

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

2013

► Do not send to the IRS. This is not a tax return.

► Keep this form for your records.

► Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) ►

Taxpayer's name

PETER P BUTTIGIEG

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2013 (Whole Dollars Only)

| | | |
|---|---|---------|
| 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | 116,053 |
| 2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) | 2 | 20,662 |
| 3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) | 3 | 21,633 |
| 4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 13a) | 4 | 971 |
| 5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize _____ to enter or generate my PIN _____
ERO firm name
 as my signature on my tax year 2013 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are
 entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ► 02/10/14

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____
ERO firm name
 as my signature on my tax year 2013 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are
 entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Date ► 02/10/14

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Filing Instructions

Form IT-40 - Indiana Resident Income Tax Return

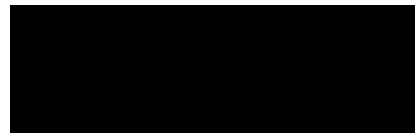
Taxable Year Ended December 31, 2013

Name: PETER P BUTTIGIEG

Date Due: April 15, 2014

Remittance: None is required. The return shows a total overpayment of \$60, which will be direct deposited into your [REDACTED]
[REDACTED] Please keep this filing instruction as a reminder of the amount to be deposited into your account.

Signature: You have signed your electronically filed return with a Personal Identification Number (PIN). Sign and date Form IT-8879, Indiana Declaration of Electronic Filing. Return it as soon as possible to:



Other: Your return is being filed electronically. Do not mail Form IT-40. Initial and date the copy of the return and retain it for your records.

**Form
IT-8879**
State Form 53399
(R9 / 9-13)

Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax For the tax year January 1 - December 31, 2013

**Do Not Mail
This Form**

Submission ID [REDACTED] - [REDACTED] - [REDACTED]

| | | | |
|---|-------------------------------|---|---|
| First Name(s) and Middle Initial(s) PETER P | Last Name BUTTIGIEG | Your Social Security Number [REDACTED] | Spouse's Social Security Number [REDACTED] |
| Spouse's First Name(s) and Middle Initial(s) | Spouse's Last Name | Street Address [REDACTED] | |
| City SOUTH BEND | | State IN | Zip Code 4661 |
| | | Daytime Telephone Number [REDACTED] | |

| 1. Federal Adjusted Gross Income | 1. 116053.00 |
|----------------------------------|---------------------|
| 2. Indiana Taxable Income | 2. 107478.00 |
| 3. Total Indiana Tax | 3. 5535.00 |
| 4. Total State Tax Withheld | 4. 3771.00 |
| 5. Total County Tax Withheld | 5. 1822.00 |
| 6. Total Indiana Tax Credits | 6. 5595.00 |
| 7. Refund | 7. 60.00 |
| 8. Amount You Owe | 8. .00 |

Part II Direct Deposit

9. Routing number [REDACTED] Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.
 10. Account number [REDACTED]
 11. Type of account: Checking Savings Hoosier Works MC
 12. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail
This Form**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2013 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IDOR. I also consent to the IDOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IDOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Taxpayer's PIN: check one box only

I authorize [REDACTED] to enter my PIN [REDACTED] as my signature on my tax year 2013 electronically filed income tax return.
do not enter all zeros

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Taxpayer's signature ► Date 02/10/14

Spouse's PIN: check one box only

I authorize [REDACTED] to enter my PIN [REDACTED] as my signature on my tax year 2013 electronically filed income tax return.
do not enter all zeros

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Spouse's signature ► Date _____

Part IV Practitioner Certification and Authentication: Practitioner PIN Method ONLY

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN.

[REDACTED] do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ► [REDACTED] Date 02/10/14

ERO Must Retain This Form - See instructions Do Not Submit this form to IDOR unless requested to do so.

I
N
D
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A

Form 1040

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2013

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning

, 2013, ending

, 20

See separate instructions.

Your first name and initial

Last name

PETER P

BUTTIGIEG

If a joint return, spouse's first name and initial

Last name

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.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

SOUTH BEND

IN 4661

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

 You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1

 Single

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. ►

2

 Married filing jointly (even if only one had income)

3

 Married filing separately. Enter spouse's SSN above and full name here. ►

5

 Qualifying widow(er) with dependent child

Check only one box.

} Boxes checked on 6a and 6b

1

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

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) ✓ if child under age 17 qual. for child tax credit (see instr.)

If more than four dependents, see instructions and check here ►

d Total number of exemptions claimed

112,976

Income

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

7

112,976

8a Taxable interest. Attach Schedule B if required

8a

41

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

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

8b

9a Ordinary dividends. Attach Schedule B if required

9a

297

b Qualified dividends

9b

297

If you did not get a W-2, see instructions.

