

## Form

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

OMB No. 1545-0074

Your first name and initial		Last name		Your social security number	
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 are correct.	
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.			
Foreign country name		Foreign province/state/county		Foreign postal code	
<b>Income</b>		1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.		1	
<b>Attach Form(s) W-2 here.</b>		2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.		2	
Enclose, but do not attach, any payment.		3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).		3	
4 Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .		4			
5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,150 if <b>single</b> ; \$20,300 if <b>married filing jointly</b> . See back for explanation.		5			
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.		6			
7 Federal income tax withheld from Form(s) W-2 and 1099.		7			
<b>Payments, Credits, and Tax</b>		8a <b>Earned income credit (EIC)</b> (see instructions)		8a	
b Nontaxable combat pay election.		8b			
9 Add lines 7 and 8a. These are your <b>total payments and credits</b> .		9			
10 <b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.		10			
11 Health care: individual responsibility (see instructions)		11			
12 Add lines 10 and 11. This is your <b>total tax</b> .		12			
<b>Refund</b>		13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>		13a	
▶ b Routing number		▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
▶ d Account number					
14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.		14			
<b>Amount You Owe</b>					
<b>Third Party Designee</b>		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name ▶		Phone no. ▶		Personal identification number (PIN) ▶	
<b>Sign Here</b>		Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Joint return? See instructions.		Your signature		Date	
Keep a copy for your records.		Spouse's signature. If a joint return, <b>both</b> must sign.		Date	
Print/Type preparer's name		Preparer's signature		Date	
<b>Paid Preparer Use Only</b>		Firm's name ▶		Firm's EIN ▶	
		Firm's address▶		Phone no.	
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.					
Cat. No. 11329W Form <b>1040EZ</b> (2014)					