date and blindness; 40 Itemized deductions 15,208.; 41 Subtract line 40 from line 38 17,792.; 42 Exemptions 15,800.; 43 Taxable income 1,992.; 44 Tax 199.; 45 Alternative minimum tax; 46 Excess advance premium tax credit repayment 47.; 47 Add lines 44, 45, and 46 246.; 48-54 Other credits; 55 Add lines 48 through 54; 56 Subtract line 55 from line 47.

Other Taxes

Table with 2 columns: Line number and Amount. Rows include: 57 Self-employment tax; 58 Unreported social security and Medicare tax; 59 Additional tax on IRAs; 60a Household employment taxes; 60b First-time homebuyer credit repayment; 61 Health care: individual responsibility 159.; 62 Taxes from Form 8959, 8960; 63 Add lines 56 through 62. This is your total tax 405.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include: 64 Federal income tax withheld 1,000.; 65 2014 estimated tax payments; 66a Earned income credit (EIC) 1,744.; 66b Nontaxable combat pay election; 67-73 Additional child tax credit, American opportunity credit, Net premium tax credit, Amount paid with request for extension to file, Excess social security and tier 1 RRTA tax withheld, Credit for federal tax on fuels, Credits from Form 2439, Re-served; 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 2,744.

Refund

Direct deposit? See instructions

Table with 2 columns: Line number and Amount. Rows include: 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 2,339.; 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 2,339.; 76b Routing number, Type: Checking Savings; 76c Account number; 77 Amount of line 75 you want applied to your 2015 estimated tax.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 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. [X] 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 (DISABLED), Daytime phone number (908-555-1111), Spouse's signature, Date, Spouse's occupation (SUPERVISOR), If the IRS sent you an Identity Protection PIN, enter it here (see inst.).

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.

Name: HENRY & ANNE HOWE

SSN: 413-02-0752

**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 .....	10,000.		
Railroad tier 1 received this year .....			
Total .....	10,000.		10,000.
Medicare to Schedule A .....	1,300.		
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 30,000.  
 + tax-exempt interest: 3,000. and excluded income from American Samoa (Form 4563) or Puerto Rico: \_\_\_\_\_ + 50% of the benefits received: 5,000. .....

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. ....		

**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: HENRY & ANNE HOWE

SSN: 413-02-0752

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
HENRY HOWE	<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"/>
ANNE HOWE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
LINDA LOWE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
WILLIAM HOWE	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>1</b> Total number of boxes checked per month, maximum of 5.....								1	1	1	1	1
<b>2</b> Total number of boxes checked per month for individuals 18 or over .....								1	1	1	1	1
<b>3</b> One-half the number of boxes checked per month for individuals under 18 ..												
<b>4</b> Add lines 3 and 4 for each month .....								1.0	1.0	1.0	1.0	1.0
<b>5</b> Multiply line 4 by \$95 for each month, maximum of \$285 .....								95.0	95.0	95.0	95.0	95.0
<b>6</b> Sum of the number of boxes checked on line 1 above for the year .....												6
<b>7</b> Household income .....												52,000.
Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero .....												16,000.
<b>8</b> Filing threshold .....												20,300.
<b>9</b> Subtract line 8 from line 7 .....												31,700.
<b>10</b> Multiply line 9 by 1% .....												317.
<b>11</b> Is line 10 more than \$285? <input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero. <input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet .....												1,902.
<b>12</b> Divide line 11 by 12 .....												159.
<b>13</b> Multiply line 6 by \$204 .....												1,224.
<b>14</b> Smaller of line 12 or line 13 .....												159.

# 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 <b>HENRY &amp; ANNE HOWE</b>	Your social security number <b>413-02-0752</b>	Relief (see instructions) <input type="checkbox"/>
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**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>	4
2a Modified AGI: Enter your modified AGI (see instructions) . . . . . <b>2a</b> 43,000 .	<b>2a</b>	43,000 .
b Enter total of your dependents' modified AGI (see instructions) . . . . .	<b>2b</b>	16,000 .
3 Household Income: Add the amounts on lines 2a and 2b . . . . .	<b>3</b>	59,000 .
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>	23,550 .
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>	251 %
6 Is the result entered on line 5 less than or equal to 400%? (See instructions if the result is less than 100%). <input checked="" type="checkbox"/> <b>Yes. Continue to line 7.</b> <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>	0.0808
8a Annual Contribution for Health Care: Multiply line 3 by line 7 . . . . . <b>8a</b> 4,767 .	<b>8a</b>	4,767 .
b Monthly Contribution for Health Care: Divide line 8a by 12. Round to whole dollar amount	<b>8b</b>	397 .

