Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return 2014 OMB No. 1545-0074

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For the year Jan. 1-De	ec. 31, 2014	l, or other tax year beginning	01/01	,	, 2014, endi	ng 12/	/31	, 20 14	Se	e separate instruc	tions.
Your first name and	initial		Last name					Yo	Your social security number		
Joshua			Kendali						5	3 8 1 9 3 9	7 1
If a joint return, spo	use's first	name and initial	Last name					Spo	ouse's social security	number	
Home address (nun	nber and s	street). If you have a P.O. be	ox, see instru	ictions.				Apt. no		Make sure the SSN	
3044 Kaiser Rd N	W							7		and on line 6c are	correct.
City, town or post offi	ce, state, a	nd ZIP code. If you have a for	eign address, a	also complete spaces l	below (see	instructions	s).		Р	residential Election C	ampaign
OLYMPIA WA 985	502									ck here if you, or your spou	
Foreign country nar	ne			Foreign province/s	state/cour	nty		Foreign postal co		ly, want \$3 to go to this fur ox below will not change yo	
									refur	nd. You	Spouse
Filing Status	1	✓ Single				<b>1</b> 🗌 не	ead of h	ousehold (with qu	ualifying	person). (See instruct	ions.) If
i iiiig Otatus	2	☐ Married filing jointly	(even if only	y one had income)	e)	th	e qualif	ying person is a c	hild but i	not your dependent, e	enter this
Check only one	3	☐ Married filing separa	tely. Enter	spouse's SSN abo	ove	ch	nild's na	me here. 🕨			
box.		and full name here. ► 5 Qualifying widow(er) with								dent child	
Exemptions	6a	Yourself. If some	one can clai	im you as a deper	ndent, <b>do</b>	not che	ck box	6a	)	Boxes checked on 6a and 6b	
	b	Spouse	<u> </u>					<u></u> }	No. of children		
	С	Dependents:		(2) Dependent's		pendent's		√ if child under again of the child tax of the child		on 6c who: • lived with you	
	(1) First	name Last name	SO	cial security number	relation	relationship to you		(see instructions)		<ul> <li>did not live with</li> </ul>	
If more than face							1			you due to divorce or separation	,
If more than four dependents, see										(see instructions)	
instructions and						$\Delta$				Dependents on 6c not entered above	
check here ▶□					1	V				Add numbers on	
	d	Total number of exem	ptions clain	ned						lines above >	
Income	7	Wages, salaries, tips,	etc. Attach	Form(s) W-2 .					7		11160.
	8a	Taxable interest. Attach Schedule B if required							8a		
Attach Form(s)	b	Tax-exempt interest.				8b					
W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if required							9a		
attach Forms	b	Qualified dividends			·. · L	9b					
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of state and local income taxes							10		
was withheld.	11	Alimony received							11		
	12	,							12		
If you did not	13	Capital gain or (loss).			a. IT NOT re	equirea, c	cneck i	nere 🕨 🔲	13		
get a W-2,	14	Other gains or (losses) IRA distributions		m14/9/		 Taxable			14 15h		
