

Form
1040EZ**Income Tax Return for Single and
Joint Filers With No Dependents** (99)**2014**

OMB No. 1545-0074

Your first name and initial lauren A		Last name newman		Your social security number 326 84 2962	
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. 1016 granville ct n				Apt. no. lower	▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). st. petersburg FL 33701					
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

Income

Attach Form(s) W-2 here.

Enclose, but do not attach, any payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	13,291.
2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	13,291.
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,150 if single ; \$20,300 if married filing jointly . See back for explanation.	5	10,150.
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	3,141.
7	Federal income tax withheld from Form(s) W-2 and 1099.	7	551.
8a	Earned income credit (EIC) (see instructions)	8a	101.
b	Nontaxable combat pay election. 8b		
9	Add lines 7 and 8a. These are your total payments and credits .	9	652.
10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	313.
11	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	11	
12	Add lines 10 and 11. This is your total tax .	12	313.
13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	339.

Payments, Credits, and Tax**Refund**

Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.

► **b** Routing number

2	6	3	1	7	9	8	0	4
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 ► **c** Type: ☒ Checking ☐ Savings

► **d** Account number

1	2	1	3	4	1	2	0	8											
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Amount You Owe

14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the **amount you owe**. For details on how to pay, see instructions. ► **14**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes**. Complete below. ☒ **No**

Designee's name ► Phone no. ► Personal identification number (PIN) ►

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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, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation waitress	Daytime phone number (630) 247-5462								
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ► Self-Prepared	Firm's EIN ►	Phone no.		
Firm's address ►				

Health Coverage Exemptions

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

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

Name as shown on return

lauren A newman

Your social security number

326-84-2962

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 ☒ Nob 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	lauren newman	326-84-2962	G	X												
9																
10																
11																
12																
13																

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of any balance due on your 2014 Form D-400. Using Form D-400V allows N.C. to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.

- Enter "2014 Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Other Payment Methods

In lieu of using the payment voucher below, you may pay your tax online by bank draft, or debit or credit card using Visa or Mastercard. For details, go to our website at www.dornrc.com and click on **Electronic Services**.

Important Reminders

- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher
- **Do not** fold the voucher or check
- **Do not** use the voucher to pay quarterly estimated tax
- **Do not** use a photocopy of the voucher
- **Do not** use another person's voucher
- **Do not** send cash

Do not use this payment voucher if you pay your tax on-line.



D-400V (59)

9-16-08

Individual Income Payment Voucher

North Carolina Department of Revenue

REV 11/10/14 INTUIT.CG.CFP.SP

326842962 NEWM 1016 33701

LAUREN A NEWMAN

1016 GRANVILLE CT N APT LOWER

For Calendar Year 2014

ST PETERSBURG FL 33701

AMOUNT OF THIS PAYMENT

This must match the amount shown on your check or money order.

\$

128 .00

Taxpayer/Paid Preparer:

Date:

Phone:

7270159006



20141 3268429629 0000000 06408

Mail to:

NCDOR, PO Box 25000,
Raleigh, NC 27640-0640

Individual Income Tax Return 2014

North Carolina Department of Revenue

For calendar year 2014, or fiscal year beginning		1 4	and ending		<input type="checkbox"/> Select box if you or your spouse were out of the country on April 15 and a U.S. citizen or resident. <input type="checkbox"/> Select box if return is filed and signed by Executor or Administrator.
LAUREN A NEWMAN 1016 GRANVILLE CT N ST. PETERSBURG FL 33701 BUNCO		LOWER		Your SSN: 326842962 Spouse's SSN:	
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Widow(er) with Dependent Child					
Were you a resident of N.C. for the entire year of 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was your spouse a resident for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Return for deceased taxpayer <input type="checkbox"/> Return for deceased spouse		Year spouse died: Date of death:	
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 28. See instructions for information about the Fund.					

FS	1	PP	N	DT	N	OC	N	TD
NEWM	1016	33701	DS	N	EA	N	SD	
LAUREN	A	NEWMAN					326842962	
							FL	33701
1016	GRANVILLE CT N				LOWER	ST. PETERSBURG		
06	13291		18		0	23B		0
07	0		18		Y	23C		0
09	0		20A		208	23E		0
11	7500		20B		0	EU		
11	Y		21A		0	24		128
13	00000		21B		0	26		0
14	5791		21C		0	27		0
15	336		21D		0	28		0
16	0		23A		128	30		0
TN	6302475462		PN			PP		



Sign Return Below <input type="checkbox"/> Refund Due 0		<input checked="" type="checkbox"/> Payment Due 128	
I certify that, to the best of my knowledge, this return is accurate and complete. Your Signature _____ Date _____ Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ 6302475462 Home Telephone Number (Include area code) _____		If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. SELF PREPARED Paid Preparer's Signature _____ Date _____ Paid Preparer's FEIN, SSN, or PTIN _____ Paid Preparer's Telephone Number _____	

If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640
 If REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001

Last Name (First 10 Characters) NEWMAN

Your Social Security Number 326842962

D-400 Line-by-Line Information

6.	Federal adjusted gross income	6.	13291
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	13291
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	13291
11.	N.C. standard deduction OR itemized deduction	11.	7500
	Did you claim the standard deduction on federal form 1040		Y
12.	Subtract Line 11 from Line 10	12.	5791
13.	Part-year residents and nonresidents	13.	0.0000
14.	N.C. Taxable Income	14.	5791
15.	N.C. Income Tax	15.	336
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	336
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	336

North Carolina Income Tax Withheld

20a.	Your Income Tax Withheld	20a.	208
20b.	Spouse's Income Tax Withheld	20b.	0

Other Tax Payments

21a.	2014 Estimated Tax	21a.	0
21b.	Paid with Extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Add Lines 20a through 21d	22.	208
23a.	Tax Due - If Line 19 is more than Line 22, subtract and enter the result	23a.	128
23b.	Penalties	23b.	0
23c.	Interest	23c.	0
23d.	Add Lines 23b and 23c and enter the total	23d.	0
EU	Exception to underpayment of estimated tax	EU	
23e.	Interest on the underpayment of estimated income tax	23e.	0
24.	Pay this Amount	24.	128
25.	Overpayment - If Line 19 is less than Line 22, subtract and enter the result	25.	0

Amount of Refund to Apply to:

26.	Amount of Line 25 to be applied to 2015 Estimated Income Tax	26.	0
27.	N.C. Nongame and Endangered Wildlife Fund	27.	0
28.	N.C. Education Endowment Fund	28.	0
29.	Add Lines 26, 27, and 28	29.	0
30.	Amount to be Refunded	30.	0