10 Taxable refunds, credits, or offsets of state and local income taxes

10

318

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

UNIVERSITY OF NOTRE DAME

21

2,500

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►

22

116,132

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

27 Deductible part of self-employment tax. Attach Schedule SE

27

79

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

79

37 Subtract line 36 from line 22. This is your adjusted gross income ►

37

116,053

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, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee****Sign Here**

Joint return?
See instr.
Keep a copy for your records.

| | | | |
|-----|--|-----|---------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 116,053 |
| 39a | Check { <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. } Total boxes checked ► 39a <input type="checkbox"/> | 40 | 14,805 |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/> | 41 | 101,248 |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 42 | 3,900 |
| 41 | Subtract line 40 from line 38 | 43 | 97,348 |
| 42 | Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions | 44 | 20,519 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 45 | |
| 44 | Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> _____ | 46 | 20,519 |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 47 | 14 |
| 46 | Add lines 44 and 45 | 48 | |
| 47 | Foreign tax credit. Attach Form 1116 if required | 49 | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 50 | |
| 49 | Education credits from Form 8863, line 19 | 51 | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 52 | |
| 51 | Child tax credit. Attach Schedule 8812, if required | 53 | |
| 52 | Residential energy credits. Attach Form 5695 | 54 | 14 |
| 53 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ | 55 | 20,505 |
| 54 | Add lines 47 through 53. These are your total credits | 56 | 157 |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- | 57 | |
| 56 | Self-employment tax. Attach Schedule SE | 58 | |
| 57 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 59a | |
| 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59b | |
| 59a | Household employment taxes from Schedule H | 60 | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 61 | 20,662 |
| 60 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | 21,633 |
| 61 | Add lines 55 through 60. This is your total tax | 63 | |
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 64a | |
| 63 | 2013 estimated tax payments and amount applied from 2012 return | 65 | |
| 64a | Earned income credit (EIC) | 66 | |
| b | Nontaxable combat pay election | 67 | |
| 65 | Additional child tax credit. Attach Schedule 8812 | 68 | |
| 66 | American opportunity credit from Form 8863, line 8 | 69 | |
| 67 | Reserved | 70 | |
| 68 | Amount paid with request for extension to file | 71 | |
| 69 | Excess social security and tier 1 RRTA tax withheld | 72 | 21,633 |
| 70 | Credit for federal tax on fuels. Attach Form 4136 | 73 | 971 |
| 71 | Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____ | 74a | 971 |
| 72 | Add lines 62, 63, 64a, and 65 through 71. These are your total payments | 73 | |

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid**

74a Amount of line 73 you want **refunded to you**. If Form 8888 is attached, check here ►

► b Routing number [REDACTED] ► c Type: Checking Savings

► d Account number [REDACTED]

75 Amount of line 73 you want applied to your 2014 estimated tax ► 75

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions

77 Estimated tax penalty (see instructions)

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

Designee's name [REDACTED]

Personal identification number (PIN) [REDACTED]

Phone no. [REDACTED]

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 [REDACTED]

Date [REDACTED]

Your occupation **MAYOR OF SOUTH BEND**

Daytime phone number [REDACTED]

Spouse's signature. If a joint return, both must sign. [REDACTED]

Date [REDACTED]

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see instr.) [REDACTED]

Print/Type preparer's name [REDACTED]

Date [REDACTED] Check if self-employed [REDACTED] PTIN [REDACTED]

02/14/14

Paid [REDACTED]

Firm's EIN [REDACTED]

Preparer Firm's name ► [REDACTED]

Use Only Firm's address ► [REDACTED]

Phone no. [REDACTED]

SOUTH BEND

IN 4661 [REDACTED]

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service
(99)
Name(s) shown on Form 1040