see instructions.	15a 16a	Pensions and annuities	15a 16a			Taxable			15b 16b		
	10a 17			orchine S corner					17		
	18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F							18		
	19	Unemployment compe							19		
	20a	Social security benefits	1 1				· amour	nt	20b		
	21	Other income. List typ		ınt					21		
	22	Combine the amounts in			through 21	. This is y	our <b>tot</b>	al income ▶	22		11160.
	23	Educator Expenses				23					
Adjusted	24	Certain business expens									
Gross Income	<b>*</b>	fee-basis government off				24					
	25	Health savings accour	nt deduction	n. Attach Form 88	889 .	25					
	26	Moving expenses. Atta			_	26					
	27	Deductible part of self-en				27					
	28	Self-employed SEP, S				28					
	29	Self-employed health				29					
	30	Penalty on early withd	rawal of sav	vings	[	30					
	31a	Alimony paid <b>b</b> Recip	oient's SSN	<b>&gt;</b>	[	31a					
	32	IRA deduction			. [	32					
	33	Student loan interest of	deduction .		[	33					
	34	Tuition and fees. Attac	ch Form 891	17	[	34					
	35	Domestic production ac	tivities dedu	ction. Attach Form	8903	35				Į.	
	36	Add lines 23 through 3							36		
	37	Subtract line 36 from I	ine 22 This	is your adjusted	arnes in	come		•	37	1	11160

Form 1040 (2014	+)						Page 2		
Tax and	38	Amount from line 37 (adjusted gross inc	come)		<u> </u>	38	11160		
	39a	Check /	nuary 2, 1950,	☐ Blind. ( <b>Tot</b> a	al boxes				
Credits		if: Spouse was born before	January 2, 1950,	☐ Blind. ∫ che	cked ▶ 39a <u></u>				
	b	If your spouse itemizes on a separate retu	urn or you were a du	ıal-status alien, ch	eck here ► 39b				
Standard	40	Itemized deductions (from Schedule A	) <b>or</b> your <b>standard</b>	deduction (see le	eft margin)	40	6200		
Deduction for—	41	Subtract line 40 from line 38				41	4960		
People who	42	Exemptions. If line 38 is \$152,525 or less, mu	42						
check any box on line	43	Taxable income. Subtract line 42 from	43	4960					
39a or 39b <b>or</b>	44	Tax (see instructions). Check if any from: a	44	498					
who can be claimed as a	45	Alternative minimum tax (see instruct	45						
dependent, see	46	Excess advance premium tax credit rep	ayment. Attach Fo	rm 8962		46			
instructions.	47	Add lines 44, 45, and 46							
All others:	48	Foreign tax credit. Attach Form 1116 if							
Single or Married filing	49	Credit for child and dependent care expen	ses. Attach Form 24	l41 <b>49</b>					
separately, \$6,200	50	Education credits from Form 8863, line							
Married filing	51	Retirement savings contributions cred		380 <b>51</b>					
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812	, if required	. 52					
widow(er),	53	Residential energy credits. Attach Form	•	. 53					
\$12,400 Head of	54	Other credits from Form: <b>a</b> 3800 <b>b</b>		54					
household,	55	Add lines 48 through 54. These are you				55			
\$9,100	56	Subtract line 55 from line 47. If line 55 is	s more than line 47	, enter -0		56	498		
Other	57	Self-employment tax. Attach Schedule	SE			57			
	58	Unreported social security and Medicar			8919	58	-		
Taxes	59	Additional tax on IRAs, other qualified ret		_		59			
	60a	Household employment taxes from Sche	. ,		_	60a	-		
	b	First-time homebuyer credit repayment. A				60b	-		
	61	Health care: individual responsibility (se				61	-		
	62	Taxes from: <b>a</b> Form 8959 <b>b</b> Form	,	,		62			
	63	Add lines 56 through 62. This is your <b>to</b>				63	498		
Payments	64	Federal income tax withheld from Forms			918.				
	65	2014 estimated tax payments and amount	applied from 2013 re	eturn <b>65</b>					
If you have a	66a	Earned income credit (EIC)	<b>4</b> . <b>K</b> ./.	. NO <b>66a</b>					
qualifying child, attach	b	Nontaxable combat pay election 66b							
Schedule EIC.	67	Additional child tax credit. Attach Schedu	le 8812	67					
	68	American opportunity credit from Form	8863, line 8	68					
	69	Net premium tax credit. Attach Form 8	3962	69					
	70	Amount paid with request for extension	to file	70					
	71	Excess social security and tier 1 RRTA tax	x withheld	71					
	72	Credit for federal tax on fuels. Attach F	orm 4136	72					
	73	Credits from Form: <b>a</b> 2439 <b>b</b> Reserved <b>c</b>	Reserved <b>d</b>	73					
	74	Add lines 64, 65, 66a, and 67 through 7	3. These are your <b>t</b>	otal payments .	•	74	918		
Refund	75	If line 74 is more than line 63, subtract	line 63 from line 74	4. This is the amo	unt you <b>overpaid</b>	75	420		
	76a	Amount of line 75 you want refunded to	you. If Form 8888	3 is attached, chec	ck here . ▶ 🗌	76a	420		
Direct deposit?	► b	Routing number 2 5 6 0 7	4 9 7 4	►c Type: ✓ Che	cking Savings				
See instructions.	► d	Account number 7 0 1 5 6	6 6 1 4	7					
	77	Amount of line 75 you want applied to you	ur 2015 estimated t	tax ▶ 77					
Amount	78	Amount you owe. Subtract line 74 from	n line 63. For details	s on how to pay, s	see instructions	78			
You Owe	79	Estimated tax penalty (see instructions)		79					
Third Party		you want to allow another person to disc		h the IRS (see inst			olete below.		
Designee		signee's ne ▶	Phone no. ►		Personal identif number (PIN)	ication			
Sian	Un	der penalties of perjury, I declare that I have exami	ned this return and acc		and statements, and to t				
Sign Here		y are true, correct, and complete. Declaration of pr	nformation of which prepa	1	-				
Joint return? See	Yo	ur signature	Daytim	ne phone number					
instructions.	<b>b</b> _	Pizza Slinger					(360) 990-7279		
Keep a copy for your records.			Date	Spouse's occupati	on	If the IR PIN, ent	S sent you an Identity Protection ter it		
your records.					T _	here (se	ee inst.)		
Paid	Pri	nt/Type preparer's name Preparer's sign	gnature		Date		if PTIN		
Preparer	eparer						self-employed		
Use Only							Firm's EIN ▶		
	Fire	n's address ▶	Phone no.						