

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning		, 2014, ending	, 20	See separate instructions.
Your first name and initial		Last name		Your social security number
Desmond O		Findley		036-68-2416
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.			Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
5121 N. Foster Rd			2202	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
San Antonio TX 78244				
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

Check only one box.

Exemptions

6a

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

b

☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d

Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

1

1

If more than four dependents, see instructions and check here ▶ ☐

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	9,769.		
	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 ▶ <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	14,475.			
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount	21				
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	24,244.			

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	1,200.
	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	1,200.	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	23,044.	

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

38	Amount from line 37 (adjusted gross income)	38	23,044.
39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,200.
41	Subtract line 40 from line 38	41	16,844.
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	3,950.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	12,894.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,478.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	1,478.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	1,478.
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	1,478.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	20.
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	1,000.
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	1,020.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,020.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1,020.
b	Routing number 0 5 2 0 0 1 6 3 3 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 4 6 0 3 1 8 9 5 5 3 4		

Amount You Owe

77	Amount of line 75 you want applied to your 2015 estimated tax ▶	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

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 ▶ INTUIT, INC. Phone no. ▶ (800) 446-8848 Personal identification number (PIN) ▶ 21221

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 employed	Daytime phone number (703) 606-9579
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.)

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 ▶	
Firm's address ▶			Phone no.	

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

OMB No. 1545-0074

2014
Attachment
Sequence No. **50**

Name(s) shown on return

Desmond O Findley

Your social security number

036-68-2416

*Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,500.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000.
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	23,044.
4	Subtract line 3 from line 2. If zero or less, stop ; you cannot take any education credit	4	66,956.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you cannot take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,500.
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below.	8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,500.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (.20)	12	
13	Enter: \$128,000 if married filing jointly; \$64,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	1,478.

Name(s) shown on return

Desmond O Findley

Your social security number

036-68-2416



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) Desmond O Findley	21 Student social security number (as shown on page 1 of your tax return) 036-68-2416
22 Educational institution information (see instructions)	
a. Name of first educational institution STRAYER UNIVERSITY (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 2303 DULLES STATION BLVD HERDON VA 20171 (2) Did the student receive Form 1098-T from this institution for 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No filled in and Box 7 checked? If you checked "No" in both (2) and (3) , skip (4) . (4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T). 52-0500740	b. Name of second educational institution (if any) UNIVERSITY OF MD UNIVERSITY COLLEGE (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 3501 UNIVERSITY BLVD EAST ADELPHI MD 20783 (2) Did the student receive Form 1098-T from this institution for 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No filled in and Box 7 checked? If you checked "No" in both (2) and (3) , skip (4) . (4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T). 52-1899085
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions) <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of post-secondary education before 2014? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	4,000.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000.
29 Multiply line 28 by 25% (.25)	29	500.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	2,500.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Name(s) shown on return

Desmond O Findley

Your social security number

036-68-2416



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) Desmond O Findley	21 Student social security number (as shown on page 1 of your tax return) 036-68-2416
22 Educational institution information (see instructions)	
a. Name of first educational institution PRINCE GEORGES COMMUNITY COLLEGE	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 301 LARGO RD LARGO MD 20774	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked "No" in both (2) and (3) , skip (4) .	
(4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T). 23-7011243	(4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T).
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions) <input type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of post-secondary education before 2014? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28
29 Multiply line 28 by 25% (.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31
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Moving Expenses► Information about Form 3903 and its instructions is available at www.irs.gov/form3903.

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

Desmond O Findley

Your social security number

036-68-2416

Before you begin:

- ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
- ✓ See **Members of the Armed Forces** in the instructions, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions)	1	400.
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	800.
3	Add lines 1 and 2	3	1,200.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	0.
5	Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,200.

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

Tax History Report

► Keep for your records

2014

Name(s) Shown on Return
Desmond O Findley

	Five Year Tax History:				
	2010	2011	2012	2013	2014
Filing status					Single
Total income					24,244.
Adjustments to income					1,200.
Adjusted gross income					23,044.
Tax expense					213.
Interest expense . . .					
Contributions					
Miscellaneous deductions					259.
Other Itemized Deductions					
Total itemized/standard deduction . .					6,200.
Exemption amount . .					3,950.
Taxable income					12,894.
Tax					1,478.
Alternative min tax . .					
Total credits					1,478.
Other taxes					
Payments					1,020.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					1,020.
Effective tax rate % . .					-4.34
**Tax bracket % . . .					15.0

**Tax bracket % is based on Taxable income.

Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

The following statements apply:

I authorize Intuit, the maker of TurboTax, to use my 2014 tax return information to determine if I am eligible for:

- Added ways to get my refund, refund bonus
- Extra benefits beyond my refund
- IRA contribution options

Sign this agreement by entering your name and the date below.

Desmond
First Name

Findley
Last Name

04/15/2015
Date

Read and accept this Disclosure Consent

This is an IRS requirement to transfer your information to purchase Amazon.com Gift Cards from Intuit.

To complete your purchase of Amazon.com Gift Card(s) we need to send your name, email address and refund amount to Sunrise Banks N.A. of St. Paul, Minnesota ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'). They will process your request and forward your name and email address to ACI Gift Cards, Inc., a subsidiary of Amazon.com, Inc. ('ACI'). ACI will email the Amazon.com Gift Card(s) to you at the email address you have provided.

We send this information via an encrypted transmission for the sole purpose of providing you with this refund option. The parties referred to above will protect your confidentiality and use this information only per the refund processing agreement and their privacy policies.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting disclosure of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, simply enter your name and date in the boxes below after reading this consent and select "I Agree".

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG my name, email address and refund amount, necessary to enable processing of my refund. SBTPG will send my name and email address to ACI so the Amazon.com Gift Card(s) I am buying from Intuit can be emailed to me.

First Name

Last Name

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement to transfer your information to purchase Amazon.com Gift Cards from Intuit.

To complete your purchase of Amazon.com Gift Card(s) we need to send your name, email address and refund amount to The Citizens Banking Company of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'). They will process your request and forward your name and email address to ACI Gift Cards, Inc., a subsidiary of Amazon.com, Inc. ('ACI'). ACI will email the Amazon.com Gift Card(s) to you at the email address you have provided.

We send this information via an encrypted transmission for the sole purpose of providing you with this refund option. The parties referred to above will protect your confidentiality and use this information only per the refund processing agreement and their privacy policies.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, simply enter your name and date in the boxes below after reading this consent and select "I Agree".

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG my name, email address and refund amount, necessary to enable processing of my refund. SBTPG will send my name and email address to ACI so the Amazon.com Gift Card(s) I am buying from Intuit can be emailed to me.

First Name

Last Name

Please type the date below:

Date

Let's see if you're eligible for this offer

This is an IRS requirement

If you tell us it's okay, we'll use some of your tax information in order to make sure your correct refund amount is processed for your e-gift card.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2014 return to determine whether I am eligible to purchase an Amazon.com Gift Card and receive the associated bonus

Desmond

First Name

Findley

Last Name

Please type the date below:

04/15/2015

Date

Before you finish, we need your consent to keep you advised on how the new healthcare law may affect you

A new law, the Affordable Care Act (sometimes referred to as Obamacare) is offering money-saving tax credits and benefits to help you pay for your health insurance, even if you're already covered. By signing this agreement, you give TurboTax permission to send you personalized information that will keep you informed on this issue. We will not share your data with any third parties. You do not need to sign this in order to file.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to review the information in my 2014 return to provide the best recommendations to me to maximize my savings and benefits for health coverage.

Taxpayer's First Name

Taxpayer's Last Name

Spouse's First Name
(if applicable)

Spouse's Last name
(if applicable)

Please type the date below:

Date

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2014 return to determine whether a portion of the refund can be used to pay for tax preparation.

Desmond

First Name

Findley

Last Name

Please type the date below:

04/15/2015

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Sunrise Banks N.A. of St. Paul, Minnesota ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'), the administrator and servicer of this payment option: your identifying information and your refund amount. We transmit this information using bank-level security for the sole purpose of providing you with this payment option. Both the BANK and SBTPG will protect your confidentiality and use your information only per the refund processing agreement and their privacy policies.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting disclosure of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2014 tax return information that is necessary to enable BANK and SBTPG to process my refund and pay my fees.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to The Citizens Banking Company of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'), the administrator and servicer of this payment option: your identifying information and your refund amount.

We transmit this information using bank-level security for the sole purpose of providing you with this payment option. Both the BANK and SBTPG will protect your confidentiality and use your information only per the refund processing agreement and their privacy policies.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting disclosure of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my tax return information that is necessary to enable BANK and SBTPG to process my 2014 refund and pay my fees.

Sign this agreement by entering your name:

Desmond Findley

Please type the date below:

04/15/2015

Date

Name(s) Shown on Return Desmond O Findley	Your SSN 036-68-2416
--	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2013 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0 .
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 21	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State income tax allocable to net investment income

1	State, local, and foreign income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	State, local and foreign income taxes allocable to investment income	5	

Line 10 - Tax preparations fees allocable to net investment income

1	Tax preparations fees	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	Tax preparations fees allocable to investment income	5	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27)	3	
4	Enter the lesser of the total reported on line 2 or line 3	4	

Part II - Application of Section 67 Limitation to Specific Deductions

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Total miscellaneous investment expenses to Form 8960, line 9c		
2 State, local, and foreign income taxes	x _____ = _____	
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2013	(c) Suspended 12/31/2014	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2013	(c) Suspended 12/31/2014	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2013	(c) Suspended 12/31/2014	(d) Used against activity	(e) Used against other passive

Federal Information Worksheet

► Keep for your records

2014

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Desmond
Middle initial O Suffix
Last name Findley
Social security no. 036-68-2416
Occupation employed
Date of birth 03/21/1981 (mm/dd/yyyy)
Age as of 1-1-2015 33
Daytime phone (703) 606-9579 Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Spouse:

First name
Middle initial Suffix
Last name
Social security no.
Occupation
Date of birth (mm/dd/yyyy)
Age as of 1-1-2015
Daytime phone Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No
If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

Address 5121 N. Foster Rd Apt no. . . 2202
City San Antonio State . . . TX ZIP code . . . 78244
Foreign code . . . Foreign country . . .
Foreign province/county . . . Foreign postal code . . .

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone . . .
Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

- ☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year ☐
Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name . . . MI . . . Last Name . . . Suff . . .
Child's social security number . . .
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2012 ☐
2013 ☐

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2014	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2014? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2014 ☐

Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ☐ Yes ☐ No

Check if you were notified by the IRS that EIC cannot be claimed in 2014 or if you are ineligible to claim the EIC in 2013 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☐ BANK OF AMERICA

Check the appropriate box ☒ Checking ☐ Savings

Routing number ☐ 052001633 Account number ☐ 446031895534

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ☐

Balance-due amount from this return ☐

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No

Is the spouse a full-time student? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country ☐ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ☐

Excludable income from Puerto Rico ☐

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ☐

Third party designee phone number . . . ☐

Personal Identification number (enter any 5 numbers) . . . ☐

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ☐

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2014 ▶ VA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2014 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
<u>VA</u>	_____
<u>NJ</u>	_____
<u>MD</u>	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Check this box if you are in a same-sex marriage ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your federal return to be filed. ▶ ☐

Check if this is your individual return for filing state return only (see Help) ▶ ☐

Use the IRS web site or call the IRS automated response system to get your Electronic Filing PIN

Electronic Filing PIN assigned to the taxpayer by the IRS 32684

Electronic Filing PIN assigned to the spouse by the IRS _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 32684

Spouse's PIN used to sign the return _____

**Personal Information Worksheet
For the Taxpayer**

2014

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Desmond Middle initial . O Last name . . Findley
Suffix

Social security no. . . 036-68-2416 Member of U.S. Armed Forces in 2014? . . ☐ Yes ☐ No

Date of birth 03/21/1981 (mm/dd/yyyy) age as of 1-1-2015 33

Occupation . . . employed Daytime phone . . . (703) 606-9579 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2014 ► ☐ 2014 . ► ☐ 2013 . ► ☐ 2012 . ► ☐ Before 2012 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2015 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2014? ► ☐ Yes ☒ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2014? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2014 VA

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2014

Student Information Worksheet

2014

► Keep for your records

Name of Student
Desmond O Findley

Social Security Number
036-68-2416

Part I – Student Status

- 1 Was this person a student during 2014? ☒ Yes ☐ No
- 2 What kind of school did the student attend during 2014? (Check all that apply.)
 - a ☐ Elementary
 - b ☐ High school (secondary)
 - c ☒ College (postsecondary)
 - d ☐ Vocational school
 - e ☐ Military academy
 - f ☐ Not applicable
- 3 Did the student receive scholarships or other education assistance? ☐ Yes ☐ No

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2014? ☐ Yes ☒ No ☐ NA
- 2 Was this student enrolled at an eligible education institution during 2014? ☒ Yes ☐ No ☐ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☒ Yes ☐ No ☐ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? 1
- 9 In how many prior years has a Hope Credit been claimed for this student


Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? ☒ Yes ☐ No

- 2 Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No

- 3 Is this student qualified for the Tuition and Fees Deduction? ☒ Yes ☐ No

Part IV – Educational Institution and Tuition Summary

Received 2013 1098T with Box 2 filled and box 7 checked? 					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
STRAYER UNIVERSITY 52-0500740	2303 DULLES STATION BLVD HERDON VA 20171	4,374.	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
	See Educational Institution and Tuition Summary	2,389.	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals		6,763.	0.		

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	1,443.		
b Other veteran assistance			
c Other tax-free employer-provided assistance			
d Total			1,443.
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above			
b Other scholarships, fellowships and grants			
c Total			
3 Scholarship reported in 2014 not allocable to 2014 expense			
4 Amount required to be used for other than qualified education expenses			
5 Subtract line 3 and 4 from line 2c.			
6 Total qualified education expenses from Part VI below.	9,263.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			
8 Subtract line 7 from line 5.			
9 Taxable part. Add lines 4 and 8.			
10 Tax-free educational assistance. Add lines 1d and 7			1,443.

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Oppor- tunity Credit	Lifetime Learning Credit	Tuition and Fees Deduct- ion	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA Not Applicable
Expenses:								
1 Tuition paid from Part IV . . .	6,763.	6,763.	6,763.	6,763.	6,763.	6,763.	6,763.	
Paid to institution as a condition of enrollment:								
2 Fees								
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	1,500.	1,500	1,500	1,500	1,500	1,500		
4 Books, supplies, equipment	1,000.	1,000			1,000	1,000		
5 Other course-related . . .								
6 Room and board								
7 Special needs expenses . .								
8 Computer expenses								
9 QTP or ESA contribution .								
10 Academic tutoring								
11 Uniforms								
12 Transportation								
13 Total qualified expenses . .	9,263.	9,263.	8,263.	8,263.	9,263.	9,263.	6,763.	
Adjustments:								
14 Refunds								
15 Tax-free assistance	1,443.	1,443.	1,443.	1,443.	1,443.	1,443.	1,443.	
16 Deducted on Sched A . . .								
17 Used for credit or deduction								
18 Used for exclusion		0.	0.	0.				
See tax help								
19 Total adjustments.	1,443.	1,443.	1,443.	1,443.	1,443.	1,443.	1,443.	
20 Adjusted qualified expenses	7,820.	7,820.	6,820.	6,820.	7,820.	7,820.	5,320.	0.

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to QTP distributions	
4	Excess distributions. Subtract line 3 from line 1. If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2014 for this student.	_____
2	Adjusted Qualified Higher Education Expenses.	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	_____
4	Interest included in line 1	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

**Personal Information Worksheet
For the Spouse**

2014

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ____ Last name . . . _____
Suffix _____

Social security no. _____ Member of U.S. Armed Forces in 2014? . . ☐ Yes ☐ No

Date of birth _____ (mm/dd/yyyy) age as of 1-1-2015 _____

Occupation _____ Daytime phone _____ Ext _____

Marital status . . . _____

If widowed, check the appropriate box for the year your spouse died:

After 2014 ► ☐ 2014 . ► ☐ 2013 . ► ☐ 2012 . ► ☐ Before 2012 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2015 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☐ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2014? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2014? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2014 _____

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2014 _____

► Keep for your records

Name(s) Shown on Return
Desmond O FindleySocial Security Number
036-68-2416

Form W-2 Summary


Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	9,769.		9,769.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	20.		20.
3 & 7	Total social security wages/tips	9,769.		9,769.
4	Total social security tax withheld	606.		606.
5	Total Medicare wages and tips	9,769.		9,769.
6	Total Medicare tax withheld	92.		92.
8	Total allocated tips			
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contributions to 401(k) & 403(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	9,769.		9,769.
17	Total state tax withheld	213.		213.
19	Total local tax withheld.			

- Keep for your records

Name	Social Security Number
Desmond O Findley	036-68-2416

	Spouse's W-2
	Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below

<p>a Employee's social security No . <u>036-68-2416</u></p> <p>b Employer's ID number <u>23-3097031</u></p> <p>c Employer's name, address, and ZIP code <u>SUNSTREAM VACATIONS INC</u></p> <p>Street <u>264 HIGHLAND PARK AVE</u></p> <p>City <u>WILKES BARRE</u></p> <p>State <u>PA</u> ZIP Code <u>18702</u></p> <p>Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>6,047.12</u></p> <p>3 Social security wages <u>6,047.12</u></p> <p>5 Medicare wages and tips <u>6,047.12</u></p> <p>7 Social security tips <u> </u></p> <p>9 </p>	<p>2 Federal income tax withheld <u>19.88</u></p> <p>4 Social security tax withheld <u>374.92</u></p> <p>6 Medicare tax withheld <u>87.69</u></p> <p>8 Allocated tips <u> </u></p>
<p>d Control number . _____</p>	<p>11 Nonqualified plans <u> </u></p>	<p>10 Dependent care benefits <u> </u></p>
<p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Desmond</u> M.I. <u>O</u> Last <u>Findley</u> Suff. <u> </u></p> <p>f Employee's address and ZIP code Street <u>5121 N. Foster Rd, Apt. 2202</u> City <u>San Antonio</u> State <u>TX</u> ZIP Code <u>78244</u> Foreign Country _____</p>	<p>12 Enter box 12 below</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>Distributions from sect. 457 and nonqualified plans <i>(Important, see Help)</i> <u> </u></p>

Box 12 Code	Box 12 Amount	
		If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax _____
		M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. . . _____
		R: Enter MSA contribution for Taxpayer . . . _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer . . . _____
		Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
MD	15306403	6,047.12	89.14

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
Desmond O FindleySocial Security Number
036-68-2416
☐
Spouse's W-2**Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 036-68-2416
b Employer's ID number 35-1819323
c Employer's name, address, and ZIP code
DFAS INDIANAPOLIS
 Street 8899 E 56TH STREET
 City INDIANAPOLIS
 State IN ZIP Code 46249
 Foreign Country _____

d Control number . _____
☒
Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Desmond M.I. O
 Last Findley Suff. _____
f Employee's address and ZIP code
 Street 5121 N. Foster Rd, Apt. 2202
 City San Antonio
 State TX ZIP Code 78244
 Foreign Country _____

1 Wages, tips, other compensation
3,721.86

3 Social security wages
3,721.86

5 Medicare wages and tips
3,721.86

7 Social security tips

9 _____

11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
0.00

4 Social security tax withheld
230.76

6 Medicare tax withheld
3.97

8 Allocated tips

10 Dependent care benefits

 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12
Code

Box 12
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government

Box 15
State

Box 16
Employer's state I.D. no.

Box 16
State wages, tips, etc.