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

OMB No. 1545-0074

2013

Attachment
Sequence No. **07**

PETER P BUTTIGIEG

Your social security number [REDACTED]

| | | | |
|--|---|----|--------|
| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | |
| | 1 Medical and dental expenses (see instructions) | 1 | 727 |
| | 2 Enter amount from Form 1040, line 38 2 116,053 | 2 | |
| | 3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead | 3 | 11,605 |
| Taxes You Paid | 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0 |
| | 5 State and local (check only one box): | 5 | 5,593 |
| | a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes } | 6 | 2,257 |
| | 7 Real estate taxes (see instructions) | 7 | |
| | 8 Personal property taxes | 8 | 50 |
| | INDIANA EXCISE TAX | | |
| | 9 Add lines 5 through 8 | 9 | 7,900 |
| Interest You Paid Note. Your mortgage interest deduction may be limited (see instructions). | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | 3,145 |
| | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | 11 | |
| | 12 Points not reported to you on Form 1098. See instructions for special rules | 12 | |
| | 13 Mortgage insurance premiums (see instructions) | 13 | |
| | 14 Investment interest. Attach Form 4952 if required. (See instructions.) | 14 | |
| | 15 Add lines 10 through 14 | 15 | 3,145 |
| Gifts to Charity If you made a gift and got a benefit for it, see instructions. | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | 3,760 |
| | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | |
| | 18 Carryover from prior year | 18 | |
| | 19 Add lines 16 through 18 | 19 | 3,760 |
| | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | 20 | |
| Job Expenses and Certain Miscellaneous Deductions | 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 21 | 20 |
| | MILITARY DUES | | |
| | 22 Tax preparation fees | 22 | 495 |
| | 23 Other expenses—investment, safe deposit box, etc. List type and amount ► | 23 | |
| | 24 Add lines 21 through 23 | 24 | 515 |
| | 25 Enter amount from Form 1040, line 38 25 116,053 | 25 | |
| | 26 Multiply line 25 by 2% (.02) | 26 | 2,321 |
| | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | 0 |
| | 28 Other—from list in instructions. List type and amount ► | 28 | |
| Other Miscellaneous Deductions | 29 Is Form 1040, line 38, over \$150,000? | 29 | |
| | <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | |
| | <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | | |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/> | | |

Name of person with self-employment income (as shown on Form 1040)

Social security number of person
with self-employment income ►**PETER P BUTTIGIEG****Section B — Long Schedule SE****Part I Self-Employment Tax**

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

- A. If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ►

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions)

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z

2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.

Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions).

3 Combine lines 1a, 1b, and 2

4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3

Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax.

Exception. If less than \$400 and you had church employee income, enter -0- and continue ►

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income

5a

b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-

6 Add lines 4c and 5b

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2013

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation.

If \$113,700 or more, skip lines 8b through 10, and go to line 11

8a 112,976

8a

b Unreported tips subject to social security tax (from Form 4137, line 10)

c Wages subject to social security tax (from Form 8919, line 10)

d Add lines 8a, 8b, and 8c

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►

10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)

11 Multiply line 6 by 2.9% (.029)

12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54

13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (.50). Enter the result here and on

Form 1040, line 27, or Form 1040NR, line 27

13

79

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$6,960, or (b) your net farm profits² were less than \$5,024.

14

4,640

14 Maximum income for optional methods

15

15 Enter the smaller of: two-thirds (2/3) of gross farm income³ (not less than zero) or \$4,640. Also include this amount on line 4b above

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,024 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

16

16 Subtract line 15 from line 14

17

17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Foreign Tax Credit

(Individual, Estate, or Trust)

2013

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Name

Identifying number as shown on page 1 of your tax return

PETER P BUTTIGIEG

Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ► US UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

| g Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|---|------------------------------------|---|---|-----------------------------------|
| | A OC | B | C | |
| 1a Gross income from sources within country shown above and of the type checked above (see instructions) ► | VARIOUS | | | |
| PASSIVE INCOME | 73 | | | 1a 73 |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions) | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction (see instructions) | 2,257 | | | |
| b Other deds. (attach stmt.) | | | | |
| c Add lines 3a and 3b | 2,257 | | | |
| d Gross foreign source income (see instructions) | 73 | | | |
| e Gross income from all sources (see instructions) | 116,132 | | | |
| f Divide line 3d by line 3e (see instructions) | 0.0006 | | | |
| g Multiply line 3c by line 3f | 1 | | | |
| 4 Pro rata share of interest expense (see instructions): | | | | |
| a Home-mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | 2 | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 3 | | | 6 3 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ► | | | | 7 70 |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) | Foreign taxes paid or accrued | | | | | | | | | |
|------------|--|-------------------------------|---------------|-------------------------|---|------------------------------|-------------------------|--------------|---|---|----|
| | | In foreign currency | | | | In U.S. dollars | | | | | |
| | (h) <input checked="" type="checkbox"/> Paid | Taxes withheld at source on: | | | (n) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | (t) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) | |
| | (i) <input type="checkbox"/> Accrued | (j) Date paid or accrued | (k) Dividends | (l) Rents and royalties | (m) Interest | (o) Dividends | (p) Rents and royalties | (q) Interest | | | |
| A 1099 TAX | | | | | | 15 | | | | | 15 |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |

8 Add lines A through C, column(s). Enter the total here and on line 9, page 2 ►

8 15

For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

| | | | |
|---|----|---------|----|
| 9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 15 | |
| 10 Carryback or carryover (attach detailed computation) | 10 | | |
| 11 Add lines 9 and 10 | 11 | 15 | |
| 12 Reduction in foreign taxes (see instructions) | 12 | | |
| 13 Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 15 |
| 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) | 15 | 70 | |
| 16 Adjustments to line 15 (see instructions) | 16 | | |
| 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 70 | |
| 18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | 18 | 101,248 | |
| 19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | 0.0007 | |
| 20 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions. | 20 | 20,519 | |
| 21 Multiply line 20 by line 19 (maximum amount of credit) | 21 | 14 | |
| 22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions) | 22 | 14 | |
| Part IV Summary of Credits From Separate Parts III (see instructions) | | | |
| 23 Credit for taxes on passive category income | 23 | | |
| 24 Credit for taxes on general category income | 24 | | |
| 25 Credit for taxes on certain income re-sourced by treaty | 25 | | |
| 26 Credit for taxes on lump-sum distributions | 26 | | |
| 27 Add lines 23 through 26 | 27 | | |
| 28 Enter the smaller of line 20 or line 27 | 28 | 14 | |
| 29 Reduction of credit for international boycott operations. See instructions for line 12 | 29 | | |
| 30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 30 | 14 | |

2013

**Indiana Full-Year Resident
Individual Income Tax Return**

Due April 15, 2014

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from

to:

Your Social
Security Number

Spouse's Social
Security Number

Place "X" in box if applying for ITIN

Your first name

Initial Last name

Place "X" in box if applying for ITIN

Suffix

PETER

P

BUTTIGIEG

If filing a joint return, spouse's first name

Initial

Last name

Suffix

Present address (number and street or rural route)

Place "X" in box if you are
married filing separately.

City

State

Zip/Postal code

SOUTH BEND

IN

4661

Foreign country 2-character code (see pg. 6)

School corporation number (see pages 55 and 56.)

7205

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2013.

County where
you lived

County where
you worked

County where
spouse lived

County where
spouse worked

Round all entries

1. Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4) _____ **Federal AGI** 1 **116053.00**
2. Enter amount from Schedule 1, line 8, and enclose Schedule 1 _____ **Indiana Add-Backs** 2 **.00**
3. Add line 1 and line 2 _____ 3 **116053.00**
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ **Indiana Deductions** 4 **7575.00**
5. Subtract line 4 from line 3 _____ **Indiana Adjusted Income** 5 **108478.00**
6. You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3 _____ **Indiana Exemptions** 6 **1000.00**
7. Subtract line 6 from line 5 _____ **State Taxable Income** 7 **107478.00**
8. State adjusted gross income tax: multiply line 7 by 3.4% (.034)
(if answer is less than zero, leave blank) _____ 8 **3654.00**
9. County tax: Enter county tax due from Schedule CT-40
(if answer is less than zero, leave blank) _____ 9 **1881.00**
10. Other taxes: Enter amount from Schedule 4, line 4 (enclose sch.) 10 **.00**
11. Add lines 8, 9 and 10: Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 **5535.00**

| | | | |
|---|-----------------------------|---------|---------|
| 12. Enter credits from Schedule 5, line 9 (enclose schedule) | 12 | 5593.00 | |
| 13. Enter offset credits from Schedule 6, line 7 (enclose schedule) | 13 | 2.00 | |
| 14. Add lines 12 and 13 | Indiana Credits | 14 | 5595.00 |
| 15. Enter amount from line 11 | Indiana Taxes | 15 | 5535.00 |
| 16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) | 16 | 60.00 | |
| 17. Amount from line 16 to be donated to the Indiana Nongame Wildlife Fund | 17 | .00 | |
| 18. Subtract line 17 from line 16 | Overpayment | 18 | 60.00 |
| 19. Amount from line 18 to be applied to your 2014 estimated tax account (see instructions on page 10). | | | |
| Enter your county code | county tax to be applied \$ | a | .00 |
| Spouse's county code | county tax to be applied \$ | b | .00 |
| Indiana adjusted gross income tax to be applied | \$ | c | .00 |
| Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) | 19d | .00 | |
| 20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) | 20 | .00 | |
| 21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 | Your Refund | 21 | 60.00 |
| 22. Direct Deposit (see page 12) | | | |
| a. Routing Number | | | |
| b. Account Number | | | |
| c. Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC | | | |
| d. Place an "X" in the box if refund will go to an account outside the United States | | | |
| 23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions on page 12) | 23 | .00 | |
| 24. Penalty if filed after due date (see instructions) | 24 | .00 | |
| 25. Interest if filed after due date (see instructions) | 25 | .00 | |
| 26. Amount Due: Add lines 23, 24 and 25 | Amount You Owe | 26 | .00 |