**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						
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	700 .	650 .	397 .	253 .	253 .	300 .
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>					253 .
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>					300 .
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>					

**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>	47 .
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>	1,500 .
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>	47 .

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

# Health Coverage Exemptions

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 8965 and its separate instructions is at [www.irs.gov/form8965](http://www.irs.gov/form8965)

**2014**

Attachment  
Sequence No. **75**

Name as shown on return  
**HENRY & ANNE HOWE**

Your social security number  
**413-02-0752**

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

**Part I Marketplace-Granted Coverage Exemptions for Individuals:** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	a Name of Individual	b SSN	c Exemption Certificate Number
1			
2			
3			
4			
5			
6			

**Part II Coverage Exemptions for Your Household Claimed on Your Return:**

- 7a Are you claiming an exemption because your household income is below the filing threshold? . . . . .  Yes  No
- b Are you claiming a hardship exemption because your gross income is below the filing threshold? . . . . .  Yes  No

**Part III Coverage Exemptions for Individuals Claimed on Your Return:** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	a Name of Individual	b SSN	c Exemption Type	d Full Year	e Jan	f Feb	g Mar	h Apr	i May	j June	k July	l Aug	m Sept	n Oct	o Nov	p Dec
8	ANNE HOWE	422-02-0752	B											X	X	
9	LINDA LOWE	424-02-0752	B											X	X	
10																
11																
12																
13																

**US Schedule A**

**Itemized Deduction Detail Worksheet**

**2014**

Name: HENRY & ANNE HOWE

SSN: 413-02-0752

Medical Expenses		Medical miles:	Deduction:
Insurance premiums paid (not pre-tax)		1	
Taxpayer .....		Medicare from 1040 worksheet .....	1,300.
Spouse .....	4,647.	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> .....	5,947.

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

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 .....	16,500.
This year's 50% organization cash contributions allowed .....	
30% of adjusted gross income .....	9,900.
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 .....	6,600.
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> .....	



**US Schedule A**

**Sales Tax Worksheet**

**2014**

Name: HENRY & ANNE HOWE

SSN: 413-02-0752

1	Federal AGI.....		33,000.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest .....	3,000.		
b	Social security .....	7,000.		
c	Combat pay .....			
d	Income on Forms 4970 and 4972 .....			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers .....		10,000.	
3	Other nontaxable income			
a	.....			
b	.....			
c	.....			
d	.....			
e	.....			
4	<b>Income for sales tax chart</b> .....		43,000.	
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> .....			680.
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. 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 .....			680.
8	General sales tax paid on specified items. 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. 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> .....			680.
10	<b>Sales tax using actual receipts</b> .....			
11	<b>Sales tax deduction for Schedule A, line 5</b> .....			680.

**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 <b>HENRY &amp; ANNE HOWE</b>		Your social security number <b>413-02-0752</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	5,947.	
	2 Enter amount from Form 1040, line 38 <input type="text" value="2"/> <input type="text" value="33,000."/> . . . . .			
	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	3,300.	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .		4	2,647.	
<b>Taxes You Paid</b>	5 State and local			
	a <input checked="" type="checkbox"/> Income taxes <input type="checkbox"/> RESERVED } . . . . .	5	761.	
	b <input type="checkbox"/> RESERVED } . . . . .			
	6 Real estate taxes (see instructions) . . . . .	6	10,300.	
	7 Personal property taxes . . . . .	7		
	8 Other taxes. List type and amount ▶ _____	8		
	9 Add lines 5 through 8 . . . . .		9	11,061.
	<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098 . . . . .	10	1,500.
		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> 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	1,500.
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16		
	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	
<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"/> <input type="text" value=""/> . . . . .	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? <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. <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	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . <input type="checkbox"/>			15,208.