Box 17
State income tax

VA 30351819323F00 3,721.86 123.86

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated
State**Box 14**Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

[illegible]

1098-T

Worksheet

Tuition Statement

► Keep for your records

2014Taxpayer's name
Desmond O FindleySocial Security No.
036-68-2416**1098-T Information (Required):****A** A Form 1098-T was received from this institution Yes ☒ No ☐**B** A Form 1098-T was received from this institution for **2013** with Box 2 filled in and
Box 7 checked Yes ☐ No ☒**Identify Student (Required):****A** If student is Desmond
**Double-click to link this 1098-T to the applicable Taxpayer or Spouse
Student Information Worksheet ► Desmond****B** If student is _____
**Double-click to link this 1098-T to the applicable Dependent Student
Information Worksheet ►**

Filer's name <u>STRAYER UNIVERSITY</u>		1 Payments received for qualified tuition and related expenses \$ <u>4,374.</u>	
Street address <u>2303 DULLES STATION BLVD</u>			
City <u>HERDON</u>	State <u>VA</u>	2 Amounts billed for qualified tuition and related expenses \$ _____	
Zip Code <u>20171</u>			
Foreign province/county _____		3 If this box is checked, your educational institution has changed its reporting method for 2014 <input type="checkbox"/>	
Foreign postal code _____		Foreign country _____	
Filer's Federal identification number <u>52-0500740</u>	Student's Social Security Number. <u>036-68-2416</u>	4 Adjustments made for a prior year \$ <u>343.</u>	5 Scholarships or grants \$ <u>471.</u>
Student's name <u>Desmond</u>		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2015 ► <input type="checkbox"/>
Street address <u>5121 N. Foster Rd</u>			
Apt. No. <u>2202</u>			
City <u>San Antonio</u>	State <u>TX</u>	Zip Code <u>78244</u>	
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input checked="" type="checkbox"/>	9 Checked if a graduate student . . ► <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**A** Enter box 1 amount **not** paid during 2014 0.
B Enter box 1 amount actually paid during 2014 4,374.**Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses****A** Enter box 2 amount **not** paid during 2014 _____
B Enter box 2 amount actually paid during 2014 _____**Reconciliation of Box 5, Scholarships or Grants****A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . 471.
B Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
C Portion of box 5 amount from scholarships or grants 0.
D Box 5 amount includes veteran- or employer-provided educational assistance ☐

1098-T

Worksheet

Tuition Statement

► Keep for your records

2014Taxpayer's name
Desmond O FindleySocial Security No.
036-68-2416**1098-T Information (Required):****A** A Form 1098-T was received from this institution Yes ☒ No ☐**B** A Form 1098-T was received from this institution for **2013** with Box 2 filled in and
Box 7 checked Yes ☐ No ☒**Identify Student (Required):****A** If student is Desmond
**Double-click to link this 1098-T to the applicable Taxpayer or Spouse
Student Information Worksheet** ► Desmond**B** If student is _____
**Double-click to link this 1098-T to the applicable Dependent Student
Information Worksheet** ► _____

Filer's name <u>UNIVERSITY OF MD UNIVERSITY COLLEGE</u>		1 Payments received for qualified tuition and related expenses \$ <u>769.</u>	
Street address <u>3501 UNIVERSITY BLVD EAST</u>		2 Amounts billed for qualified tuition and related expenses \$ _____	
City <u>ADELPHI</u>	State <u>MD</u>	Zip Code <u>20783</u>	3 If this box is checked, your educational institution has changed its reporting method for 2014 <input type="checkbox"/>
Foreign province/county _____ Foreign postal code Foreign country _____			
Filer's Federal identification number <u>52-1899085</u>	Student's Social Security Number. <u>036-68-2416</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Student's name <u>Desmond</u>		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2015 ► <input checked="" type="checkbox"/>
Street address <u>5121 N. Foster Rd</u>			
City <u>San Antonio</u>	State <u>TX</u>	Zip Code <u>78244</u>	
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input checked="" type="checkbox"/>	9 Checked if a graduate student . . ► <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**A** Enter box 1 amount **not** paid during 2014 0.
B Enter box 1 amount actually paid during 2014 769.**Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses****A** Enter box 2 amount **not** paid during 2014 _____
B Enter box 2 amount actually paid during 2014 _____**Reconciliation of Box 5, Scholarships or Grants****A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . _____
B Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
C Portion of box 5 amount from scholarships or grants _____
D Box 5 amount includes veteran- or employer-provided educational assistance ☐

1098-T

Worksheet

Tuition Statement

► Keep for your records

2014Taxpayer's name
Desmond O FindleySocial Security No.
036-68-2416**1098-T Information (Required):****A** A Form 1098-T was received from this institution Yes ☒ No ☐**B** A Form 1098-T was received from this institution for **2013** with Box 2 filled in and
Box 7 checked Yes ☐ No ☒**Identify Student (Required):****A** If student is Desmond
**Double-click to link this 1098-T to the applicable Taxpayer or Spouse
Student Information Worksheet ► Desmond****B** If student is _____
**Double-click to link this 1098-T to the applicable Dependent Student
Information Worksheet ►**

Filer's name <u>PRINCE GEORGES COMMUNITY COLLEGE</u> Street address <u>301 LARGO RD</u> City _____ State _____ Zip Code _____ <u>LARGO MD 20774</u> Foreign province/county _____ Foreign postal code _____ Foreign country _____		1 Payments received for qualified tuition and related expenses \$ <u>1,620.</u>	
Filer's Federal identification number <u>23-7011243</u>		Student's Social Security Number. <u>036-68-2416</u>	
Student's name <u>Desmond</u> Street address _____ Apt. No. _____ <u>5121 N. Foster Rd 2202</u> City _____ State _____ Zip Code _____ <u>San Antonio TX 78244</u>		4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ <u>972.</u>
6 Adjustments to scholarships or grants for a prior year \$ _____		7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2015 ► <input type="checkbox"/>	
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input checked="" type="checkbox"/>	9 Checked if a graduate student . . ► <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses
A Enter box 1 amount **not** paid during 2014 0.
B Enter box 1 amount actually paid during 2014 1,620.
Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses
A Enter box 2 amount **not** paid during 2014 _____
B Enter box 2 amount actually paid during 2014 _____
Reconciliation of Box 5, Scholarships or Grants
A Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . 972.
B Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
C Portion of box 5 amount from scholarships or grants 0.
D Box 5 amount includes veteran- or employer-provided educational assistance ☐

► Keep for your records

Name(s) Shown on Return
Desmond O FindleyYour Social Security No.
036-68-2416**Ownership:**

(defaults to taxpayer)

Check if Spouse

☐

Check if Joint

☐

Check if CORRECTED

☐**Note:** If filing electronically, all payer and recipient information **must** be entered. See page 2 for additional information **required** for boxes 1 through 9.**PAYER'S** name,
street address, city, state, ZIP code, and
telephone no.NEW JERSEY DEPT OF LABOR
PO BOX 916TRENTON NJ 08625-0916
Telephone no. _____ Ext: _____**PAYER'S** Federal identification number
22-2481818**RECIPIENT'S**
identification number
036-68-2416Check to transfer Recipient's
information from the Federal
Information Worksheet . ► ☐**RECIPIENT'S** name
Desmond FindleyStreet address Apartment no.
5121 N. Foster Rd 2202City State ZIP code
San Antonio TX 78244

Account number (optional)

1 Unemployment compensation . . . \$ 14,475.**2** State or local income tax refunds, credits, or offsets.
Do not enter here. Enter on Federal Carryover Worksheet.
QuickZoom to Federal Carryover Worksheet ►**3** Box 2 amount is for
tax year**4** Federal income
tax withheld

\$ _____

5 RTAA payments
\$ _____**6** Taxable grants
\$ _____**7** Agriculture payments

\$ _____

8 State or local income tax
refunds, credits, or offsets
from a trade or business

\$ _____

9 Market gain. \$ _____**10a** State_____
_____**10b** State identification no._____
_____**11** State income tax withheld \$ _____
\$ _____**12a** Locality name

13 Local income tax withheld

\$ _____

Additional Government Payments Information

Page 2

Name(s) Shown on Return

Desmond O Findley

Your Social Security No.

036-68-2416

State or local abbreviations:

State Local

Enter the abbreviation of the state or locality issuing the payment ▶ NJ

Unemployment repaid:

Enter the portion of the amount entered in box 1 that was repaid, if any

Agriculture payments:

(If there is an amount in box 7)

Required: Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . ▶ Form 4835 line 3a ▶

Schedule F line 6a or 41 . . ▶ Form 4835 line 5a ▶

Trade or business income:

(If there is an amount in box 8)

Enter the taxable portion of the refund amount reported in box 8.

Required: Double-click to select the form on which to report this income:

Schedule C line 6 ▶ Schedule F line 8b or 43b . . ▶

Market gain:

(If there is an amount in box 9)

Required: Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . ▶ Form 4835 line 3a ▶

QuickZoom to another copy of Form 1099-G ▶

Form 1099-Q Summary**2014**

► Keep for your records

Name(s) Shown on Return
Desmond O FindleySocial Security No.
036-68-2416

Coverdell Educational Savings Account (ESA) Distributions		Recipient Taxpayer	Recipient Spouse
1	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another ESA of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Return of 2014 contributions		
e	Less: Return of pre 2014 contributions. These are reported on the tax return in the year the contribution was made, not on the 2014 tax return		
2	Balance of gross Coverdell ESA distributions		
3	Education expenses not used as basis for credits		
4	Amount of ESA distributions after return of basis		
5	Earnings on return of 2014 contributions		
6	Earnings on non-family member transfer		
7	Taxable amount of ESA distributions on line 2		
8	Taxable amount included on Form 1040, line 21		
9	Non-taxable ESA distributions		
Gross State Qualified Tuition Plan (QTP) Distributions			
10	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
11	Balance of gross state QTP distributions		
12	Earnings on state QTP distributions on line 11		
Gross Private Qualified Tuition Plan (QTP) Distributions			
13	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
14	Balance of gross private QTP distributions		
15	Earnings on private QTP distributions on line 14		
Taxable Qualified Tuition Plan (QTP) Distributions			
16	Balance of gross QTP distributions.		
17	Earnings on QTP distributions on line 16		
18	Education expenses not used as basis for credits		
19	Non-taxable QTP distributions		
20	Taxable amount of earnings on line 17		
21	Earnings on non-family member transfer (state)		
22	Earnings on non-family member transfer (private)		
23	Taxable amount included on Form 1040, line 21		

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.					

Form 1099-MISC Summary

2014

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents			
	► Schedule C			
	► Schedule E			
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income			
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
7	Total Nonemployee compensation			
	► Schedule C			
	► Schedule F			
	► Wages			
	► Other Income			
8	Substitute payments			
10	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
	► Taxable amount			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld - total			

Wages, Salaries, & Tips Worksheet

2014

► Keep for your records

Name(s) Shown on Return Desmond O Findley	Social Security Number 036-68-2416
--	---------------------------------------

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	9,769.		9,769.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137.			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$1,800 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income			

10 Subtotal. Add lines 1 through 9	9,769.		9,769.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2.			
14 Other non-earned income			

15 Total of lines 10 through 14.	9,769.		9,769.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>On Form 1099-DIV</td> <td></td> </tr> <tr> <td>b</td> <td>On Form 2439</td> <td></td> </tr> <tr> <td>c</td> <td>On Schedule(s) K-1</td> <td></td> </tr> <tr> <td>d</td> <td>On Form 1099-R</td> <td></td> </tr> <tr> <td>e</td> <td>From Form 8814</td> <td></td> </tr> <tr> <td>f</td> <td>Other.</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table>		Regular	AMT	a	On Form 1099-DIV		b	On Form 2439		c	On Schedule(s) K-1		d	On Form 1099-R		e	From Form 8814		f	Other.			Total		11	
	Regular	AMT																									
a	On Form 1099-DIV																										
b	On Form 2439																										
c	On Schedule(s) K-1																										
d	On Form 1099-R																										
e	From Form 8814																										
f	Other.																										
	Total																										
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18																									

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2014

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

				Regular Tax	Alternative Minimum Tax																																
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II			1																																	
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f) for which you excluded 75% of the gain. <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">50 % Exclusion</td> <td style="width: 25%; text-align: center;">60 % Exclusion</td> <td style="width: 25%; text-align: center;">75% Exclusion</td> </tr> <tr> <td>a Schedule D . . .</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b Form 8814 . . .</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>c Schedule B . . .</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>d Form 6252 . . .</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>e Form 2439 . . .</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>f Other</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Total</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>				50 % Exclusion	60 % Exclusion	75% Exclusion	a Schedule D . . .	_____	_____	_____	b Form 8814 . . .	_____	_____	_____	c Schedule B . . .	_____	_____	_____	d Form 6252 . . .	_____	_____	_____	e Form 2439 . . .	_____	_____	_____	f Other	_____	_____	_____	Total	_____	_____	_____	2	
	50 % Exclusion	60 % Exclusion	75% Exclusion																																		
a Schedule D . . .	_____	_____	_____																																		
b Form 8814 . . .	_____	_____	_____																																		
c Schedule B . . .	_____	_____	_____																																		
d Form 6252 . . .	_____	_____	_____																																		
e Form 2439 . . .	_____	_____	_____																																		
f Other	_____	_____	_____																																		
Total	_____	_____	_____																																		
3	Enter the total of all collectibles gain or (loss) from: <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">Regular</td> <td style="width: 25%; text-align: center;">AMT</td> </tr> <tr> <td>a Form 4684, line 4 (but only if line 15 is more than zero) .</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b Form 6252</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>c Form 6781, Part II</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>d Form 8824</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Total</td> <td>_____</td> <td>_____</td> </tr> </table>				Regular	AMT	a Form 4684, line 4 (but only if line 15 is more than zero) .	_____	_____	b Form 6252	_____	_____	c Form 6781, Part II	_____	_____	d Form 8824	_____	_____	Total	_____	_____	3															
	Regular	AMT																																			
a Form 4684, line 4 (but only if line 15 is more than zero) .	_____	_____																																			
b Form 6252	_____	_____																																			
c Form 6781, Part II	_____	_____																																			
d Form 8824	_____	_____																																			
Total	_____	_____																																			
4	Enter the total of any collectibles gain reported to you on: <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">Regular</td> <td style="width: 25%; text-align: center;">AMT</td> </tr> <tr> <td>a Form 1099-DIV, box 2d . . .</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b Form 2439, box 1d</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>c Schedule K-1 from a partnership, S corporation, estate, or trust</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>d Disposition of interest in partnership or S corporation .</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>e Other</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Total</td> <td>_____</td> <td>_____</td> </tr> </table>				Regular	AMT	a Form 1099-DIV, box 2d . . .	_____	_____	b Form 2439, box 1d	_____	_____	c Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____	d Disposition of interest in partnership or S corporation .	_____	_____	e Other	_____	_____	Total	_____	_____	4												
	Regular	AMT																																			
a Form 1099-DIV, box 2d . . .	_____	_____																																			
b Form 2439, box 1d	_____	_____																																			
c Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____																																			
d Disposition of interest in partnership or S corporation .	_____	_____																																			
e Other	_____	_____																																			
Total	_____	_____																																			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C			5																																	
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.			6																																	
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18			7																																	
8	Enter the amount of any capital gain excess			8	0.																																
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a			9	0.																																

Name(s) Shown on Return
Desmond O FindleySocial Security Number
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1 a	Enter your taxable income from Form 1040, line 43	1 a	12,894.
b	Enter the amount from your (and your spouse's) Form 2555, line 45	b	
c	Add lines 1a and 1b	1 c	12,894.
2 a	Enter your qualified dividends from Form 1040, line 9b	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	12,894.
15	Enter: • \$36,900 if single or married filing separately; • \$73,800 if married filing jointly or qualifying widow(er); or • \$49,400 if head of household.	15	36,900.
16	Enter the smaller of line 1c or line 15	16	12,894.
17	Enter the smaller of line 14 or line 16	17	12,894.
18	Subtr in 10 from in 1c. If zero or less, enter -0-	18	12,894.
19	Enter the larger of line 17 or line 18	19	12,894.
20	Subtract line 17 from line 16. This amount is taxed at 0% If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	20	0.
21	Enter the smaller of line 1c or line 13	21	
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	
24	Enter: • \$406,750 if single, • \$228,800 if married filing separately, • \$457,600 if married filing jointly or qualifying widow(er), • \$432,200 if head of household.	24	
25	Enter the smaller of line 1c or line 24	25	
26	Add lines 19 and 20	26	
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	
28	Enter the smaller of line 23 or line 27	28	
29	Multiply line 28 by 15% (.15)	29	
30	Add lines 20 and 28	30	
31	Subtract line 30 from line 21	31	
32	Multiply line 31 by 20% (.20)	32	
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.			
33	Enter the smaller of line 9c above or Schedule D, line 19	33	
34	Add lines 10 and 19	34	
35	Enter the amount from line 1c above	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	
38	Multiply line 37 by 25% (.25)	38	

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

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	<u>1,478.</u>
43	Add lines 29, 32, 38, 41, and 42	43	<u>1,478.</u>
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	<u>1,478.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44.	45	<u>1,478.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2014

Line 44

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

1	Enter the amount from Form 1040, line 43	1	_____
2	Enter the amount from Form 1040, line 9b	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.	5	_____
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter: \$36,900 if single or married filing separately, \$73,800 if married filing jointly or qualifying widow(er), \$49,400 if head of household.	8	_____
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter: \$406,750 if single, \$228,800 if married filing separately, \$457,600 if married filing jointly or qualifying widow(er), \$432,200 if head of household.	15	_____
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24	_____
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26	_____
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.	27	_____

- Keep for your records

2014

Name(s) Shown on Return <u>Desmond O Findley</u>	Social Security Number <u>036-68-2416</u>
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Estimated Tax Payments for 2014 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/14		04/15/14			04/15/14		
2	06/16/14		06/16/14			06/16/14		
3	09/15/14		09/15/14			09/15/14		
4	01/15/15		01/15/15			01/15/15		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2014					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2014 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				20 .	213 .	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				20 .	213 .	
20	Total Tax Payments for 2014				20 .	213 .	

Prior Year Taxes Paid In 2014 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2013 extensions				
22	2013 estimated tax paid after 12/31/2013				
23	Balance due paid with 2013 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38. 23,044.
(2) Nontaxable income entered elsewhere on return
(3) Available income: 2013 refundable credits in excess of tax. 0.
(4) Enter any additional nontaxable income
(5) Total available income 23,044.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Colorado, Illinois, Louisiana, New Jersey, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 213.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 213.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Form 1098	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Add lines 2a through 2f (to Schedule A, line 6)	_____
3	Personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2013 Amount Enter 2014 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 7)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit)	_____
e	Other taxes.	
	2013 Amount Enter 2014 description:	
	_____	_____
	_____	_____
	_____	_____
f	Add lines 4a through 4e (to Schedule A, line 8)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	213.
2	2014 state estimated taxes paid in 2014	
3	2013 state estimated taxes paid in 2014	
4	Amount paid with 2013 state application for extension	
5	Amount paid with 2013 state income tax return	
6	Overpayment on 2013 state income tax return applied to 2014 tax	
7	Other amounts paid in 2014 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	
10	2014 local estimated taxes paid in 2014	
11	2013 local estimated taxes paid in 2014	
12	Amount paid with 2013 local application for extension	
13	Amount paid with 2013 local income tax return	
14	Overpayment on 2013 local income tax return applied to 2014 tax	
15	Other amounts paid in 2014 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	213.
19	State and local refund allocated to 2014	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	213.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	
24	Adjusted gross income	
25	Add lines 23 and 24	
26	Nondeductible percent. Line 23 divided by line 25	%
27	Hawaii state income tax included in line 18	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	

Charitable Deduction Limits Worksheet For Current Year Contributions

2014

► Keep for your records

Name(s) Shown on Return Desmond O Findley	Social Security Number 036-68-2416
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Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 23,044.