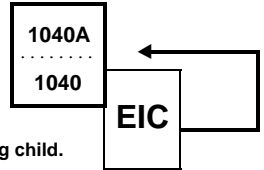
For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2014

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**

Qualifying Child Information



OMB No. 1545-0074

**2014**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**
- ▶ **Information about Sch EIC (Form 1040A or 1040) and its instructions is at [www.irs.gov/scheduleeic](http://www.irs.gov/scheduleeic).**

Attachment  
Sequence No. **43**

Name(s) shown on return

HENRY & ANNE HOWE

Your social security number  
413-02-0752

**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

	Child 1	Child 2	Child 3
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name LINDA LOWE	First name Last name	First name Last name
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	416-02-0752		
<b>3 Child's year of birth</b>	Year <u>1991</u> <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4a</b> Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. <b>Go to line 5. Go to line 4b.</b>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <b>Go to line 5. Go to line 4b.</b>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <b>Go to line 5. Go to line 4b.</b>
<b>b</b> Was the child permanently and totally disabled during any part of 2014?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a <b>Go to line 5.</b> qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a <b>Go to line 5.</b> qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a <b>Go to line 5.</b> qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER		
<b>6 Number of months child lived with you in the United States during 2014</b> • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, enter "12".	<u>12</u> months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>

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

Schedule EIC (Form 1040A or 1040) 2014

**US Schedule EIC**

**Earned Income Credit Worksheet**

**2014**

Name: HENRY & ANNE HOWE

SSN: 413-02-0752

**Figure Your Credit**

<b>1</b>	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 .....					30,000.
	Enter the amount included in line 1 that was received					
<b>a</b>	by penal institution inmates for their work .....					
<b>b</b>	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above .....					
<b>2</b>	Taxable scholarship or fellowship grant not reported on Form(s) W2 .....					
<b>3</b>	Line 1 minus line 1a, line 1b, and line 2 .....					30,000.
<b>4a</b>	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>					
		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
	Nontaxable combat pay .....					
<b>5</b>	Earned income .....				30000.	30,000.
<b>6</b>	Credit from EIC table on line 5 income .....				2224.	
<b>7</b>	Adjusted gross income .....				33000.	
<b>8</b>	Credit from EIC table on line 7 income, if line 7 greater than					
	• \$7,999 (\$13,349 if married filing jointly) and no qualifying children					
	• \$17,549 (\$22,899 if married filing jointly) and 1 or more qualifying children .....				1744.	
<b>9</b>	<b>Earned income credit.</b> If line 7 is less than \$8,000 (\$13,350, \$17,550, \$22,900), line 6. Otherwise the smaller of line 6 or line 8 .....				1744.	1,744.







Name: HENRY & ANNE HOWE

SSN: 413-02-0752

Gross Income	2012	2013	2014
Wages and salaries .....			30,000.
Interest and dividends .....			
Business income .....			
Sale of assets - gain or loss .....			
Pension and IRA distributions .....			
Rents, royalties, etc .....			
Unemployment and social security .....			3,000.
Other income .....			
<b>Total gross income</b> .....			<b>33,000.</b>
<b>Adjustments to Income</b> .....			
<b>Adjusted gross income</b> .....			<b>33,000.</b>
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			2,647.
Taxes .....			11,061.
Interest .....			1,500.
Contributions .....			
Miscellaneous deductions .....			
Other itemized deductions .....			
<b>Total deductions</b> .....			<b>15,208.</b>
<b>Exemptions</b> .....			<b>15,800.</b>
Taxable Income .....	0	0	1,992.
<b>Tax (2014 - 1040, line 44)</b> .....	<b>0</b>	<b>0</b>	<b>199.</b>
Alternative minimum tax .....			
Other taxes .....			206.
<b>Credits and Payments</b>			
Credits .....			
Withholding .....			1,000.
EIC and Additional Child Tax Credit .....			1,744.
Estimated tax payments .....			
Other payments .....			
<b>Total credits and payments</b> .....			<b>2,744.</b>
Tax liability after credits .....			405.
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			<b>2,339.</b>
Federal marginal tax bracket .....	0.0 %	0.0 %	10.0 %
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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## 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	30000	1000	1860	435	NJ	30000	500		
			-----	-----	-----	---		-----	---		
			30000	1000	1860	435		30000	500		