9 Multiply line 8 by 0.5. This is your 50% limit. 11,522.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations							
10	Enter the smaller of line 2 or line 9					0.	
11	Subtract line 10 from line 2						0.
12	Subtract line 10 from line 9			11,522.			
Contributions not to 50% limit organizations							
13	Add lines 2 and 3						
14	Multiply line 8 by 0.3. This is your 30% limit.						
			6,913.	6,913.			
15	Subtract line 13 from line 9		11,522.				
16	Enter the smallest of line 6, 14, or 15 . .					0.	
17	Subtract line 16 from line 6						0.
18	Subtract line 16 from line 14				6,913.		
Capital gain property to 50% limit organizations							
19	Enter the smallest of line 3, 12, or 14 . .					0.	
20	Subtract line 19 from line 3						0.
21	Subtract line 16 from line 15				11,522.		
22	Subtract line 19 from line 14				6,913.		
Capital gain property not to 50% limit organizations							
23	Multiply line 8 by 0.2. This is your 20% limit.				4,609.		
24	Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25	Subtract line 24 from line 7						0.
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27	Reserved for future use						
28	Reserved for future use						
29	Reserved for future use						
30	Add lines 11, 17, 20, and 25. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2014

► Keep for your records

Name(s) Shown on Return Desmond O Findley	Social Security Number 036-68-2416
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Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 23,044.

9 Multiply line 8 by 0.5. This is your 50% limit. 11,522. less. 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10	Enter the smaller of line 2 or line 9				0.	
11	Subtract line 10 from line 2					0.
12	Subtract line 10 from line 9					
			11,522.			
Contributions not to 50% limit organizations						
13	Add lines 2 and 3					
14	Multiply line 8 by 0.3. This is your 30% limit.					
		0.				
		6,913.	6,913.			
15	Subtract line 13 from line 9					
		11,522.				
16	Enter the smallest of line 6, 14, or 15 . .				0.	
17	Subtract line 16 from line 6					0.
18	Subtract line 16 from line 14					
				6,913.		
Capital gain property to 50% limit organizations						
19	Enter the smallest of line 3, 12, or 14 . .				0.	
20	Subtract line 19 from line 3					0.
21	Subtract line 16 from line 15					
				11,522.		
22	Subtract line 19 from line 14					
				6,913.		
Capital gain property not to 50% limit organizations						
23	Multiply line 8 by 0.2. This is your 20% limit.					
				4,609.		
24	Enter the smaller of line 7, 18, 21, 22, or 23				0.	
25	Subtract line 24 from line 7					0.
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19				0.	
27	Reserved for future use					
28	Reserved for future use					
29	Reserved for future use					
30	Add lines 11, 17, 20, and 25. Carry to next year.					0.

Charitable Contributions Summary

► Keep for your records

2014

Name(s) Shown on Return Desmond O Findley	Social Security Number 036-68-2416
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2015

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2014 contributions . . .						
2 2014 contributions allowed	0.		0.	0.	0.	0.
3 Carryovers from:						
a 2013 tax year						
b 2012 tax year						
c 2011 tax year						
d 2010 tax year						
e 2009 tax year						
4 Carryovers allowed in 2014	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2014	0.		0.	0.	0.	0.
6 Carryovers to 2015:						
a From 2014	0.		0.	0.	0.	0.
b From 2013						
c From 2012						
d From 2011						
e From 2010						
f From 2009 (expired)						

Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☒ No
- Was any charity other than a 50% charity? ☐ Yes ☒ No

Schedule A
Lines 21, 23, 28

Miscellaneous Itemized Deductions Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	600.
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Other: _____ _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21)	8	600.

Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

Investment
expense ↓

9	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	9	
10	Casualty/theft losses of property used in services as an employee	<input type="checkbox"/>	10	
11	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1	<input type="checkbox"/>	14	
15	Excess deductions on termination, from Schedule(s) K-1	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	17	
18	Safe deposit box rental fees	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs	<input type="checkbox"/>	21	
22	Loss incurred from final distribution of a QTP investment	<input type="checkbox"/>	22	
23	Hobby expense (limited to hobby income)	<input type="checkbox"/>	23	
24	Other: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24	
25	Combine lines 9 through 24 (to Schedule A, line 23)		25	

Other Miscellaneous Deductions – Not Subject to 2% Limitation

26	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	26	
27	Federal estate tax paid on decedent's income reported on this return		27	
28	Impairment-related expenses of a handicapped employee, from Form 2106		28	
29	Amortizable bond premiums on bonds acquired before 10/23/86		29	
30	Gambling losses		30	
31	Deduction for repayment of amounts under claim of right if over \$3,000		31	
32	Casualty/theft losses of income-producing property		32	
33	Unrecovered investment in annuity		33	
34	Combine lines 26 through 33 (to Schedule A, line 28)		34	

Schedule A
Line 29

Itemized Deductions Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

1	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28	1	472.
2	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	2	
3	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1	3	472.
4	Multiply line 3 by 80% (.80)	4	378.
5	Enter the amount from Form 1040, line 38	5	23,044.
6	Enter \$254,200 if single; \$305,050 if married filing jointly or qualifying widow(er); \$279,650 if head of household, \$152,525 if married filing separately	6	254,200.
7	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8	Multiply line 7 by 3% (.03)	8	
9	Enter the smaller of line 4 or line 8	9	
10	Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29)	10	

Name(s) Shown on Return Desmond O Findley	Social Security Number 036-68-2416
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$650? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,000		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$6,200 • Married filing jointly or Qualifying widow(er) — \$12,400 • Head of household — \$9,100		2	6,200.
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1950, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b		3 a	
3 b	If born before January 2, 1950, or blind, multiply the number on Form 1040, line 39a, by \$1,200 (\$1,550 if single or head of household)		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40		3 c	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Form 1040
Line 42

Deduction for Exemptions Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

1	Multiply \$3,950 by the total number of exemptions claimed on Form 1040, line 6d	1	<u>3,950.</u>
2	Enter the amount from Form 1040, line 38	2	<u>23,044.</u>
3	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$254,200 • Married filing jointly or qualifying widow(er), enter \$305,050 • Married filing separately, enter \$152,525 • Head of household, enter \$279,650 	3	<u>254,200.</u>
4	Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42.	4	<u>-231,156.</u>
5	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	5	
6	Multiply line 5 by 2% (.02) and enter the result as a decimal.	6	
7	Multiply line 1 by line 6	7	
8	Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42	8	

Earned Income Worksheet

2014

► Keep for your records

Name(s) Shown on Return Desmond O Findley	Social Security Number 036-68-2416
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . .			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	9,769.		9,769.
7 Taxable employer-provided adoption benefits. . .			
8 Add lines 5 through 7. To Form 2441, lines 19 and 20	9,769.		9,769.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5	9,769.		9,769.
11 Scholarship or fellowship income not on W-2 . . .			
12 SE exempt earnings less nontaxable income . . .			
13 Distributions from nonqualified/Sec. 457 plans . . .			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	9,769.		9,769.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	9,769.		9,769.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2. . .	9,769.		9,769.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees . .			
24 Wages, salaries, tips, etc	9,769.		9,769.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 Combine lines 23 through 26. To Schedule 8812, line 4a & Line 11 Wks, line 2.	9,769.		9,769.

► Keep for your records

Name(s) Shown on Return
Desmond O FindleySocial Security Number
036-68-2416**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:		
a	-----	3 a	
b	-----	b	
c	-----	c	
d	-----	d	
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment.	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses included as itemized deductions (after the 2% limitation)	14	
15	Investment expenses included as itemized deductions (no 2% limitation)	15	
16	Expenses from nonpassive trade or business without material participation	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	Total investment expenses. Add lines 13 through 17.	18	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8.	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
21	Investment interest expense.	21	

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|--------------------------|---|
| <input type="checkbox"/> | \$14,590 (\$20,020 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$38,511 (\$43,941 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$43,756 (\$49,186 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$46,997 (\$52,427 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | \$14,590 (\$20,020 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$38,511 (\$43,941 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$43,756 (\$49,186 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$46,997 (\$52,427 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,350.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is missing, or invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- | | | |
|---|--------------------------|---|
| a | <input type="checkbox"/> | qualifying children of another person, or |
| b | <input type="checkbox"/> | have missing or invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2014.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is the info about your income correct?

- I've entered all of my income.
- If I had any investment income, the total was under \$3,350.
- I had no foreign earned income.

☐ **Yes**, all of the above is correct.☐ **No**, I'll go to Wages & Income and review what I entered.

Once you've reviewed your Wages & Income, come back and confirm your info is correct.

2 Is this info about you correct?

- I'm not filing my taxes as Married Filing Separately.
- I have a valid Social Security number.
- I was a U.S. citizen or resident alien for all of 2014.
- I lived in the U.S. for at least six months during 2014.
- I'm not the qualifying child or dependent of another person.
- If I have no qualifying children, I'm between 25 and 65 years old.

☐ **Yes**, all of the above is correct.☐ **No**, I'll go to Personal Info and review what I entered.

Once you've reviewed your Personal Info, come back and confirm your info is correct.

3 Is this info correct for all of your qualifying dependents for the Earned Income Credit?

- They are my children (or descendants of my children) and not married.
- They lived with me in the U.S. for more than half the year.
- They have valid Social Security numbers.
- They are not being claimed by anyone else specifically for the Earned Income Credit, as far as I know.
- They are under age 19, **or** under 24 and a full-time student, **or** permanently or totally disabled.

☐ **Yes**, all of the above is correct.☐ **No**, I'll go to Personal Info and review my dependent info.

OK, once you've reviewed your Personal Info, come back and confirm your info is correct.

Compliance and Due Diligence Indicator ☐

The IRS expects everyone who gets the Earned Income Credit to meet all the requirements and be able to show they're eligible with proof such as documents.

Schedule SE Adjustments Worksheet

2014

► Keep for your records

Name(s) Shown on Return Desmond O Findley	Social Security Number 036-68-2416
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code Z		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Education Tuition and Fees Summary

2014

► Keep for your records

Name(s) Shown on Return <u>Desmond O Findley</u>	Your Social Security No. <u>036-68-2416</u>
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Part I - Qualified Education Expense Summary

(a) Student's name First Name <u>MI</u> Last Name <u>Suffix</u> Social Security Number	(b) Qualified Education Expenses	(c) Qualified for: Yes No	(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
<u>Desmond</u> <u>O</u> <u>Findley</u> <u>036-68-2416</u>	7,820. 6,820. 6,820. 7,820.	Amer Opp Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ _____ _____	_____ _____ _____	Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ _____ _____	_____ _____ _____	Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total qualified expenses	7,820. 6,820. 6,820.	Amer Opp Cr Lifetime Cr Tuition Ded		

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ► ☐
- 2 **Automatic** - Check to use the Credit choices calculated in Part I, column (e) above ► ☒
- or
- 3 **Manual** - Check to use the Credit choices you entered in Part I, column (d) above ► ☐

Part III - Summary of Deduction and Credits

Tuition and Fees Deduction Summary

1	Total 2014 tuition and fees paid for purposes of deduction.	1	
2	Modified adjusted gross income	2	
3	Maximum deduction allowed	3	
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 3)	4	0.

American Opportunity, Lifetime Learning Credits Summary

5	Tentative American Opportunity Credit	5	2,500.
6	Tentative Lifetime Learning Credit	6	
7	Total Education Credits (after limitations)	7	2,478.

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2014

► Keep for your records

Name(s) Shown on Return Desmond O Findley		Social Security Number 036-68-2416	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 30.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

Form 6251

Form 1040A Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Desmond O FindleySocial Security Number
036-68-2416

1	Enter the amount from Form 1040A, line 22.	1	23,044.
2	Enter the amount shown below for your filing status. • Single or Head of Household, enter \$52,800 • Married Filing Joint or Qualifying widow(er), enter \$82,100 • Married Filing Separately, enter \$41,050.	2	52,800.
3	Subtract line 2 from line 1. If zero or less, stop here ; you don't owe this tax.	3	-29,756.
4	Enter the amount shown below for your filing status. • Single or Head of Household, enter \$117,300 • Married Filing Joint or Qualifying widow(er), enter \$156,500 • Married Filing Separately, enter \$78,250.	4	
5	Subtract line 4 from line 1. If zero or less, enter -0- here and on line 6, and go to line 7.	5	
6	Multiply line 5 by 25% (.25)	6	
7	Add lines 3 and 6	7	
8	If line 7 is \$182,500 or less (\$91,250 or less if married filing separately) multiply line 7 by 26% (.26). Otherwise, multiply line 7 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	8	
9	Did you use the Qualified Dividends and Capital Gain Tax Worksheet to figure the tax on the amount on Form 1040A, line 27? <input type="checkbox"/> No. Skip lines 9 through 19 enter the amount from line 8 on line 20 and go to line 21, <input type="checkbox"/> Yes. Enter the amount from line 6 of that worksheet	9	
10	Enter the smaller of line 7 or line 9	10	
11	Subtract line 10 from line 7	11	
12	If line 11 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 11 by 26% (.26). Otherwise, multiply line 11 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	12	
13	Enter the amount shown below for your filing status: • Single or married filing separately- \$36,900 • Married filing jointly or qualifying widow(er) - \$73,800 • Head of household- \$49,400	13	
14	Enter the amount from line 7 of Qualified Dividends and Capital Gain Tax Wkst	14	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	
16	Enter the smaller of line 10 or line 15	16	
17	Subtract line 16 from line 10	17	
18	Multiply line 17 by 15% (.15)	18	
19	Add lines 12 and 18	19	
20	Enter the smaller of line 8 or line 19.	20	
21	Enter the amount you would enter on Form 1040A, line 30, if you do not owe this tax.	21	
22	Alternative Minimum Tax. Is the amount on line 20 more than the amount on line 21? <input type="checkbox"/> No. You do not owe this tax. <input type="checkbox"/> Yes. Subtract line 21 from line 20. Also include this amount in the total on Form 1040A, line 28. Enter "AMT" and show the amount in the space to the left of ln 28.	22	

► Keep for your records

Name(s) Shown on Return Desmond O Findley	Social Security Number 036-68-2416
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Taxable Income – Line 1

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	23,044.
2	Additions to income	2	
3	Add lines 1 and 2	3	23,044.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	23,044.

Taxes – Line 3

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1	Attributable to mortgage used to purchase, build, or improve:		
a	Main home or second home that is house, apartment, condominium or non-transient mobile home		
b	Second home that is transient mobile home or boat		
c	Total		
2	Attributable to mortgage used to refinance:		
a	To pay off mortgage		
b	For other purposes		
c	Total		
3	Attributable to other mortgage deductible for AMT:		
a	Pre-July 1, 1982 mortgage		
4	Total column (a)		
5	Total column (b). Enter result on Form 6251, line 4.		
6	Total mortgage interest from Schedule A		

Refund of Taxes – Line 7

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	23,044.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	23,044.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	20,740.
6	Enter ATNOL carried to 2013 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options – Line 14

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 14	5	

Alternative Minimum Taxable Income – Line 28

If married filing separately and Form 6251, line 28, is more than \$242,450:		
1	Alternative minimum taxable income, Form 6251.	1 _____
2	Threshold amount	2 _____
3	Subtract line 2 from line 1.	3 _____
4	Multiply line 3 by 25% (.25)	4 _____
5	Smaller of line 4 or \$41,050	5 _____
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6 _____

Exemption – Line 29

1	Enter \$52,800 if single or head of household, \$82,100 if married filing jointly or qualifying widow(er), \$41,050 if married filing separately	1	52,800.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	23,044.
3	Enter \$117,300 if single or head of household, \$156,500 if married filing jointly or qualifying widow(er), \$78,250 if married filing separately	3	117,300.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	52,800.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	_____

Form 6251
Line 31

Foreign Earned Income
Alternative Minimum Tax Worksheet

2014

► Keep for your records

Name(s) Shown on Return Desmond O Findley		Social Security Number 036-68-2416	
1	Enter amount from Form 6251, line 30.	1	
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a	
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4	Tax on amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • All Others: If line 3 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	6	

Federal Carryover Worksheet

2014

► Keep for your records

Name(s) Shown on Return Desmond O Findley	Social Security Number 036-68-2416
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2013 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information

			2013	2014
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		472.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		23,044.
6	Tax liability for Form 2210 or Form 2210-F	6		0.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2013	2014
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2013	2014
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2014	a		
	b 2013	b		
	c 2012	c		
	d 2011	d		
	e 2010	e		
	f 2009	f		

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

Description	Amount
Income	
Wages	9,769.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	14,475.
Other income	
Total income	24,244.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	1,200.
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	1,200.
Modified adjusted gross income	23,044.

Two-Year Comparison

2014

Name(s) Shown on Return
Desmond O Findley

Social Security Number

Income	2013	2014	Difference	%
Wages, salaries, tips, etc		9,769.	9,769.	
Interest and dividend income				
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above		14,475.	14,475.	
Total Income		24,244.	24,244.	
Adjustments to Income		1,200.	1,200.	
Adjusted Gross Income		23,044.	23,044.	
Itemized Deductions				
Medical and dental				
Income or sales tax		213.	213.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous		259.	259.	
Phaseout of itemized deductions				
Total Itemized Deductions		472.	472.	
Standard or Itemized Deduction		6,200.	6,200.	
Exemption Amount		3,950.	3,950.	
Taxable Income		12,894.	12,894.	
Income tax		1,478.	1,478.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		1,478.	1,478.	
Nonbusiness credits		1,478.	1,478.	
Business credits				
Total Credits		1,478.	1,478.	
Self-employment tax				
Other taxes				
Total Tax After Credits		0.	0.	
Withholding		20.	20.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments		1,000.	1,000.	
Total Payments		1,020.	1,020.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		1,020.	1,020.	
Balance Due				

Current year effective tax rate -4.34 %

Tax Summary
► Keep for your records

2014

Name (s)
Desmond O Findley

Total income	24,244.
Adjustments to income	1,200.
Adjusted gross income	23,044.
Itemized/standard deduction	6,200.
Exemption amount	3,950.
Taxable income	12,894.
Tentative tax	1,478.
Additional taxes	
Alternative minimum tax	
Total credits	1,478.
Other taxes	
Total tax	0.
Total payments	1,020.
Estimated tax penalty	
Amount Overpaid	1,020.
Refund	1,020.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
you had moving expenses.

Compare to U. S. Averages

► Keep for your records

2014

Name(s) Shown on Return Desmond O Findley	Social Security No 036-68-2416
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Your 2014 adjusted gross income (AGI) 23,044.
National adjusted gross income range used below from 15,000. to 29,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	9,769.	21,462.
Taxable interest		930.
Tax-exempt interest		5,822.
Dividends		2,863.
Business net income		13,270.
Business net loss		8,619.
Net capital gain		3,355.
Net capital loss		2,375.
Taxable IRA		7,772.
Taxable pensions and annuities		12,987.
Rent and royalty net income		6,518.
Rent and royalty net loss		8,178.
Partnership and S corporation net income		11,648.
Partnership and S corporation net loss		9,456.
Taxable social security benefits		2,383.
Medical and dental expenses deduction		7,995.
Taxes paid deduction	213.	3,442.
Interest paid deduction		7,477.
Charitable contributions deduction		2,271.
Total itemized deductions	472.	15,652.
Child care credit		458.
Education tax credits	1,478.	775.
Child tax credit		472.
Retirement savings contributions credit		175.
Earned income credit		3,603.
Other Information	Actual Per Return	National Average
Adjusted gross income	23,044.	22,824.
Taxable income	12,894.	9,636.
Income tax	1,478.	1,228.
Alternative minimum tax		2,871.
Total tax liability	0.	1,346.

Estimated Taxes and Form W-4 Worksheet

Name: <u>Desmond O Findley</u> SSN: <u>036-68-2416</u>		
Choose the Method You Will Use to Pay Your 2015 Federal Income Taxes <input type="checkbox"/> By withholding from my paychecks. (You will also need to complete the Additional Information for Form W-4 Worksheet . QuickZoom below.) <input checked="" type="checkbox"/> By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2015 withholding will be _____ Overpayment from my 2014 return. _____ <u>1,020.</u> Amount of my 2014 overpayment to apply to 2015 instead of refunding it _____		
Enter Your Filing Status and Other Information for Your 2015 Tax Return Choose your filing status <u>1 - Single</u> Taxpayer age as of the end of 2015 <u>34</u> Spouse age as of the end of 2015 _____ Do you qualify for an additional standard deduction? Taxpayer: _____ Total _____ <u>0</u> Spouse: _____ <input type="checkbox"/> Check if you must itemize in 2015. (See Tax Help.)		
Enter the Number of Dependent Exemptions You Will Claim on Your 2015 Tax Return <input type="checkbox"/> Check if you will be the dependent of another person (but not if married filing jointly). Enter the number of dependents you will claim, do not include yourself or your spouse . . . <u>0</u> Total exemptions . . . <u>1</u>		
Enter Your 2015 Income and Deductions in 2nd column Compensation: Annual wages and salary for taxpayer . . . <u>9,769.</u> Medicare wages for taxpayer (W-2 box 5) . . . <u>9,769.</u> Annual wages and salary for spouse . . . _____ Medicare wages for spouse (W-2 box 5) . . . _____ Annual net income from self-employment for taxpayer . . . _____ Annual net income from self-employment for spouse . . . <u>0.</u> Other Tax Information: Note: Include this income in the Other Income section below. Net Investment Income for 3.8% tax . . . <u>0.</u> Qualified dividends . . . _____ Maximum Capital Gains Rate Tax Information: Net short-term capital gains or losses . . . _____ Net long-term capital gains or losses . . . _____ Net 28%-rate capital gains included in long-term . . . _____ Unrecap'd Sec 1250 gains incl in long-term (see <i>Tax Help</i>) . . . _____ Investment income election (see <i>Tax Help</i>) . . . _____ Other Income: Total of your other taxable income and losses (see <i>Tax Help</i>) . . . <u>14,475.</u> Foreign income or housing exclusions. . . _____ Adjustments: Deductible IRA contributions, alimony, etc . . . <u>1,200.</u> Itemized Deductions: Total medical expenses . . . _____ Real estate tax. . . _____ Other deductible taxes . . . <u>213.</u> Deductible mortgage interest . . . _____ Charitable contributions . . . _____ Deductible investment interest expense, casualty or theft losses (see <i>Tax Help</i>) . . . _____ Miscellaneous itemized deductions subject to 2% of AGI . . . <u>720.</u> Deductible gambling losses. . . _____ Other misc itemized deductions not subject to 2% of AGI . . . _____	2014 Actual	2015 Expected

Income Tax Calculation for Your 2015 Tax Return	2014 Actual	2015 Expected
Taxable income	12,894.	0.
Income tax	1,478.	
Alternative minimum tax (Enter Alt Min tax expected in 2015) . . .		
Premium tax credit repayment (Enter amt expected for 2015) . . .		
Total credits (Enter credits expected in 2015)	1,478.	
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
New 3.8% net investment income tax		0.
Other taxes (Enter other taxes expected in 2015)	0.	
Total federal income tax	0.	0.

Enter the Tax Payments You've Already Made for Your 2015 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 15, 2015)	
Payment number 2 (June 15, 2015)	
Payment number 3 (September 15, 2015)	
2014 federal overpayment credited to 2015 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2015	
Federal income taxes to be withheld from your paychecks	
Your 2014 federal overpayment you applied to 2015.	
Your 2015 federal estimated taxes,	
based on <u>100% of your 2014 actual tax</u>	
Estimate of total payments you will need to make for 2015	

Estimated Tax Payment Options

Name:	<u>Desmond O Findley</u>
SSN:	<u>036-68-2416</u>

Prepare My 2015 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2015 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2015 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2015 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2014 taxes (prior-year exception) Note: If your 2014 taxes were less than \$1000, see Tax Help	0.

Amount of Estimated Taxes to Pay in 2015	
Taxes based on method above	0.
Expected withholding for 2015 . . . (2014 actual withholding)	20.
Taxes due after withholding	0.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	0.

Round My Payments Up
<input type="checkbox"/> To the next \$10 <input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help) <input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000 <input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2015 Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 15, 2015	
<input type="checkbox"/> Payment number 2, due June 15, 2015	
<input type="checkbox"/> Payment number 3, due September 15, 2015	
<input type="checkbox"/> Payment number 4, due January 15, 2016	

Total estimated tax payments for 2015	
---	--

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program <input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Desmond O Findley</u>
SSN:	<u>036-68-2416</u>

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2015	Taxpayer	Spouse
Your annual salary for this year	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Salary you have already received in 2015	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Your remaining salary for this year	0.	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Number of paychecks you have remaining this year	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>
How often you are paid	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Your gross salary per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

Form W-4 Personal Allowances and Withholding	Taxpayer	Spouse
Withholding status	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Personal allowances (see Tax Help if more than 10)	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>
Additional withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Estimated future withholding through remainder of year	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Top tax rate being withheld	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> %	<div style="border-bottom: 1px solid black; height: 1.2em;"></div> %

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Increase/(decrease) in net pay per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

Summary of Federal Income Taxes to be Withheld in 2015: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Spouse's withholding	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Total withholding	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

Sunrise Banks N.A. Refund Processing Agreement ('Agreement')

Name _____

Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund by Sunrise Banks N.A. of St. Paul, Minnesota ('BANK'). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if the 2014 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK and processor. The term 'Servicer' or 'Processor' refer to the third party processor, Santa Barbara Tax Products Group, LLC.

1. **NOTICE:** No Requirement To Have BANK Process Your Refund In Order To File Electronically. YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ _____ IS CHARGED TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO DEDUCT YOUR TURBOTAX FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE WHETHER OR NOT THE REFUND IS SUFFICIENT TO PAY THE REFUND PROCESSING FEE. THIS FEE IS COLLECTED AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY, INSTEAD, PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2014 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND-PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. IF YOU DO NOT USE THE REFUND PROCESSING SERVICE, BUT DO FILE YOUR TAX RETURN ELECTRONICALLY, AND HAVE YOUR FEDERAL TAX REFUND DIRECTLY DEPOSITED INTO A BANK ACCOUNT, YOU CAN EXPECT TO RECEIVE YOUR REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. IF YOU ELECT TO RECEIVE YOUR FEDERAL TAX REFUND THROUGH THE MAIL, YOU CAN EXPECT TO RECEIVE YOUR REFUND IN 3 TO 4 WEEKS FROM WHEN THE IRS ACCEPTS YOUR RETURN. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the Internal Revenue Service ("IRS") to disclose any information to BANK and Processor related to the funding of your 2014 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and BANK to share your information with Intuit. Neither Intuit, BANK nor Processor will disclose or use your tax return information for any other purpose, except as permitted by law. BANK and Processor will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ _____
Less Bank Refund Processing Fee.	\$ _____
Less TurboTax Fees.	\$ _____
Less Additional Products and Services Purchased	\$ _____
Expected Proceeds*	\$ _____

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a returned item and other processing fee paid to Processor as set forth in paragraphs 4 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2014 federal tax refund from the IRS. BANK or Servicer must receive an acknowledgment from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK or Servicer to deduct from your Deposit Account the following amounts: (i) the refund processing fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and (iii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct twenty dollars (\$20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing information, as set forth in the Note below paragraph 7 below. This fee shall be paid by BANK to its Processor. You authorize BANK to disburse the balance of the Deposit Account to you after making all

authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) You authorize BANK to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account or card in which You authorized BANK to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgments. (a) You understand that: (i) BANK cannot guarantee the amount of your tax year 2014 federal tax refund or the date it will be issued, and (ii) Neither BANK nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK and Servicer. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2014 federal tax refund. Processor and Bank will deduct the fees set forth in Section 3 including \$_____ for opening and maintaining the Account and processing your refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20 if the refund cannot be delivered as directed in Section 4 of this application. An Account Research and Legal Processing fee of \$25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by Bank to the Processor. Questions or concerns about the Deposit Account should be directed to: Sunrise Banks N.A., c/o Santa Barbara Tax Products, Group LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, or via the Internet at <http://cisc.sbtpg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

a ☐ Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. BANK will not be responsible for your funds once they have been deposited with the respective financial institution.**

b ☐ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE: ☐ Checking ☐ Savings
RTN #: _____ **ACCOUNT #:** _____

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a \$20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, its processor or Intuit is **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where the BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The

amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed \$25. Processing fees will be paid by BANK to Processor.

You must notify BANK in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford BANK a reasonable opportunity to act on your request. You may notify us in writing at: Sunrise Banks, N.A., c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** The Federal Electronic Fund Transfer Act provides you with certain rights and obligations regarding the Federal and state income tax refund that will be electronically deposited into your Account established at Sunrise Banks N.A. for that purpose. If you believe that there is an error or if you have a question about your Account, write to Sunrise Banks N.A., **c/o Santa Barbara Tax Products Group, LLC**, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide Sunrise Banks N.A. with your name, a description or explanation of the error and the dollar amount of the suspected error. Sunrise Banks N.A. will advise you of the results of its investigation within 10 business days.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant; or
- To comply with government agency or court orders; or
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. In addition to all other limitations of our liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.

9. **Compensation.** In addition to any fees paid directly by you to Intuit, BANK will deliver a portion of the refund processing fee to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The balance of the refund processing fee will be paid to the Processor, which will compensate Bank for its banking services.

10. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of South Dakota.

11. **Arbitration Provision.** This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, BANK or its Processor agrees to pay those fees for you. By agreeing to arbitration, you, BANK and Processor are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

12. USA Patriot Act Disclosure. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open an Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

YOUR AGREEMENT

BANK and Processor agree to all of the terms of this Agreement. By selecting the **'I Agree'** button in TurboTax: (i) You authorize BANK to receive your 2014 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all Communications electronically in accordance with the 'Consent to Conduct Business Electronically' section of the License Agreement for Tax Year 2014 TurboTax(R) Software and Services, as the term 'Communications' is defined therein, (iii) You consent to the release of your 2014 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting **'I Agree'** indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Sunrise Banks, N.A. Tax Product Privacy Policy

FACTS What does Sunrise Banks, N.A. do with your Personal Information?

Why? Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.

What? The types of personal information that we collect and share depend on the product or service you have with us. This can include:

- Social Security Number and Date of Birth
- Address of Residence
- Government Issued Identification Card

When you are no longer our customer, we continue to share your information as described in this notice.

How? All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons Financial Companies can share their customers' personal information; the reasons Sunrise Banks, N.A. chooses to share and whether you can limit the sharing.

Reasons we can share your personal information	Does Sunrise Banks, N.A. share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We Don't Share
For our affiliates to market to you.	No	We Don't Share
For non affiliates to market to you.	No	We Don't Share

Questions? Toll Free: 877-908-7228

Who We Are	
Who is providing this notice?	Sunrise Banks, N.A.
What We Do	
How does Sunrise Banks, N.A. protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Your information is accessible only to employees who need the information in order to process your product request, answer your questions or determine the types of additional products or services that we think may interest you. We train our employees on their responsibility to maintain the privacy of your personal information.
How does Sunrise Banks, N.A. collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application and your tax return in each year that you applied for a tax-related bank product, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us such as payment histories, balances due and tax information. We also collect your personal information from others such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only: <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you, State laws and individual companies may give you additional rights to limit sharing
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and non financial companies. <ul style="list-style-type: none"> • <i>Our affiliates include financial companies such as University Financial Corp. dba Sunrise Banks.</i>
Non affiliates	Companies not related by common ownership or control. They can be financial or non financial companies. <i>Sunrise Banks, N.A. does not share with nonaffiliates so they can market to you.</i>
Joint Marketing	A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you. <i>We may disclose all of the Confidential Information that we collect as described above to companies that perform marketing services on our behalf or to other tax product providers with whom we have joint marketing agreements.</i>
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

The Citizens Banking Company Refund Processing Agreement ("Agreement")

Name Desmond O Findley
 Social Security No. 036-68-2416

This Agreement contains important terms, conditions and disclosures about the processing of your refund by The Citizens Banking Company of Sandusky, OH ('BANK'). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if the 2014 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK and Processor. The term 'Servicer' or 'Processor' refer to the third party processor, Santa Barbara Tax Products Group, LLC.

1. NOTICE: No Requirement To Have BANK Process Your Refund In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$34.99 IS CHARGED TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING SERVICE FEE IS NOT A LOAN; IT IS DUE TO BANK WHETHER OR NOT THE REFUND IS SUFFICIENT TO PAY THE REFUND PROCESSING FEE. THE FEE IS COLLECTED AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND-PROCESSING SERVICE BY, INSTEAD, PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2014 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. IF YOU DO NOT USE THE REFUND PROCESSING SERVICE, BUT DO FILE YOUR TAX RETURN ELECTRONICALLY, AND HAVE YOUR FEDERAL TAX REFUND DIRECTLY DEPOSITED INTO A BANK ACCOUNT, YOU CAN EXPECT TO RECEIVE YOUR REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. IF YOU ELECT TO RECEIVE YOUR FEDERAL TAX REFUND THROUGH THE MAIL, YOU CAN EXPECT TO RECEIVE YOUR REFUND IN 3 TO 4 WEEKS FROM WHEN THE IRS ACCEPTS YOUR RETURN. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the Internal Revenue Service ('IRS') to disclose any information to BANK and Processor related to the funding of your 2014 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and BANK to share your information with Intuit. Neither Intuit, BANK, nor Processor will disclose or use your tax return information for any other purpose, except as permitted by law. BANK and Processor will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 1,020.00
Less Refund Processing Fee	\$ 34.99
Less TurboTax Fees.	\$ 94.98
Less Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 890.03

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, returned item and other processing fee paid to Processor as set forth in paragraphs 4 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2014 federal tax refund from the IRS. BANK or Servicer must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK or Servicer to deduct from your Deposit Account the following amounts: (i) the refund processing fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and, (iii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct twenty dollars (\$20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing information, as set forth in the Note below paragraph 7 below. This fee shall be paid by BANK to its Processor. You authorize BANK and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize BANK to automatically deduct such fees (or any portion thereof) via ACH electronic check, or wire transfer directly from the account or card in which you authorized BANK to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) BANK cannot guarantee the amount of your tax year 2014 federal tax refund or the date it will be issued, and (ii) Neither BANK nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2014 federal tax refund. Processor and BANK will charge the fees set forth in Section 3 including \$ 34.99 for opening and maintaining the Account and processing your refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20 if the refund cannot be delivered as directed in Section 4 of this application. An Account Research and Legal Processing fee of \$25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by BANK to the Processor. Questions or concerns about the Deposit Account should be directed to: The Citizens Banking Company, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://cisc.sbtpg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

- a ☐ Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. BANK will not be responsible for your funds once they have been deposited with the respective financial institution.**
- b ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank or another account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☒ Checking
☐ Savings

RTN # 052001633

Account # 446031895534

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a \$20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, the Processor or Intuit is **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where the BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed \$25. Processing fees will be paid by BANK to Processor.

You must notify BANK in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford BANK a reasonable opportunity to act on your request. You may notify us in writing at: The Citizens Banking Company, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road Suite 210, La Jolla, CA 92037.

8. Federal Electronic Fund Transfer Act Disclosures. The Federal Electronic Fund Transfer Act provides you with certain rights and obligations regarding the Federal and state income tax refund that will be electronically deposited into your Account established at The Citizens Banking Company for that purpose. If you believe that there is an error or if you have a question about your Account, write to The Citizens Banking Company, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide The Citizens Banking Company with your name, a description or explanation of the error and the dollar amount of the suspected error. The Citizens Banking Company will advise you of the results of its investigation within 10 business days.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant; or
- To comply with government agency or court orders; or
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. In addition to all other limitations of our liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.

9. Compensation. In addition to any fees paid directly by you to Intuit, BANK will deliver a portion of the refund processing fee to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The balance of the refund processing fee will be paid to Processor, which will compensate BANK for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, Bank or Processor agrees to pay those fees for you. By agreeing to arbitration, you, BANK and Processor are waiving rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

12. USA Patriot Act Disclosure. To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open a Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

Your Agreement

Bank and Processor agree to all terms of this Agreement. By selecting the **'I Agree'** button in TurboTax:

(i) You authorize BANK to receive your 2014 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all Communications electronically in accordance with the 'Consent to Conduct Business Electronically' section of the License Agreement for Tax Year 2014 TurboTax(R) Software and Services, as the term 'Communications' is defined therein, (iii) You consent to the release of your 2014 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting **'I Agree'** indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

CUSTOMER SERVICE: 877-908-7228

The Citizens Banking Company's Tax Product Privacy Policy

FACTS What does the The Citizens Banking Company do with your personal information?		
Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • payment history and transaction history • overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons The Citizens Banking Company chooses to share and whether you can limit the sharing.	
	Reasons we can share your personal information	Does The Citizens Banking Company Share?
	For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	No
	For joint marketing with other financial companies.	No
	For our affiliates' everyday business purposes — information about your transactions and experiences.	No
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For non affiliates to market to you.	No
Can you limit this sharing?		
	No	
	We don't share	
	We don't share	
	We don't share	
	We don't share	
	We don't share	
	We don't share	
Questions?	Toll Free: 877-908-7228 or go to www.citizensbankco.com	

Who we are	
Who is providing this notice?	The Citizens Banking Company
What we do	
How does The Citizens Banking Company protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does The Citizens Banking Company collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • The Citizens Banking Company does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • The Citizens Banking Company does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • The Citizens Banking Company does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Desmond O Findley

Primary SSN: 036-68-2416

Federal Return Submitted: _____

Federal Return Acceptance Date: _____

Your return has not been electronically transmitted yet

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2015. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2015, your Intuit electronic postmark will indicate April 15, 2015, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2015, and a corrected return is submitted and accepted before April 20, 2015. If your return is submitted after April 20, 2015, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2015. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2015, and the corrected return is submitted and accepted by October 20, 2015.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Smart Worksheets from your 2014 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet		
A	Tax <u>1,478.</u>	
Check if from:		
1	Tax table <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">X</td></tr></table>	X
X		
2	Tax Computation Worksheet (see instructions) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
3	Schedule D Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
4	Qualified Dividends and Capital Gain Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
5	Schedule J <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
6	Form 8615 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
7	Foreign Earned Income Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
B	Additional tax from Form 8814 _____	
C	Additional tax from Form 4972 _____	
D	Tax from additional Form(s) 4972 _____	
E	Recapture tax from Form 8863 _____	
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____	
G	Tax. Add lines A through F. Enter the result here and on line 44 <u>1,478.</u>	

SMART WORKSHEET FOR: Form 8863: Education Credits
Nonrefundable Credit -- Form 8863, Line 19

1 Enter amount from line 18, Form 8863	1	
2 Enter amount from line 9, Form 8863	2	<u>1,500.</u>
3 Add lines 1 and 2	3	<u>1,500.</u>
4 Enter the amount from Form 1040, line 47; or Form 1040A, line 30.	4	<u>1,478.</u>
5 Enter the amount from either: Form 1040, lines 48 and 49 and the amount from Schedule R, line 22; or Form 1040A, lines 31 and 32	5	
6 Subtract line 5 from line 4.	6	<u>1,478.</u>
7 Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	7	<u>1,478.</u>

SMART WORKSHEET FOR: Form 3903 (SAN ANTONIO): Moving Expenses

General Information Smart Worksheet	
A	Enter the new principal place of work for this move . . . <u>SAN ANTONIO</u>
B	If you are NOT in the military, enter the total amount your employer paid for your move (Enter ONLY if your Form W-2 does not show an amount in Box 12 with code P) . . . <u>0.</u>
C	Enter the number of miles from your old home to your new workplace <u>1,620 miles</u>
D	Enter the number of miles from your old home to your old workplace <u>10 miles</u>
E	Subtract line D from line C. If zero or less, enter -0- <u>1,610 miles</u>
Is line E at least 50 miles?	
Yes	▶ You meet this test.
No	▶ You do not meet this test. You cannot deduct your moving expenses.
Do Not complete Form 3903.	
F	For foreign moves check here only if all the following apply <input type="checkbox"/>
<ul style="list-style-type: none"> ● You moved in an earlier year ● You are claiming only storage fees while you are away from the United States ● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2 	

SMART WORKSHEET FOR: Form 3903 (SAN ANTONIO): Moving Expenses

Moving Expenses Smart Worksheet

Enter your moving expenses:

A	Transportation expenses for this move	400.
B	Storage of household goods and personal effects	0.
C	Travel expenses for this move (See Tax Help for new mileage rates)	600.
D	Lodging expenses for this move	200.

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

- A** Enter Section 179 carryover from prior year
- B QuickZoom** to the Asset Entry Worksheet ►
- C QuickZoom** to the Depreciation/Amortization Reports ►
- D QuickZoom** to Form 4562 for Schedule A ►
- E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? ☐ Yes ☒ No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet**QuickZoom** to enter nontaxable combat pay on Form W-2 ►**A Taxpayer:**

- 1** Taxpayer, nontaxable combat pay
- 2 Election for earned income credit (EIC):**
Elect taxpayer's nontaxable combat pay as earned income for EIC? ☐ Yes ☐ No
- 3 Election for dependent care benefits (DCB):**
Elect taxpayer's nontaxable combat pay as earned income for DCB? ☐ Yes ☐ No
- 4 Election for child and dependent care credit:**
Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ☐ Yes ☐ No

B Spouse:

- 1** Spouse, nontaxable combat pay
- 2 Election for earned income credit (EIC):**
Elect spouse's nontaxable combat pay as earned income for EIC? ☐ Yes ☐ No
- 3 Election for dependent care benefits (DCB):**
Elect spouse's nontaxable combat pay as earned income for DCB? ☐ Yes ☐ No
- 4 Election for child and dependent care credit:**
Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ☐ Yes ☐ No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment 1,020.

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A	Taxable and tax exempt interest	_____
B	Dividend income	_____
C	Capital gain net income	_____
D	Royalty and rental of personal property net income	_____
E	Passive activity net income :	
1	Rental real estate net income or loss	_____
2	Farm rental net income or loss	_____
3	Partnerships and S corporations net income or loss	_____
4	Estates and trusts net income or loss	_____
5	Total of lines 1 through 4	_____
6	Total passive activity net income , line 5 if greater than zero	_____
F	Interest and dividends from Forms 8814	_____
G	Adjustments	_____
H	Total investment income , add lines A through G	_____ 0 .


Is line H, **total investment income** over \$3,350?

- ☒ **No.** You may take the credit.
- ☐ **Yes. Stop.** You **cannot** take the credit.

Additional information from your 2014 Federal Tax Return

Personal Worksheet (Desmond) -- Student Info Worksheet Educational Institution and Tuition Summary

Continuation Statement

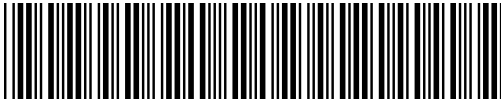
		Received 2013 1098T with Box 2 filled and box 7 checked? 			
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
UNIVERSITY OF MD UNIVERSITY COLLEGE	3501 UNIVERSITY BLVD EAST	769.	0.	Yes <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
52-1899085	ADELPHI MD 20783			No <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
PRINCE GEORGES COMMUNITY COLLEGE	301 LARGO RD	1,620.	0.	Yes <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
23-7011243	LARGO MD 20774			No <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Total		2,389.	0.		



DESMOND O FINDLEY
5121 N. FOSTER RD APT 2202
SAN ANTONIO TX 78244

SSN - You	┌	FIND	036682416	Vendor ID	1555	1555	└
SSN - Spouse							
FAGI	1.		23044.	Withholding - You	20A.		124.
Additions	2.			Withholding - Spouse	20B.		
Subtotal	3.		23044.	Estimated Payments	21.		
Age Deduction - You	4A.			2013 Overpayment	22.		
Age Deduction - Spouse	4B.			Extension Payments	23.		
Soc Sec & Tier 1 Railroad	5.			Credit for Low Income or EIC	24.		
State Income Tax Overpayment	6.			Credit from OSC	25.		
Subtractions	7.		14475.	Credit for Political Contributions	26.		
Subtotal Subtractions	8.		14475.	Credits from CR	27.		
Total VAGI	9.		8569.	Total Payments/Credits	28.		124.
Fed Itemized Deductions	10.			Tax You Owe	29.		
State/Local Income Tax	11.			Tax Overpayment	30.		124.
Standard/Itemized Deductions	12.			Overpayment Credited to Next Year	31.		
Exemptions	13.			VA College Savings Plan Contributions	32.		
Deductions	14.			Other Contributions from VAC	33.		
Subtotal (Deductions & Exemptions)	15.			Addition to Tax, Penalty & Interest	34.		
VA Taxable Income	16.		0.	Consumer's Use Tax	35.		
Amount of Tax	17.		0.	Amount You Owe			
Spouse Tax Adjustment	18.			Will Pay by Credit/Debit Card			
VAGI - Spouse	18A.			Your Refund	┌		124.
Net Amount of Tax	└	19.		Bank Routing #	C	052001633	
				Bank Account #		446031895534	

Virginia Approved Form



Filing Status, Age & License Information

Filing Status 1

Federal Head of Household

Spouse Name (Filing Status 3 Only)

DOB - You 03211981

DOB - Spouse

Last 5 Digits VA Driver's License - You

Last 5 Digits VA Driver's License - Spouse

Exemptions (A)

You 1

Spouse

Dependents

Total (A) 1

Exemptions (B)

65 & Over - You

65 & Over - Spouse

Blind - You

Blind - Spouse

Total (B)

Additional Filing Information

Locality 059 Overseas on Due Date

Name or Filing Change X Federal EIC

Address Change Deceased Indicator

VA Return Not Filed Last Year Direct Bank Deposit X

Dependent on Another's Return Debit Card

Farmer / Fisherman / Merchant Seaman Obtain Electronic 1099G

Amended Office Use Only

NOL

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date

Phone - You 7036069579

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer _____ Date

Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information

SELF PREPARED

File by May 1, 2015
Include Page 1, Page 2 and all
supporting 760CG documents.



Additions

Interest on obligations (other state) 1.
 Other Additions
 Fixed Date Conformity 2A.
 2B.
 2C.
 Total Additions 3.

Subtractions

Income (US obligations/securities) 4.
 Disability Income (wages) - You 5A.
 Disability Income (wages) - Spouse 5B.
 Other Subtractions
 Fixed Date Conformity 6A.
 6B. 37 14475.
 6C.
 6D.
 Total Subtractions 7. 14475.

Deductions

8A.
 8B.
 8C.
 Total Deductions 9.

Low-Income Credit or VA EIC (con't)

Total Exemptions 11. 1
 # of Personal Exemptions 12. 1
 Total Exemptions Amount or \$0 13. 300.
 Federal EIC 14. 0.
 20% of Line 14 15. 0.
 Greater of Line 13 or Line 15 16. 300.
 Credit 17. 0.

Addition to Tax, Penalty & Interest

Addition to Tax 18.
 Form 760C Addition
 Form 760F Addition
 Penalty 19.
 Late Filing Penalty
 Extension Penalty
 Interest 20.
 Total Adjustments 21.

Low-Income Credit or VA EIC

Family	Name	SSN	VAGI
You	DESMOND O FIND	036682416	8569.

Spouse

Dependent

Dependent

Total Family VAGI 10. 8569.

2014 Schedule INC/CG

036682416

Report all W-2s, 1099s & VK-1s with VA Withholding



DESMOND

O FINDLEY

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
036682416	W	124.	351819323	30351819323F00	3722.

Virginia Approved Form

Total VA Withholding	SSN	VA Withholding
You	036682416	124.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

Fixed Date Conformity Worksheet

2014

► Keep for your records

Name Desmond O Findley	Social Security Number 036-68-2416
---------------------------	---------------------------------------

1	Federal Adjusted Gross Income (FAGI) from federal return	1	
2	Fixed date conformity additions.	2	
3	Subtotal. Add line 1 and line 2	3	
4	Fixed date conformity subtractions	4	
5	Fixed date conformity FAGI. Subtract line 4 from line 3	5	

Modifications to Itemized Deductions Due to Fixed Date Conformity

All references are to the same line and amount claimed on federal Schedule A unless otherwise specified.

6	Medical and dental expenses claimed on federal Schedule A, line 1	6	
7	Enter amount from line 5 above	7	
8	Multiply line 7 above by 10% (.10). If either you or your spouse was born before January 2, 1950, multiply line 7 by 7.5% (.075) instead	8	
9	Subtract line 8 from line 6. If line 8 is more than line 6, enter 0	9	
10	Enter the amount from federal Schedule A, line 9.	10	
11	Enter the amount from federal Schedule A, line 15	11	
12	Enter the amount from federal Schedule A, line 19	12	
13	Enter the amount from federal Schedule A, line 20	13	
14	Unreimbursed employee expenses from federal Schedule A, line 21	14	
15	Tax preparation fees from federal Schedule A, line 22	15	
16	Other expenses claimed on federal Schedule A, line 23	16	
17	Add lines 14 through 16	17	
18	Enter amount from line 5 above	18	
19	Multiply line 18 above by 2% (.02)	19	
20	Subtract line 19 from line 17. If line 19 is more than line 17, enter 0	20	
21	Enter the amount from federal Schedule A, line 28	21	
22	Modified itemized deduction. Add lines 9, 10, 11, 12, 13, 20 and 21	22	

Is line 5 above over \$305,050 if filing jointly or qualifying widow(er),
\$279,650 if head of household, \$254,200 if single, or
\$152,525 if married and filing a separate return?

No. Your deduction is not limited. Enter the amount from line 22 on
Form 760, line 10a or Form 763, line 10. For part-year residents filing
Form 760PY, enter the amount of deductions from line 22 attributable
to your period of residence in Virginia on Form 760PY, line 11.

Yes. Your deduction may be limited. Complete the Virginia Limited Itemized
Deduction Worksheet.

Other Additions Statement

2014

Name Desmond O Findley	Social Security Number 036-68-2416
---------------------------	---------------------------------------

Form 760PY filers - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
10	Interest of federally exempt U.S. obligations		
11	Accumulation distribution income		
12	Lump-sum distribution income		
14	Income from dealer disposition of property		
16	Telework expenses		
17	First-time home buyer savings account distributions		
99	Other. Describe: _____		
	Total Other Additions		

Other Subtractions Statement

2014

Name Desmond O Findley	Social Security Number 036-68-2416
---------------------------	---------------------------------------

Form 760PY filers - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
20	Income from Virginia Obligations		
21	Federal Work Opportunity Tax Credit Wages		
22	Tier 2 and Other Railroad Retirement and Railroad Unemployment Benefits		
24	Virginia Lottery prizes		
28	Virginia National Guard Income		
30	Military pay and allowances attributable to active duty service in a combat zone or a qualified hazardous duty area . . .		
31	Retirement plan income previously taxed by another state . . .		
34	Virginia College Savings Plan Income Distribution or Refund. . .		
37	Unemployment Compensation Benefits		14,475.
38	Military Basic Pay		
39	Federal and State Employees		
40	Income Received by Holocaust Victims.		
41	Payments Made Under the Tobacco Settlement		
42	Gain on the Sale of Land for Open Space Use.		
44	Congressional Medal of Honor Recipients		
46	Military Death Gratuity Payments		
49	Certain Death Benefit Payments		
51	Gains from Land Preservation		
52	Long-Term Capital Gain		
53	Historic Rehabilitation		
54	First-time home buyer savings account distributions		
99	Other. Describe: _____		
	Total Other Subtractions		14,475.

Deductions Statement

2014

Name Desmond O Findley	Social Security Number 036-68-2416
---------------------------	---------------------------------------

Form 760PY filers - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
101	Child and dependent care expenses Information for Foster Care Deduction: Name of each foster child claimed for this subtraction: _____ _____ _____		
102	Foster care deduction (\$1,000 times number of foster children claimed)		
103	Bone marrow screening fee		
104	Virginia College Savings Plan Prepaid Tuition Contract Payments and Savings Account Contributions: Total contributions deductible in 2014		
105	Continuing teacher education: Tuition costs not deducted on federal return Allowable deduction. Multiply tuition paid by 20%		
106	Long-term health care premiums		
107	Virginia public school construction grants program and fund . . .		
108	Tobacco quota buyout		
109	Sales tax paid on certain energy efficient equipment or appliances: Actual sales tax paid on qualified equipment Multiply sales tax paid by 20% Allowable deduction amount		
110	Organ and tissue donor expenses		
111	Charitable mileage deduction difference between: <input type="checkbox"/> \$.18 per mile less charitable mileage deduction or <input type="checkbox"/> \$.18 per mile less actual expense Total charitable mileage deductions		
112	Bank Franchise Subchapter S Corporation deduction		
113	Income from Dealer Disposition of Property		
114	Prepaid funeral, medical and dental insurance premiums		
199	Other. Describe: _____		
	Total deductions		

Part IV – Other Information (continued)**Farmers and Fishermen**

- ☐ You are self-employed in farming/fishing or a merchant seaman
- ☐ Return will be filed and tax due will be paid by March 2, 2015

Use Tax Information (complete when you have out-of-state purchases or total out-of-state mail order catalog purchase is over \$100)

Enter total cost of food items purchased _____

Enter total cost of non-food items purchased _____

Check this box if home is in Northern Virginia or Hampton Roads region affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%) ☐

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income _____

Enter last year's deductions _____

Enter last year's nonrefundable credits _____

Enter last year's total tax liability before credits _____

Enter last year's spouse tax adjustment credit (if you filed Form 760 last year) _____

Part V – Direct Deposit Information or Direct Debit Information**Yes No**☒ ☐ Do you want to elect direct deposit of state tax refund?

Important If you answered **No** to direct deposit, your state refund will be issued on a prepaid debit card.
The Virginia Department of Taxation no longer issues paper checks.

☐ ☐ Do you want to elect direct debit of state tax payment (Electronic Filing Only)?
Note: Direct debit occurs upon acceptance date

International ACH Transactions:

☐ ☒ Will the fund go to or originate from an account outside the U.S.?
Virginia does not currently support International ACH transactions.

If you answered **No** to International ACH Transactions, fill out the information below:Name of Financial Institution (optional) ► BANK OF AMERICA

Check the appropriate box:

☒ Checking

☐ Savings

Routing number ► 052001633

Account number ► 446031895534

Enter the date to withdraw from the account above (**Caution: See help for date to enter**) _____

State balance-due amount from this return _____

Part VI – Extension Status**Yes No**☐ ☒ Has the tax return due date been extended for a six month extension?

Extended due date _____

QuickZoom to Form 760-IP Automatic Extension Payment ►

Part VII – Amended Return

☐

You are filing a Virginia amended return

☐

You are filing a Virginia amended return due to NOL

Enter the tax year you are amending

Previous Virginia payment made

Previous Virginia refund received

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to
determine if you are due a refund, or need to make an additional payment ▶

QuickZoom to Form 760 ▶

QuickZoom to Form 760PY ▶

QuickZoom to Form 763 ▶

QuickZoom to Form 763S (Taxpayer) ▶

QuickZoom to Form 763S (Spouse) ▶

Age Deduction Worksheet

For taxpayers born on or between January 2, 1939 and January 1, 1950

2014

Name(s) Shown on Return

Your Social Security Number

Checklist for Married Filing Separate Filers Claiming Age Deduction

- ☒ Check if spouse claims the credit for low income or the Virginia Earned Income Credit. ☐
- ☒ Check if spouse files a Virginia return and claims an income-based age deduction. ☐
- ☒ Report spouse income in Taxpayer/Spouse Allocation Worksheet ▶

1	Enter the number of taxpayers born on or between January 2, 1939 and January 1, 1950, who are claiming an income-based age deduction	_____
2	Federal Adjusted Gross Income (FAGI) - include spouse amount if married	_____
3	Fixed date conformity (FDC) addition - include spouse amount if married	_____
4	Add line 2 and line 3	_____
5	Fixed date conformity (FDC) subtraction - include spouse amount if married	_____
6	Subtract line 5 from line 4	_____
7	Social Security and Tier 1 Railroad Benefits - include spouse amount if married	_____
8	Adjusted Federal Adjusted Gross Income (AFAGI). Subtract line 7 from line 6	_____
9	Income limit for age deduction (Single \$50,000; Married \$75,000)	_____
10	If line 8 is less than line 9, your AFAGI is below the threshold. Single, enter \$12,000. Married, enter \$12,000 for each spouse claiming a deduction. This is your age deduction	<div style="display: flex; justify-content: space-between;"> You Spouse </div> <div style="display: flex; justify-content: space-between;"> _____ _____ </div>
11	If line 8 is greater than line 9, subtract line 9 from line 8	_____
12	Multiply line 1 by \$12,000 If line 11 is greater than line 12, STOP here. You do not qualify for a deduction.	_____
13	If line 12 is greater than line 11, subtract line 11 from line 12	_____
14	Single or married with only one spouse claiming an income-based age deduction: Enter the amount from line 13. This is your age deduction	_____
15	Married taxpayers and both spouses are claiming an income-based age deduction: Divide line 14 by 2	<div style="display: flex; justify-content: space-between;"> You Spouse </div> <div style="display: flex; justify-content: space-between;"> _____ _____ </div>

Tax Payments Worksheet

2014

► Keep for your records

Name Desmond O Findley	Social Security Number 036-68-2416
---------------------------	---------------------------------------

Tax Payments for the Current Year

	Date	Payment
1 First Payment		
2 Second Payment		
3 Third Payment		
4 Fourth Payment		
Additional Payments		
5 a Payment		
b Payment		
c Payment		
d Payment		
e Payment		
6 Overpayment from previous year applied to 2014		
7 Amount paid with current year extension		
8 Total tax payments. Add lines 1 through 7		

Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2		124.
10 State withholding on Forms W-2G		
11 State withholding on Forms 1099-R		
12 a State withholding on Forms 1099-MISC		
b State withholding on Forms 1099-G		
c State withholding on Forms 1099-INT		
13 a Withholding from Schedule VK-1		
b Other state tax withholding		
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here ►		
14 Total income tax withheld.		124.
15 Date return will be filed and balance paid		

Worksheet for Spouse Tax Adjustment and Virginia Taxable Income Allocation

2014

► Keep for your records

Name _____	Social Security Number _____
------------	------------------------------

Part 1 – Separate Income and Exemptions

	Taxpayer	Spouse
1 Federal adjusted gross income	_____	_____
2 Additions:		
a Fixed date conformity additions.	_____	_____
b Interest and obligations of other states.	_____	_____
c Other additions.	_____	_____
d Total additions. Add lines 2a, 2b and 2c	_____	_____
3 Subtotal. Add lines 1 and 2d	_____	_____
4 Age Deduction	_____	_____
5 Social Security Act and Tier 1 Railroad Retirement Act Benefits	_____	_____
6 State income tax refund or overpayment credit reported as income on your federal return.	_____	_____
7 Other subtractions:		
a Fixed date conformity subtractions	_____	_____
b Income from obligations or securities of the United States	_____	_____
c Disability income reported as wages	_____	_____
d Other subtractions	_____	_____
e Add lines 7a through 7d	_____	_____
8 Total subtractions. Add lines 4, 5, 6 and 7e	_____	_____
9 Virginia Adjusted Gross Income (VAGI). Subtract line 8 from line 3. Enter here and on Form 760, lines 16a and 16b.	_____	_____
10 Personal exemptions:		
You \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = ____ x \$800 = _____		
Spouse \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = ____ x \$800 = _____		
11 Subtract line 10 from line 9. If either amount is 0 or less, STOP; you do not qualify for this credit.	_____	_____

Part 2 – Virginia Taxable Income Allocation

Complete lines 12 through 15 if the taxpayer or spouse is claiming a credit for tax paid to another state, and filed a separate return with the other state.

12 Standard or itemized deduction amount	_____	_____
13 a Enter number of dependents to allocate to each spouse	_____	_____
b Dependent exemptions: \$930 x number of dependents on line 13a.	_____	_____
14 Deductions from VAGI.	_____	_____
15 Virginia Taxable Income. Line 11 minus lines 12, 13b and 14	_____	_____

Part 3 – Spouse Tax Adjustment

16 Enter the taxable income from line 14 of Form 760	_____
17 Enter the smaller amount from line 11 above. If this amount is larger than \$17,000 and line 16 is larger than \$34,000, skip to line 24 and enter \$259 as the credit	_____
18 Subtract line 17 from line 16 (if \$0 or less, enter \$0)	_____
19 Divide the amount on line 16 by 2	_____
20 Enter the tax on the smaller of line 17 or line 19	_____
21 Enter the tax on the larger of line 18 or line 19	_____
22 Add lines 20 and 21	_____
23 Enter the tax from line 19 of Form 760.	_____
24 Tax Adjustment: Subtract line 22 from line 23. <i>Also enter on Form 760, line 16</i>	_____

Taxpayer/Spouse Allocation Worksheet

2014

► Keep for your records

Name Desmond O Findley	Social Security No. 036-68-2416
---------------------------	------------------------------------

Part 1 – Income and Adjustments	Column A Taxpayer	Column B Spouse
1 Wages, salaries, tips, etc	9,769.	
2 Taxable interest income		
3 Dividend income		
4 Taxable refunds, credits or offsets of state and local income taxes . .		
5 Alimony received		
6 Business income or (loss)		
7 Capital gain or (loss)		
8 Other gains or (losses)		
9 Taxable amount of IRA distributions		
10 Taxable amount of pensions and annuities		
11 Rents, royalties, partnerships, estates, trusts		
12 Farm income or (loss)		
13 Unemployment compensation	14,475.	
14 Taxable social security benefits		
15 Other income		
16 Total income (add lines 1 through 15)	24,244.	
17 Educator expenses		
18 Expenses of reservists, performing artists, fee-based govt officials . .		
19 Health savings account deduction		
20 Moving expenses	1,200.	
21 Deductible part of self-employment tax		
22 Self-employed SEP, SIMPLE, and qualified plans		
23 Self-employed health insurance deduction		
24 Penalty on early withdrawal of savings		
25 Alimony paid		
26 IRA deduction		
27 Student loan interest deduction		
28 Tuition and fees deduction		
29 Domestic production activities deduction		
30 Other adjustments		
31 Total adjustments to income (add lines 17 through 30)	1,200.	
32 Federal adjusted gross income (line 16 minus line 31)	23,044.	

Part 2 – Fixed Date Conformity Adjustments		
1 Fixed Date Conformity addition (depreciation adjustment)		
2 Fixed Date Conformity subtraction (depreciation adjustment)		

Low Income Credit Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Desmond O Findley

Your Social Security Number
036-68-2416

Part I – Family VAGI Calculations

	Name	Social Security Number	VA Adjusted Gross Income
a Taxpayer	Desmond O Findley	036-68-2416	8,569.
b Spouse*			
c Dependent			
d Dependent			
e Dependent			
f Dependent			
g Dependent			
h Dependent			
i Dependent			
j Dependent			
k Dependent			
l Dependent			

* Note: If married filing separate, enter spouse's Virginia adjusted gross income (enter 0 if none)

1 Total number of exemptions 1
2 Total family VAGI (Virginia adjusted gross income) 8,569.

Go to Part II to see if you qualify for a Low Income Credit.

Part II – Low Income Credit and Virginia Earned Income Credit Eligibility

- ☐ You are **not** eligible for the **low income credit** and the **Virginia earned income credit** due to one or more of the following reasons:
- Filing status is married filing separate and spouse is claiming low income credit
 - Claiming age deduction
 - Claiming additional exemption for blindness or age 65 and over
 - Claiming Virginia National Guard subtraction (code 28)
 - Claiming basic military pay subtraction (code 38)
 - Claiming federal and state employee subtraction (code 39)
 - Claimed as a dependent on another person's return

- ☐ You are **not** eligible for the **low income credit** because your family VAGI is greater than the federal poverty guideline amount below for your family size:

Eligible exemptions	Poverty Guideline
1	\$ 11,670
2	15,730
3	19,790
4	23,850
5	27,910
6	31,970
7	36,030
8 *	40,090

* For each additional person, spouse or dependent exemption, add \$4,060 to the poverty guideline amount

Federal/State Adjustment Summary

2014

Name as Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F)

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F)

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F)

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F)

Federal/State Adjustment Summary

2014

Name as Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F)

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F)

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F)

Form 2106	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E)
Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income.
Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation.
Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation

Federal/State Adjustment Summary

2014

Name as Shown on Return
Desmond O Findley

Social Security Number
036-68-2416

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				
Total Schedule A Depreciation Adjustment (Sum of Column E)				

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income

Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation

Depreciation Adjustment Included in Schedule A Subject to 2% Limitation

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252		(1) State	(F) Other Adjustments	
		Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Passive/At-Risk/Other Adjustments

Total Sale of Asset Adjustment

Section 179 Worksheet

2014

Name as Shown on Return Desmond O Findley	Social Security Number 036-68-2416
--	---------------------------------------

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation
CALL CENTER REP						

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover
CALL CENTER REP			

Total Form 2106 Section 179 Adjustment (Column B minus Column G)

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E)

Tax Summary
► Keep for your records

2014

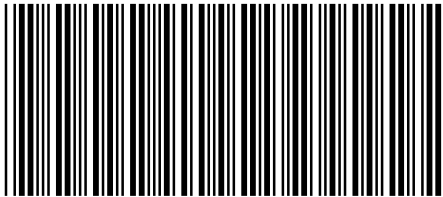
Name(s) Desmond O Findley	
Federal adjusted gross income	23,044.
Additions to income	
Subtractions from income	14,475.
Standard/Itemized deductions	
Exemption amount	
Deductions	
Virginia taxable income	0.
Virginia income tax	
Total payments	124.
Overpayment amount	124.
Addition to tax, penalty and interest	
Overpayment credited to next year's estimated tax	
Consumer's use tax and voluntary contributions	
Amount you owe	
Refund	124.

Smart Worksheets from your 2014 Virginia Tax Return

SMART WORKSHEET FOR: Deductions Statement

Prepaid Funeral, Medical and Dental Insurance Smart Worksheet			
Eligibility Requirements <ul style="list-style-type: none"> ● Age Age 66 or over? ● Earned income Earned income is \$20,000 or more ● Federal adjusted gross income Federal adjusted gross income is \$30,000 or less 	Spouse	Taxpayer	
			33
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9,769.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23,044.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
A Enter premiums paid in 2014 for a prepaid funeral insurance policy.	Taxpayer _____ Spouse _____		
B Enter the total medical and dental insurance premiums paid in 2014 for taxpayer, spouse and dependents (do not include long-term care)			
C Enter the medical and dental portion of the self-employed health insurance premiums deducted on federal Form 1040, line 29			
D If taking federal itemized deductions, enter the medical and dental portion of the amount shown on federal Schedule A, line 4			
E Add line C and line D			
F Subtract line E from line B. This is the Virginia basis of the medical and dental insurance premiums deduction	Total _____ Taxpayer _____ Spouse _____		
G Add line A and line F, enter result under code 114 below. This is your prepaid funeral, medical and dental insurance premiums deduction.			

NJ-1040-NR
2014



040NV01140

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Tax Year Jan. - Dec. 31, 2014 or Other Tax Year
Beginning _____, 20____ Ending _____, 20____
Check box ☐ if application for Federal extension is attached
or enter confirmation number _____

1555

YOUR SOCIAL SECURITY NUMBER
036-68-2416

SPOUSE/CIVIL UNION PARTNER'S SOCIAL SECURITY NUMBER

STATE OF RESIDENCY
Virginia

CHECK AMOUNT (SEE LINE 52)

(JOINT FILERS ENTER FIRST NAME AND INITIAL OF EACH- ENTER SPOUSE/CIVIL UNION PARTNER LAST NAME ONLY IF DIFFERENT)

LAST NAME, FIRST NAME AND MIDDLE INITIAL
Findley Desmond O

STREET ADDRESS
5121 N. Foster Rd, Apt. 2202

CITY, TOWN, POST OFFICE
San Antonio

STATE ZIP CODE
TX 78244

CHANGE OF ADDRESS

NJ RESIDENCY
STATUS

IF YOU WERE A NEW JERSEY RESIDENT FOR ANY PART OF THE
TAXABLE YEAR, GIVE THE PERIOD OF NEW JERSEY RESIDENCY:

FROM:

MONTH DAY YEAR

TO:

MONTH DAY YEAR

FILING STATUS (CHECK ONLY ONE BOX)

1. ☒ SINGLE
2. ☐ MARRIED/CU, FILING JOINT RETURN
3. ☐ MARRIED/CU, FILING SEPARATE RETURN

NAME AND SS# OF SPOUSE/CU PARTNER

4. ☐ HEAD OF HOUSEHOLD
5. ☐ QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

6. ☐ REGULAR ☒ YOURSELF ☐ SPOUSE/CU PARTNER
7. ☐ AGE 65 OR OLDER ☐ YOURSELF ☐ SPOUSE/CU PARTNER
8. ☐ BLIND OR DISABLED ☐ YOURSELF ☐ SPOUSE/CU PARTNER
9. ☐ DEPENDENT CHILDREN

10. ☐ OTHER DEPENDENTS

11. ☐ ATTENDING COLLEGE

12. TOTALS (FOR LINE 12A - ADD LINES 6, 7, 8, AND 11)
(FOR LINE 12B - ADD LINE 9 AND LINE 10)

DOMESTIC PARTNER 6. 1

7.

8.

9.

10.

11.

12A. 1

12B.

13. DEPENDENT'S INFORMATION FROM LINES 9 AND 10

LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER

BIRTH YEAR

- A.
B.
C.
D.

GOVERNMENTAL
ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?

YES

NO

IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?

YES

NO

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

14. WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

14.

9769

14.

LINES 61-67 COMPLETED

15. INTEREST

15.

15.

16. DIVIDENDS

16.

16.

17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART I, LINE 4)

17.

17.

18. NET GAINS FROM DISPOSITION OF PROPERTY (FROM LINE 60)

18.

18.

19. NET GAINS FROM RENT, ROYALTIES, PATENTS (SCH. NJ-BUS-1, PART II, LINE 4)

19.

19.

20. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 18)

20.

20.

21. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS

21.

21.

22. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART III, LINE 4)

22.

22.

23. NET PRO RATA SHARE OF S CORP INCOME (SCH. NJ-BUS-1, PART IV, LINE 4)

23.

23.

24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED

24.

24.

25. OTHER - STATE NATURE AND SOURCE

25.

25.

26. TOTAL INCOME (ADD LINES 14 THROUGH 25)

26.

9769

26.

27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 23)

27A.

27A.

27B. OTHER RETIREMENT INCOME EXCLUSION (SEE WORKSHEET AND INSTR.)

27B.

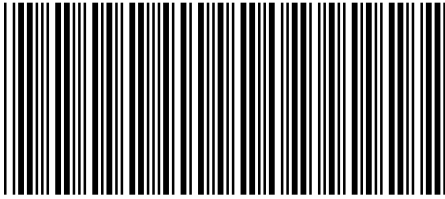
27B.

27C. TOTAL EXCLUSION (ADD LINE 27A AND LINE 27B)

27C.

27C.





040NV02140

Findley Desmond O
036-68-2416

28. GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26)	28.	9769	.	28.	.
29. GROSS INCOME FROM LINE 28	29.	9769	.	29.	.
30. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 25)	30.	1000	.		
31. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTIONS PAGE 25)	31.		.		
32. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	32.		.		
33. QUALIFIED CONSERVATION CONTRIBUTION	33.		.		
34. HEALTH ENTERPRISE ZONE DEDUCTION	34.		.		
35. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCH. NJ-BUS-2, LINE 11)	35.		.		
36. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 30 THROUGH 35)	36.	1000	.		
37. TAXABLE INCOME (SUBTRACT LINE 36 FROM LINE 29, COLUMN A)	37.	8769	.		
38. TAX ON AMOUNT ON LINE 37 (FROM TAX TABLES PAGE 34)	38.		.		
39. INCOME PERCENTAGE	B. (LINE 29)	=		%	
	A. (LINE 29)				
40. NEW JERSEY TAX (MULTIPLY AMOUNT FROM LINE 38 _____ x _____ % FROM LINE 39)	40.		.		
41. SHELTERED WORKSHOP TAX CREDIT (ENCLOSE FORM GIT-317. SEE INSTRUCTIONS PAGE 27)	41.		.		
42. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 41 FROM LINE 40)	42.		.		
43. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAXES. CHECK BOX <input type="checkbox"/> IF FORM NJ-2210 IS ENCLOSED.	43.		.		
44. TOTAL TAX AND PENALTY (ADD LINE 42 AND LINE 43)	44.		.		
45. TOTAL NEW JERSEY INCOME TAX WITHHELD (FROM ENCLOSED FORMS W-2 AND 1099)	45.		.		
46. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2013 TAX RETURN	46.		.		
47. TAX PAID ON YOUR BEHALF BY PARTNERSHIP(S)	47.		.		
48. EXCESS NJ UI/WF/SWF WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	48.		.		
49. EXCESS NJ DISABILITY INSURANCE WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	49.		.		
50. EXCESS NJ FAMILY LEAVE INSURANCE WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	50.		.		
51. TOTAL PAYMENTS/CREDITS (ADD LINE 45 THROUGH 50)	51.		.		
52. IF LINE 51 IS LESS THAN LINE 44, ENTER AMOUNT YOU OWE (ENTER CHECK AMOUNT ON PAGE 1)	52.		.		
53. IF LINE 51 IS MORE THAN LINE 44, ENTER OVERPAYMENT	53.		.		
54. DEDUCTIONS FROM OVERPAYMENT ON LINE 53 WHICH YOU ELECT TO CREDIT TO:			.		
(A) YOUR 2015 TAX	54A.		.		
(B) N.J. ENDANGERED WILDLIFE FUND	54B.		.		
(C) N.J. CHILDREN'S TRUST FUND	54C.		.		
(D) N.J. VIETNAM VETERANS' MEMORIAL FUND	54D.		.		
(E) N.J. BREAST CANCER RESEARCH FUND	54E.		.		
(F) U.S.S. N.J. EDUCATIONAL MUSEUM FUND	54F.		.		
(G) DESIGNATED CONTRIBUTION CODE	54G.		.		
55. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 54A, B, C, D, E, F AND G)	55.		.		
56. REFUND (AMOUNT TO BE SENT TO YOU, SUBTRACT LINE 55 FROM LINE 53)	56.		.		

Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 49)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Self Prepared

Pay amount on Line 52 in full. Write Social Security Number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

Name(s) as shown on Form NJ-1040NR Findley Desmond O	Your Social Security Number 036-68-2416
---	--

PART I **NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY**

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
57.					
58. Capital Gains Distribution					58
59. Other Net Gains					59
60. Net Gains (Add Lines 57, 58, and 59) (Enter here and on Line 18) (If Loss, enter ZERO)					60

PART II **ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY**

(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

61. Amount reported on Line 14 in Column A required to be allocated	61	
62. Total days in taxable year	62	
63. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	63	
64. Total days worked in taxable year (subtract Line 63 from Line 62)	64	
65. Deduct days worked outside New Jersey	65	
66. Days worked in New Jersey (subtract Line 65 from Line 64)	66	
67. ALLOCATION FORMULA $\frac{\text{(Line 66)}}{\text{(Line 64)}} \times \frac{\text{(Enter amount from Line 61)}}{\text{(Salary earned inside N.J.)}} = \text{(Include this amount on Line 14, Col. B)}$		

PART III **ALLOCATION OF BUSINESS INCOME TO NEW JERSEY**

(See instructions if other than Formula Basis of allocation is used.)

BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in Column A which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____

NOTE: For tax year 2012 and after, the section for listing income (losses) in the category Net Gains or Income From Rents, Royalties, Patents and Copyrights has been eliminated from this page. Use Part II of Schedule NJ-BUS-1 (Form NJ-1040NR) to report that information.

New Jersey Information Worksheet

2014

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name Desmond
 Middle Initial O Suffix _____
 Last Name Findley
 Social Security No. 036-68-2416
 Date of Birth 03/21/81
 Age as of 12/31/2014 33
 Date of Death _____
 Daytime Phone (703) 606-9579 * ☐
 Home Phone No. _____ * ☐

Spouse:

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No. _____
 Date of Birth _____
 Age as of 12/31/2014 _____
 Date of Death _____
 Daytime Phone _____ * ☐

* Check one of these boxes to designate daytime phone number.

c/o (care of) _____
 Street Address 5121 N. Foster Rd Apt. No. 2202
 City San Antonio State TX ZIP Code 78244
 County of Residence _____
 County/Municipality Code (residents only) _____

Check this box if your name is different from last year's NJ tax return ☐
 Check this box if your address is different from last year's NJ tax return ☐

Part II — Main Form

☐ Form NJ-1040: Resident Tax Return ► _____
☒ Form NJ-1040NR: Nonresident Tax Return ► _____
 Enter state of residency Virginia
☐ Form NJ-1040: Part-Year Resident Tax Return ► _____
 Enter dates of New Jersey residency. From _____ To _____
 Yes No
☐ ☐ Did you receive any income from New Jersey sources during your period of nonresidence?
 If Yes, both NJ-1040 and NJ-1040NR will be prepared.
 QuickZoom to Allocation Worksheet for Part-Year and Nonresidents ► _____

Part III — Filing Status

☒ Single
☐ Married/Civil Union Couple, filing joint return
☐ Married/Civil Union Partner, filing separate return
 Yes No
☐ ☐ Did you maintain the same residence as your spouse/civil union partner?
 If Yes, enter the gross income reported on your spouse/CU partner return fr Line 28.
☐ Head of household
☐ Qualifying widow(er)/Separate Civil Union Partner

Part IV — Exemptions

Regular:

You Spouse Domestic Partner
☒ ☐ ☐

Age 65 or over:

You Spouse
☐ ☐

Blind:

You Spouse
☐ ☐

Disabled:

You Spouse
☐ ☐

Number of qualifying dependent children _____
 Number of other dependents _____
 Number of dependents attending colleges (must be under age 22) _____

Part V – Other Information

- ☐ 1 At least two-thirds of gross income is derived from farming or fishing
☐ 2 You do not need forms mailed to you next year
☐ 3 Presidential Disaster Relief
☐ 4 Death certificate attached for deceased taxpayer
- Yes No**
☐ ☐ 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
☐ ☐ b If joint return, does your spouse wish to designate \$1?

Part VI – Electronic Filing Information

- Yes No**
☐ ☐ Will federal PIN(s) be used? (See Help)

Part VII – Direct Deposit Information or Direct Debit Information**Direct Deposit:**

- Yes No**
☐ ☐ Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Direct Debit:

- Yes No**
☐ ☐ Do you want direct debit of state tax payment? (Electronic Filing Only)

Bank Information:

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . _____
☐ Checking account
☐ Savings account
Routing number _____
Account number _____
Payment date to withdraw from the account above . . . _____
State balance-due amount from this return _____

International ACH Transactions

- Yes No**
☐ ☐ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?
_____ Bank name for International ACH Transaction

Part VIII – Extension Status

- Yes No**
☐ ☒ Has the tax return due date been extended for a six month extension?
Extended due date . . . _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ► _____

Part IX – Amended Return

- ☐ You are filing a New Jersey amended return (See Tax Help)
Enter the tax year you are amending . . . _____
Previous New Jersey payment made . . . _____
Previous New Jersey refund received . . . _____

QuickZoom to Form NJ-1040X: Amended Income Tax Resident Return ► _____

QuickZoom to Form NJ-1040NR: Amended Income Tax Nonresident Return ► _____

QuickZoom to Form NJ-1040 ► _____

QuickZoom to Form NJ-1040NR ► _____

Name as Shown on Return FINDLEY, DESMOND O			Social Security No. 036-68-2416	
	2013	2014	Difference	%
Income		NJ-1040NR		
Wages		9,769.	9,769.	
Interest				
Dividends				
Net profits from business				
Disposition of property				
Pensions, annuities and IRA withdrawls				
Partnership income				
S corporation income				
Income from rents, royalties, etc				
Gambling winnings				
Alimony & separate maint pmt received				
Other income				
Total income		9,769.	9,769.	
Pension exclusion				
Other retirement income exclusion				
Total NJ gross income		9,769.	9,769.	
Exemption amount		1,000.	1,000.	
Medical expenses				
Alimony payments				
Qual cons cntrib/HEZ deduct/Alt bus adj				
Total exemptions and deductions		1,000.	1,000.	
Taxable income		8,769.	8,769.	
Property tax deduction				
New Jersey taxable income		8,769.	8,769.	
Nonresident tax on total taxable inc				
Nonresident New Jersey income %				
New Jersey tax				
Cr for taxes paid to other jurisdictions				
Sheltered Workshop Tax credit				
Balance of tax after credits	0.	0.	0.	
Use tax				
Underpayment penalty				
Total tax and penalty	0.	0.	0.	
Withholding				
Estimated tax payments, amount applied from prior year return				
Refundable credits				
Total payments and refundable credits				
Applied to next year's estimated tax				
Voluntary gifts/contributions				
Refund	0.			
Balance Due		0.	0.	

Allocation Worksheet for Part-Year and Nonresidents

2014

► Keep for your records

Name as Shown on Return Findley, Desmond O	Social Security No. 036-68-2416
---	------------------------------------

Part I - Income	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
Part-year residents: Complete column B (also complete column D if applicable). Full year nonresidents: Complete column D only.	Column A Income from all sources	Column B Income from column A for this period	Column C Income for nonresident period	Column D Income from New Jersey sources
1 Wages, salaries, tips, etc	9,769.		9,769.	
2 a Taxable interest income				
b Less penalty for early withdrawal of savings				
3 Dividend income				
4 Business income				
5 a Gain or loss from disposition of property				
b Capital gain distribution				
c Other gains or losses				
6 Gain or loss from rents, royalties, patents				
7 Net gambling winnings				
8 Pension and IRA distributions . . .	See IRA/Pension Worksheet			
9 Distributive share of partnership income				
10 Net pro rata share of S corporation income				
11 Alimony and separate maintenance				
12 Other income				

Part II - Deductions (Part-year residents and nonresidents)	Column A Total Amount	Column B Resident Period	Column C Nonresident Period
13 a Nonreimbursed medical expenses			
b Qualified medical savings account contribution			
c Self-employed health insurance deduction			
14 Alimony paid			
15 Health Enterprise Zone deduction			

Part III - Payments and Withholdings (Part-year residents and nonresidents)	Column A Total Amount	Column B Resident Period	Column C Nonresident Period
16 Sheltered workshop tax credit			
17 New Jersey tax withheld			
18 New Jersey estimated tax payments/overpayment credit from previous year			
19 Tax paid on your behalf by partnership(s)			
20 Excess New Jersey UI/WF/SWF withheld			
21 Excess New Jersey disability insurance withheld			
22 Excess New Jersey family leave insurance withheld			

Total Wages Worksheet

2014

► Keep for your records

Name as Shown on Return

Findley, Desmond O

Social Security No.

036-68-2416

Important Information

Note: Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

Note: Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

Note: Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

Note: If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See *Tax Help* for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16 or Box 1	E Check to exclude state wages from total wages from all sources
SUNSTREAM VACATIONS INC		6,047.		
- State Wages	MD		6,047.	
DFAS INDIANAPOLIS		3,722.		
- State Wages	VA		3,722.	
Total federal wages from column C		9,769.		
Total state wages from column D			9,769.	
Less wages excluded from New Jersey return (by checking box in column E).				
Wages from all sources			9,769.	

Worksheet F
Property Tax Deduction/Credit Worksheet

2014

► Keep for your records

Name(s) Findley, Desmond O	Social Security No. 036-68-2416
-------------------------------	------------------------------------

Worksheet F - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you. **If you claim a credit for taxes paid to other jurisdictions, complete only Lines 1 and 2 of this schedule. Complete Schedule A and Worksheet I.**

1	Property tax. Enter the property tax you paid in 2014 from line 37a of Form NJ-1040. Property tax reimbursement (Senior Freeze) applicants do not enter the amount from Line 37a. See instructions.	1	
2	Property tax deduction. Enter the amount from line 1 of this worksheet or \$10,000, whichever is less. (Lesser of line 1 or \$5,000 if you and your spouse/CU partner file separate returns but maintain the same principal residence.) See instructions. Also enter this amount on line 4, Column A below.	2	
STOP if you are claiming a credit for taxes paid to other jurisdictions. Complete only lines 1 and 2. Then complete Schedule A and Worksheet I. See instructions.			
		Column A	Column B
3	Taxable income (copy from line 36 of your NJ-1040)		
4	Property tax deduction (copy from line 2 of this worksheet)		- 0 -
5	Taxable income after property tax deduction (subtract line 4 from line 3)		
6	Tax you would pay on line 5 amount (From Tax Tables or Tax Rate Schedules)		
7	Now, subtract line 6, column A, from line 6, column B and enter the result here	7	
8	Is the line 7 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?		

☐ **Yes.** You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Line 4, Column A
Line 39	Line 5, Column A
Line 40	Line 6, Column A
Line 49	Make no entry

☐ **No.** You receive a greater tax benefit from the Property Tax Credit. (**Part-year residents**, see instructions before answering "No.") Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Make no entry
Line 39	Line 5, Column B
Line 40	Line 6, Column B
Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents , see instructions.

Tax Payments Worksheet**2014**

► Keep for your records

Name

Findley, Desmond O

Social Security Number

036-68-2416

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
13	Other state tax withholding	13	
14	Total income tax withheld	14	
15	Date return will be filed and balance paid	15	04/15/2015

Worksheet E

Deduction for Medical Expenses and Medical Savings Account Contributions

2014

► Keep for your records

Name Findley, Desmond O		Social Security No. 036-68-2416
----------------------------	--	------------------------------------

1 a Total nonreimbursed federal medical expenses.	1 a	
b New Jersey medical insurance premiums included in your New Jersey wages (NJ after-tax) . . . but not your Federal wages (Federal pre-tax) on your W2 and not deductible on Federal Sch A	b	
c Total nonreimbursed medical expenses	c	
2 Enter line 28, NJ-1040 (line 29, column A, NJ-1040NR) times .02 equals	2	195.
3 Medical expenses deduction. Subtract line 2 from line 1c and enter result here. If zero or less, enter zero	3	0.
4 Enter the amount of your qualified Archer MSA contributions from federal Form 8853	4	
5 Enter the amount of your self-employed health insurance deduction	5	
6 Total deduction for medical expenses/medical savings account contributions. Add lines 3, 4, and 5. Enter the result here and on line 30, Form NJ-1040 (Line 31, Form NJ-1040NR). If zero, enter zero	6	0.

Name(s) Shown on Return

Findley, Desmond O

Your Social Security Number

036-68-2416

Part I 2015 Estimated Tax Amount Options**1 Select One of Six Ways to Calculate the Required Annual Payment for 2014 Estimates:**

- a 100% of **2014** taxes (default, see Tax Help) ☒ _____
- b 100% of tax on **2015** estimated taxable income ☐ _____
- c 80% of tax on **2015** estimated taxable income ☐ _____
- d 66-2/3% of tax on **2015** estimated taxable income (farmers and fishermen) ☐ _____
- e Equal to 100% of overpayment (no vouchers) ☐ _____
- f Enter total amount you want to use for estimates and check box ☐ _____

2 Selected estimated tax amount:

- a 2015 Required Annual Payment based on your choice above _____
- b Estimated amount of 2015 state income tax withholding _____
- c **Total of estimated tax payments required for 2015** (line 2a less line 2b) _____

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$401 or more (default) ☒ _____
- b Calculate estimates if _____ (specify amount) or more ☐ _____
- c Calculate estimates regardless of amount ☐ _____
- d Do **not** calculate estimates ☐ _____

Part II Overpayment Application Options**1** Amount of overpayment available (Form NJ-1040, line 57; Form NJ-1040NR, line 53) . . . _____**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) ☒ _____
- b Apply all (increase estimate if required) ☐ _____
- c Apply to extent of total estimated tax and refund excess ☐ _____
- d Apply to extent of first quarter amount and refund excess ☐ _____
- e Enter amount you want to apply ☐ _____
- f Amount applied to 2015 estimated tax _____ 0.
- g Overpayment to be refunded (line 1 less line 2f) _____ 0.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2015	2 Jun 15, 2015	3 Sep 15, 2015	4 Jan 15, 2016	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2015, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2015**Income Information**

2014 income and deductions are entered in the '2014 Actual' column below.

***Caution:** For each line in the '2015 Estimated' column, enter the estimated 2015 amount **if different** from 2014. Otherwise, the '2014 Actual' amount will be used for that line. If zero, you **must** enter zero.

		2014 Actual		*2015 Estimated	
		All sources	New Jersey source (nonresidents only)	All sources	New Jersey source (nonresidents only)
A	Total income	9,769.			
B	Total pension and other retirement income exclusion				
C	Number of exemptions for regular, 65/over, blind/disabled and dependents attending colleges	1			
D	Number of exemptions for dependent children and other dependents				
E a	Medical expenses				
b	Medical savings account contributions				
c	Self-employed health insurance deduction				
F	Alimony paid				
G	Qualified conservation contribution				
H	Health Enterprise Zone deduction				
I	Alt Business Calculation Adj				
J	Property tax deduction				
K	Credit for income taxes paid to another state				
L	Sheltered workshop tax credit				
M	Income tax withheld				
N	Property tax credit				
O	Earned income tax credit				

Part VI Filing Status for 2015

1 Choose 2015 Filing Status: (default = Last Year's Status)

- ☒ Single
☐ Married, Civil Union Couple Filing Joint Return
☐ Married, Civil Union Partner Filing Separate Return
☐ Head of Household
☐ Qualifying Widow(er), Separate Civil Union Partner

Part VII 2015 Estimated Taxable Income and Tax

		Column A All sources	Column B New Jersey source
1	Total income expected in taxable year (before exclusions)	9,769.	
2	Total pension and other retirement income exclusion		
3	New Jersey gross income (subtract line 2 from line 1)	9,769.	
4 a	Number of exemptions . <u>1</u> x \$1,000 . .	1,000.	
b	Number of exemptions . <u> </u> x \$1,500 . .		
5	Medical expenses in excess of 2% (.02) of gross income (line 3), qualified medical savings account contributions and health insurance costs of the self-employed	0.	
6	Alimony and separate maintenance payments		
7	Qualified Conservation Contribution		
8	Health Enterprise Zone deduction		
9	Alternative Business Calculation Adjustment		
10	Total exemptions and deductions (add lines 4a through 9).		1,000.
11	Taxable income (subtract line 10 from line 3, column A)		8,769.
12	Property tax deduction		
13	New Jersey taxable income (subtract line 12 from line 11).		8,769.
14 a	Tax — see Tax Rate Tables		123.
b	Tax for nonresidents: Multiply line 14a by income percentage <u> </u> %		
15	Credit for income taxes paid to other jurisdictions.		
16	Balance of tax (subtract line 15 from line 14).		
17	Sheltered workshop tax credit		
18	Property tax credit		
19	Earned income tax credit		
20	Estimated tax (subtract lines 17, 18, and 19 from line 16).		

Tax Summary
► Keep for your records

2014

Name(s) Findley, Desmond O	
New Jersey gross income	9,769.
Total exemptions and deductions	1,000.
New Jersey taxable income	8,769.
Penalty for underpayment of estimated tax	
Total tax	
Total payments and credits	
Amount owed	
Overpayment	
Amount applied to year 2015 estimated tax	
Contributions	
Refund	
Tax plus contributions	
Tax bracket	1.400 %

Moving Expenses

OMB No. 1545-0074

2014
Attachment
Sequence No. **170**► Information about Form 3903 and its instructions is available at www.irs.gov/form3903.

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

Desmond O Findley

Your social security number

036-68-2416

Before you begin:

- ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
- ✓ See **Members of the Armed Forces** in the instructions, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions)	1	400.
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	800.
3	Add lines 1 and 2	3	1,200.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	0.
5	Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,200.

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

REV 11/06/14 Intuit.cq.cfp.sp

Form **3903** (2014)

Smart Worksheets from your 2014 New Jersey Attachment

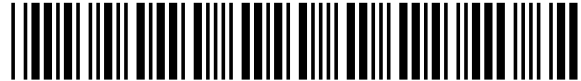
SMART WORKSHEET FOR: Form 3903 : Moving Expenses

General Information Smart Worksheet	
A	Enter the new principal place of work for this move . . . <u>SAN ANTONIO</u>
B	If you are NOT in the military, enter the total amount your employer paid for your move (Enter ONLY if your Form W-2 does not show an amount in Box 12 with code P) . . . <u>0.</u>
C	Enter the number of miles from your old home to your new workplace <u>1,620</u> miles
D	Enter the number of miles from your old home to your old workplace <u>10</u> miles
E	Subtract line D from line C. If zero or less, enter -0- <u>1,610</u> miles
Is line E at least 50 miles?	
Yes	▶ You meet this test.
No	▶ You do not meet this test. You cannot deduct your moving expenses. Do Not complete Form 3903.
F	For foreign moves check here only if all the following apply <input type="checkbox"/>
	<ul style="list-style-type: none"> • You moved in an earlier year • You are claiming only storage fees while you are away from the United States • Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

Moving Expenses Smart Worksheet	
Enter your moving expenses:	
A	Transportation expenses for this move <u>400.</u>
B	Storage of household goods and personal effects <u>0.</u>
C	Travel expenses for this move (See Tax Help for new mileage rates) <u>600.</u>
D	Lodging expenses for this move <u>200.</u>

MARYLAND FORM 505 NONRESIDENT INCOME TAX RETURN



2014
\$

145050013

Print Using Blue or Black Ink

OR FISCAL YEAR BEGINNING		2014, ENDING	
Social Security Number 036682416		Spouse's Social Security Number	
Your First Name DESMOND	Initial O	Last Name FINDLEY	
Spouse's First Name	Initial	Last Name	
Present Address (No. and street) 5121 N FOSTER RD APT 2202			
City or Town SAN ANTONIO		State TX	ZIP code 78244



FILING STATUS

See Instruction 1 to determine if you are required to file.

CHECK ONE BOX

1. ☒ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
 2. ☐ Married filing joint return or spouse had no income
 3. ☐ Married filing separately
 4. ☐ Head of household
 5. ☐ Qualifying widow(er) with dependent child
 6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A). See Instruction 8.)

RESIDENCE INFORMATION - See Instruction 9.

Enter 2-letter state code for your state of legal residence. **VA**

County (PA) City Borough or Township (PA)

Were you a resident for the entire year of 2014? Yes ☒ No ☐
If no, attach explanation.

Are you or your spouse a member of the military? Yes ☐ No ☐

Did you file a Maryland income tax return for 2013? Yes ☐ No ☐
If "Yes," was it a ☐ Resident or a ☐ Nonresident return?

Advise dates you resided within Maryland for 2014. If none, enter "NONE."
FROM TO

Check here for Maryland taxes withheld in error.
☐ (See inst. 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> 65 or over <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Blind	A. Enter No. Checked. 1 See Instruction 10. A. \$ 3200 B. Enter No. Checked. <input type="checkbox"/> X \$1,000. B. \$ C. Enter No. from line 3 of Dependent Form 502B. See Instruction 10. C. \$ D. Enter Total Exemptions (Add A, B and C.) 1 Total Amount D. \$ 3200	
---	---	--

INCOME AND ADJUSTMENTS INFORMATION (See Instruction 11.)

1. Wages, salaries, tips, etc.
2. Taxable interest income
3. Dividend income
4. Taxable refunds, credits or offsets of state and local income taxes ...
5. Alimony received
6. Business income or (loss)
7. Capital gain or (loss)
8. Other gains or (losses) (from federal Form 4797)
9. Taxable amount of pensions, IRA distributions, and annuities.
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.).
11. Farm income or (loss)
12. Unemployment compensation (insurance)
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits.
14. Other income (including lottery or other gambling winnings)
15. Total income (Add lines 1 through 14.)
16. Total adjustments to income from federal return (IRA, alimony, etc.) .
17. Adjusted gross income (Subtract line 16 from line 15.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1	9769	6047	3722
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12	14475		14475
13			
14			
15	24244	6047	18197
16	1200	1200	
17	23044	4847	18197

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments.
19. Other (Enter code letter(s) from Instruction 12.)
20. Total additions (Add lines 18 and 19.)
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)

Dollars Cents

18		
19		
20		
21	23044	

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident.
23. Other (Enter code letter(s) from Instruction 13.)
24. Total subtractions (Add lines 22 and 23.)
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.)

22		
23		
24		
25	23044	

DEDUCTION METHOD See Instruction 15 (All taxpayers must select one method and check the appropriate box.)

STANDARD DEDUCTION METHOD (Enter amount on line 26a.) ☒

ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) ☐

Total federal itemized deductions (from line 29, federal Schedule A)

State and local **income** taxes (See Instruction 16.)

Net itemized deductions (Subtract line 26c from line 26b.)

26. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) **26e** 000000 (from worksheet in Instruction 14) **26** 2000

Place CHECK or MONEY ORDER on top of your W-2 wage and tax statements and ATTACH HERE with ONE staple.

MARYLAND
FORM
505
2014

**NONRESIDENT INCOME
TAX RETURN**

NAME DESMOND O FINDLEY SSN 036682416



145050113

PAGE 2

	Dollars	Cents
27. Net income (Subtract line 26 from line 25.)	21044	
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10	3200	
29. Enter your AGI factor (from worksheet in Instruction 14)	1.000000	
30. Maryland exemption allowance (Multiply line 28 by line 29.)	3200	
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR	17844	
MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.		
32 a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.)	172	
32 b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.)	48	
32 c. Total Maryland tax (Add lines 32a and 32b.)	220	
33. Earned income credit from worksheet in Instruction 20.		
34. Poverty level credit from worksheet in Instruction 20.		
35. Other income tax credits for individuals from Part H, line 8 of Form 502CR (Attach Form 502CR.)		
36. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.		
37. Total credits (Add lines 33 through 36.)		
38. Maryland tax after credits (Subtract line 37 from line 32c.) If less than 0, enter 0.	220	
39. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.)		
40. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.)		
41. Contribution to Maryland Cancer Fund (See Instruction 21.)		
42. Total Maryland income tax and contributions (Add lines 38 through 41.)	220	
43. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld.)	89	
44. 2014 estimated tax payments, amount applied from 2013 return, payments made with Form 502E and Form MW506NRS		
45. Refundable earned income credit from worksheet in Instruction 22		
46. Nonresident tax paid by pass-through entities (Attach Maryland Form 510 Schedule K-1.)		
47. Refundable income tax credits from Part I, line 6 of Form 502CR (Attach Form 502CR. See Instruction 22.)		
48. Total payments and credits (Add lines 43 through 47.)	89	
49. Balance due (If line 42 is more than line 48, subtract line 48 from line 42.)	131	
50. Overpayment (If line 42 is less than line 48, subtract line 42 from line 48.)	0	
51. Amount of overpayment TO BE APPLIED TO 2015 ESTIMATED TAX		
52. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 51 from line 50.) See line 55. REFUND		
53. Interest charges from Form 502UP <input type="text"/> or for late filing <input type="text"/> (See Instruction 23.) Total		
54. TOTAL AMOUNT DUE (Add line 49 and line 53.) . . . IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.	131	

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Be sure the account information is correct. **For Splitting Direct Deposit, see Form 588.** To comply with banking rules, check here ☐ if this refund will go to an account outside the United States. If checked, see Instruction 23.

55. For the direct deposit option, complete the following information, clearly and legibly: **55a.** Type of account: ☐ Checking ☐ Savings

55b. Routing number (9-digit) **55c.** Account number

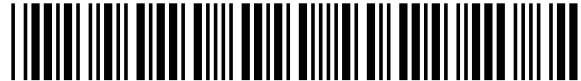
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per box)

Check here ☐ if you authorize your preparer to discuss this return with us. Check here ☐ if you authorize your paid preparer not to file electronically. Check here ☐ if you agree to receive your 1099G Income Tax Refund statement electronically. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Make checks payable and mail to:
Comptroller of Maryland, Revenue Administration Division
110 Carroll Street, Annapolis, Maryland 21411-0001
(It is recommended that you include your Social Security Number on check using blue or black ink.)

SELF-PREPARED

Your signature Date
Spouse's signature Date
Preparer's PTIN (required by law) Signature of preparer other than taxpayer
Address and telephone number of preparer



14505N013

Print Using
Blue or Black Ink Only

Social Security Number		Spouse's Social Security Number	
036682416			
Your first name	Initial	Last name	
DESMOND	O	FINDLEY	
Spouse's first name	Initial	Last name	

If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.

If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

- | | | |
|---|----|-------|
| 1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) | 1. | 17844 |
| 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. | 2. | 794 |
- Continue to Part II.

PART II - CALCULATION OF MARYLAND TAX

- | | | |
|---|-----|-------|
| 3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1). | 3. | 23044 |
| 3a. Earned Income (See instructions.) | 3a. | |
| 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. | 4. | 23044 |
| 5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. | 5. | |
| 6a. Enter your subtractions from line 23 of Form 505 or Form 515 | 6a. | |
| 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) | 6b. | 18197 |
| 7. Add lines 5 through 6b. | 7. | 18197 |
| 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. | 8. | 4847 |

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a

- | | | |
|---|------|---------------|
| 8a. | 8a. | 1500 |
| 9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000 | 9. | . 2 1 0 3 3 7 |
| 10. Deduction amount.
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a | 10a. | 316 |
| If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b | 10b. | |

Form 515 Users, see Instruction 18 in Form 515 Instructions.

- | | | |
|---|-----|---------------|
| 11. Net income (Subtract line 10a or 10b from line 8.) | 11. | 4531 |
| 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. | 12. | 673 |
| 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) | 13. | 3858 |
| 14. Enter the tax amount from line 2 of this form. | 14. | 794 |
| 15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. | 15. | . 2 1 6 2 0 7 |
| 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). | 16. | 172 |
| 17. Special nonresident tax. Multiply line 13 of this form by .0125. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0 | 17. | 48 |

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

- | | | |
|---|-----|--|
| 18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 40. If line 13 is 0 or less, enter 0 | 18. | |
|---|-----|--|

Maryland Information Worksheet

2014

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name Desmond
 Middle Initial O Suffix
 Last Name Findley
 Social Security No. 036-68-2416

65/Over . . ☐ Blind . . ☐ Disabled . . ☐

Daytime Phone (703) 606-9579 * ☐
 Home Phone * ☐

* Check these boxes to print daytime and/or home phone numbers on the government forms.

Spouse:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.

65/Over . . ☐ Blind . . ☐ Disabled . . ☐

Daytime Phone * ☐

Street Address 5121 N. Foster Rd Apt Number 2202
 City or Town San Antonio
 State TX ZIP Code 78244
 Foreign Code Foreign Country . Foreign Zip Code .

Locality Information:

Maryland county (Baltimore City residents leave blank.)
 City, town or taxing area (If not listed, leave blank.)
 Local tax rate

If taxpayer and spouse taxing areas are different, check the '2 tax areas' box and enter the

Maryland county for taxpayer and spouse. Enter BCITY if taxing area is Baltimore City.

☐ 2 tax areas

Taxpayer.
 Spouse.

Part II — Main Form

☐ Form 502: Resident Tax Return (Long form) ►
☒ Form 505: Nonresident Tax Return ►

1 a State of legal residence . . . VA

Yes No

b ☒ ☐ Were you a resident of that state the entire year of 2014?

c ☐ ☐ Did you file a Maryland income tax return for 2013?

Resident Nonresident

d If Yes, was it ☐ ☐

e Dates of Maryland residence in 2014:

from . . . to . . . Check if 'none' . . ☐

Yes No

f ☐ ☐ Are you or your spouse a member of the military?

g If Pennsylvania resident, enter Pennsylvania city

h If Pennsylvania resident, enter Pennsylvania county

☐ Form 502: Part-Year Resident Tax Return ►

2 a Other state of residence

b Dates of Maryland residence from . . . to . . .

c Number of months in residence Taxpayer. . . Spouse . . . Average . . .

d If you received pension income, number of months . . . Taxpayer. . . Spouse . . .

Part III — Filing Status

- ☒ 1 Single (if you can be claimed on another person's return, use filing status 6)
☐ 2 Married filing joint return or spouse had no income
☐ 3 Married filing separately. Spouse's social security number
☐ 4 Head of household
☐ 5 Qualifying widow(er) with dependent child
☐ 6 Dependent taxpayer

Part IV – Other Information

- ☐ 1 At least two-thirds of gross income is derived from farming or fishing
- ☐ 2 You want the Maryland Revenue Administration Division to figure the underpayment penalty Form 502UP (see Tax Help for more information)
- Yes No**
- ☐ ☒ 3 Do you want to itemize even if itemized deductions are less than the standard deduction? *
- ☒ ☐ 4 Do you want to take the standard deduction even if less than itemized deductions? *
- * Answer "Yes" to only one of questions 3 and 4 above, not both. (See Tax Help for more information.)
- 5 Enter tax liability from 2013 Form 502, line 34, or Form 505, line 38. (Enter '0' if no tax was owed)
- 6 Enter nonresident tax paid by pass-through entities from 2013 Form 505, line 46
- ☐ 8 You agree to receive your statement of refund (Form 1099-G) electronically (see Tax Help)

Part V – Decedent Information

Taxpayer date of death

Spouse date of death

Taxpayer Spouse

- ☐ ☐ If the taxpayer or spouse is deceased, you are acting as a 'personal representative' for the deceased

Name/title of taxpayer's personal representative

Name/title of spouse's personal representative

Part VI – Military Information – Form 502**Taxpayer:**

- Yes No**
- 1 a ☐ ☐ Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income
- 2 Total military pay received during the tax year
- Yes No**
- c ☐ ☒ In combat zone?
- d ☐ ☒ Killed in action?

Spouse:

- Yes No**
- 2 a ☐ ☐ Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income
- 2 Total military pay received during the tax year
- Yes No**
- c ☐ ☐ In combat zone?
- d ☐ ☐ Killed in action?

Part VII – Electronic Filing Information

Yes No

☐ ☐ 1 Will federal PIN(s) be used in place of Form EL101?

2 Alternate street address. _____

3 Date return was prepared. _____

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal

Yes No

☐ ☐ 1 Do you want Direct Deposit of state tax refund?

☐ ☐ 2 Do you want Direct Debit of state tax payment (Electronic Filing Only)?

If you selected either of the options above, fill out the information below:

3 Name of Financial Institution (optional) _____

☐ 4 Checking account

☐ 5 Savings account

6 Routing number _____

7 Account number _____

8 Payment date to withdraw from the account above. . . . _____

9 Balance due from return _____

International ACH Transactions:

Yes No

☐ ☐ 12 Will funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – Maryland Contributions

1 Contribution to Chesapeake Bay and Endangered Species Fund. _____

2 Contribution to Developmental Disabilities Waiting List Equity Fund _____

3 Contribution to Maryland Cancer Fund _____

Part X – Extension Status

Yes No

☐ ☒ Has the tax return due date been extended for a six month extension?

Extended due date . . . _____

QuickZoom to Form 502E: Automatic Extension Payment for Personal Income Tax ► _____

Part XI – Amended Return

Check the box for the type of amended return being filed:

☐ You are filing a Maryland amended return using Form 502X (See Tax Help for Form 502X)

☐ You are filing a Maryland amended return using Form 505X (See Tax Help for 505X)

Enter the tax year you are amending . . . _____

Previous Maryland payment made . . . _____

Previous Maryland refund received . . . _____

QuickZoom to Form 502X: Amended Tax Return. ► _____

QuickZoom to Form 505X: Nonresident Amended Tax Return ► _____

Itemized Deduction Worksheet

2014

► Keep for your records

Name as Shown on Return	Social Security Number
-------------------------	------------------------

(To be used only by high-income taxpayers who were required to reduce their federal itemized deductions.)

1	Enter the amount from line 29 of federal Schedule A	1	\$ _____
2	Enter the total of lines 4, 14, and 20, plus any gambling and casualty or theft losses included in line 28 of federal Schedule A.	2	\$ _____
3	Federal itemized deductions that were limited (subtract line 2 from line 1)	3	\$ _____
4	Federal itemized deductions subject to limitation (enter the total of lines 9, 10, 11, 12, 13, 19, 27, and 28 less any gambling and casualty or theft losses included in line 28 of federal Schedule A	4	\$ _____
5	Divide line 3 by line 4	5	_____
6	Enter the amount of state and local income taxes from line 5 of federal Schedule A	6	\$ _____
7	Multiply line 5 by line 6. Enter this amount on line A of the Itemized Deduction Smart Worksheet for Form 502 or Form 505	7	\$ _____
Calculation for Special Depreciation Decoupling Adjustment			
8	Difference between federal itemized deductions calculated with and without regard to the provisions of the Job Creation and Worker Assistance Act, the Jobs and Growth Tax Relief Reconciliation Act, the American Jobs Creation Act, the Tax Increase Prevention and Reconciliation Act, the Small Business and Work Opportunity Tax Act, and the American Recovery and Reinvestment Act	8	\$ _____
9	Multiply line 5 by line 8. Enter this amount on line C of the Itemized Deduction Smart Worksheet for Form 502 or Form 505	9	\$ _____

Tax Payments Worksheet

2014

► Keep for your records

Name Desmond O Findley	Social Security Number 036-68-2416
---------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	89.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
13	Other state tax withholding	13	
14	Total income tax withheld	14	89.
15	Date return will be filed and balance paid	15	

Name(s) Shown on Return

Desmond O Findley

Your Social Security Number

036-68-2416

Part I 2015 Estimated Tax Amount Options**1 Select One of Five Ways to Calculate the Required Annual Payment for 2015 Estimates:**

- a 110% (default) or ☐ 100% of **2014** taxes. ☒ 242.
- b 100% of tax on **2015** estimated taxable income ☐ 220.
- c 90% of tax on **2015** estimated taxable income ☐ 198.
- d Equal to 100% of overpayment (no vouchers) ☐ 0.
- e Enter total amount you want to use for estimates and check box ☐ _____

2 Selected estimated tax amount:

- a 2015 Required Annual Payment based on your choice above 242.
- b Estimated amount of 2015 state and local income tax withholding 89.
- c **Total of estimated tax payments required for 2015** (line 2a less line 2b) 153.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$501 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available 0.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐ _____
- f Amount applied to 2015 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2015	2 Jun 15, 2015	3 Sep 15, 2015	4 Jan 15, 2016	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2015, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2015

2014 income and deductions are shown in the '2014 Actual' column below.

***Caution:** For each line in the '2015 Estimated' column, enter the estimated 2015 amount **if different** from 2014. Otherwise, the '2014 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2014 Actual	2015 Estimated
1 Total income expected in 2015 (federal adjusted gross income) . . .	23,044.	
2 Net modifications		
3 2015 estimated itemized deductions less state and local income taxes		
4 Your 2015 filing status (check one):	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/> Dependent taxpayer	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/> Dependent taxpayer
5 Number of dependents including taxpayer and spouse	1	
6 Number of blind and elderly exemptions for taxpayer and spouse . .	0	0
7 Number of dependents other than taxpayer or spouse who are age 65 or over		
8 Maryland income tax to be withheld from wages during 2015	89.	
9 Personal income tax credits		
10 Business tax credits		
11 Nonresidents only: Taxable net income (Form 505NR, line 13) . . .	3,858.	

Part VI 2015 Estimated Taxable Income and Tax

1 Total income expected in 2015 (federal adjusted gross income)	1	23,044.
2 Net modifications	2	
3 Maryland adjusted gross income (line 1 plus or minus line 2)	3	23,044.
4 Deductions:		
a 2015 estimated itemized deductions less state and local income taxes	4 a	
b Your 2015 filing status (check one):		
1 <input checked="" type="checkbox"/> Single (if you can be claimed on another person's tax return, use filing status 6)		
2 <input type="checkbox"/> Married filing joint return or spouse had no income		
3 <input type="checkbox"/> Married filing separately		
4 <input type="checkbox"/> Head of household		
5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
6 <input type="checkbox"/> Dependent taxpayer		
► Greater of itemized deductions or standard deduction	4	2,000.
5 Maryland net income (subtract line 4 from line 3)	5	21,044.
6 Personal exemptions:		
a Number of dependents including taxpayer and spouse	6 a	1
b Number of blind and elderly exemptions for taxpayer and spouse	b	0
c Number of dependents other than taxpayer or spouse who are age 65 or over	c	
► Total exemptions		3,200.
7 a Taxable net income (subtract line 6 from line 5)	7 a	17,844.
b Nonresidents only: Taxable net income (Form 505NR, line 13)	b	3,858.
c Maryland nonresident factor (divide line 7b by line 7a)	c	0.2162
8 Maryland income tax	8	172.
9 Personal and business income tax credits	9	
10 Subtract line 9 from line 8 (if less than 0 enter 0)	10	172.
11 Local income tax or special nonresident income tax: multiply line 7a (residents and part-year residents) or line 7b (nonresidents) by 0.0125	11	48.
12 Total 2015 Maryland and local income tax (add line 10 and line 11)	12	220.

Earned Income Credit, Poverty Level Credit and Refundable Earned Income Credit Worksheet (NR)

2014

► Keep for your records

Name as Shown on Return
Desmond O Findley

Social Security No.
036-68-2416

Part I – Earned Income Credit

1	Maryland tax (from line 32c of Form 505)	1	<u>220.</u>
2	Federal earned income credit times 50% (.50) . .	2	
3	Multiply line 2 by the Maryland income factor <u>21.03</u> % (from line 9 of Form 505NR). Enter this amount here and on line 33 of Form 505	3	
4	Subtract line 3 from line 1. If less than zero (0) enter zero (0)	4	<u>220.</u>

If line 4 is greater than zero (0), you may qualify for the Poverty Level Credit. Go to Part II.

If line 4 is zero (0), you may qualify for the Refundable Earned Income Credit. Go to Part III.

Part II – Poverty Level Credit

If you checked filing status 6 on your Maryland return, you are not eligible for this credit.

Poverty Income Guidelines

	Number of Exemptions on Federal Return	Income Level	If you have more than 8 exemptions, add \$4,060 to the last income level for each additional exemption.	
	1	\$ 11,670		
	2	\$ 15,730		
	3	\$ 19,790		
	4	\$ 23,850	Number of	Income
	5	\$ 27,910	Federal	Level
	6	\$ 31,970	Exemptions	
	7	\$ 36,030		
	8	\$ 40,090	<u>1</u>	\$ <u>11,670.</u>

1	Enter the amount from line 21 of Form 505. If you checked filing status 3 (married filing separately) and you filed a joint federal return, enter your joint federal adjusted gross income plus any Maryland additions	1	<u>23,044.</u>
2 a	Enter your distributive share of pass-through entity income	2 a	
b	Enter the total of your salary, wages, tips and other employee compensation and net profit from self-employment. (Do not include a farm or business loss.) Also include your distributive share of pass-through entity income	b	<u>9,769.</u>
3	Find the number of exemptions in the chart that is the same as the number of exemptions entered on your federal tax return. Enter the income level that corresponds to the exemption number	3	<u>11,670.</u>
4	Enter the amount from line 1 or 2b, whichever is larger Compare lines 3 and 4. If line 4 is greater than line 3, stop here . You do not qualify for this credit. If line 3 is greater than line 4, continue to line 5.	4	<u>23,044.</u>
5	Multiply line 2b of Part II by 5% (.05)	5	
6	Multiply line 5 by the Maryland income factor _____ % (from line 9 of Form 505NR). Enter that amount here and on line 34 of Form 505	6	

Part III – Refundable Earned Income Credit
Compute this credit only if line 4 in Part I is zero.

1	Multiply your federal earned income credit . _____ by the Maryland income factor _____ % (from line 9 of Form 505NR)	1	_____
2	Multiply line 1 times 25% (.25) and enter the result	2	_____
3	Enter your Maryland tax from Part I, line 1.	3	_____
4	Subtract line 3 from line 2. If less than zero (0) enter zero (0). This is your refundable earned income credit If line 4 is greater than zero (0), enter the amount on line 45 of Form 505.	4	_____

Section 179 Worksheet

2014

Name as Shown on Return Desmond O Findley	Social Security Number 036-68-2416
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Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation
CALL CENTER REP						

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover
CALL CENTER REP			

Total Form 2106 Section 179 Adjustment (Column B minus Column G)

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E)

Tax Summary
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2014

Name(s) Desmond O Findley	
Federal adjusted gross income	23,044.
Additions to income	
Subtractions from income	
Maryland adjusted gross income	23,044.
Itemized or standard deduction	2,000.
Exemption amount	3,200.
Taxable net income	17,844.
State income tax	220.
Total state credits	
State income tax after credits	220.
Local income tax	0.
Total local credits	0.
Local income tax after credits	0.
Total tax liability	220.
Contributions	
Withholding, payments, credits	89.
Balance due before any penalty/interest applied	131.
Interest charges	
Balance due	131.
Refund to you	

Smart Worksheets from your 2014 Maryland Tax Return

SMART WORKSHEET FOR: Form 505: Nonresident Return

Maryland Adjusted Gross Income Factor Smart Worksheet Supporting information provided by program. No Entries Are Needed.	
A	Enter federal adjusted gross income (from line 17, column 1) <u>23044</u>
B	Enter Maryland adjusted gross income before subtraction of non-Maryland income (from line 25) <u>23044</u>
C	Maryland adjusted gross income factor. Divide line B by line A and enter on Form 505, line 26e. If greater than 1, enter 1 <u>1.000000</u>

SMART WORKSHEET FOR: Form 505: Nonresident Return

Minimum Filing Level Smart Worksheet Supporting information provided by program. No Entries Are Needed.	
Special rules apply for income below minimum level	
A	Minimum filing level for this return <u>10150</u>
B	Maryland gross income for this return <u>24244</u>
C	Check here if line B is less than line A <input type="checkbox"/>
If checked, this return qualifies for minimum filing level rules; lines 26 through 32, 34 through 38, 49, 53 and 54 are not used. For more information, refer to help. Also see Maryland Instruction 4.	