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

Your Signature _____ **Date** _____ **Spouse's Signature** _____ **Date** _____

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
 - Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

1. Renter's deduction

Address where rented if different from the one on the front page (enter below)

| Landlord's name and address (enter below) | Amount of rent paid |
|---|---------------------|
| | \$.00 |

Round all entries

| | | | |
|-------------------------|---|---|-----|
| Number of months rented | Enter the lesser of \$3,000 or amount of rent paid. | 1 | .00 |
|-------------------------|---|---|-----|

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

SAME

| | | | | |
|---|------------------|-----------------------------|------------|-----|
| Number of months lived there | 12 | Amount of property tax paid | \$ 2257.00 | |
| Enter the lesser of \$2,500 or the amount of property tax paid | | 2 | 2257.00 | |
| 3. State tax refund reported on federal return | | 3 | 318.00 | |
| 4. Interest on U.S. government obligations | | 4 | .00 | |
| 5. Taxable Social Security benefits | | 5 | .00 | |
| 6. Taxable railroad retirement benefits | | 6 | .00 | |
| 7. Military service deduction: \$5,000 maximum for qualifying person | | 7 | 5000.00 | |
| 8. Non-Indiana locality earnings deduction: \$2,000 maximum per qualifying person | | 8 | .00 | |
| 9. Insulation deduction: \$1,000 maximum | | 9 | .00 | |
| 10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp. Worksheet) | | 10 | .00 | |
| 11. Other Deductions: See instructions (attach additional sheets if necessary) | | | | |
| a. Enter deduction name | | code no. | 11a | .00 |
| b. Enter deduction name | | code no. | 11b | .00 |
| c. Enter deduction name | | code no. | 11c | .00 |
| 12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40. | Total Deductions | 12 | 7575.00 | |

Name(s) shown on Form IT-40

Your Social Security Number
[REDACTED]

PETER P BUTTIGIEG

Round all entries

1. Number of exemptions claimed on your federal return 1 x \$1,000 1 1000.00

- If you did not claim an exemption on your federal return, enter "1" in the box above.
- See instructions on page 26 if you did not file a federal return.

2. Claim an additional exemption for each dependent child who meets all the following requirements:

- who is a son, stepson, daughter, stepdaughter and/or foster child,
- who was under the age of 19 by Dec. 31, 2013, or a full-time student,
- who was under the age of 24 by Dec. 31, 2013, and
- who you are eligible to claim as a dependent on your federal tax return.

Enter number you are eligible to claim x \$1500: you MUST enclose Schedule IN-DEP 2 .00

3. Place "X" in box(es) below if, by December 31, 2013

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 3 .00

4. If age 65 or older, enter amount from Form IT-40, line 1 \$

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 4 .00

5. Add lines 1, 2, 3 and 4. Enter here and on Form IT-40, line 6. Total Exemptions 5 1000.00

Schedule 4: Other Taxes

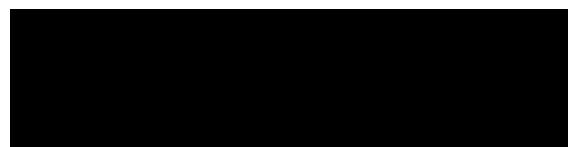
Instructions begin on page 27

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet 1 .00

2. Household employment taxes. Enclose Schedule IN-H 2 .00

3. Recapture of Indiana's CollegeChoice 529 credit. Enclose Schedule IN-529R 3 .00

4. Add lines 1 through 3. Enter here and on Form IT-40, line 10. Total Other Taxes 4 0.00



2013

Name(s) shown on Form IT-40

PETER P BUTTIGIEG

Your Social Security Number


Round all entries

| | | |
|--|---|---------|
| 1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____ | 1 | 3771.00 |
| 2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____ | 2 | 1822.00 |
| 3. Estimated tax paid for 2013: include any extension payment made with Form IT-9 _____ | 3 | .00 |
| 4. Unified tax credit for the elderly _____ | 4 | .00 |
| 5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____ | 5 | .00 |
| 6. Lake County residential income tax credit _____ | 6 | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____ | 7 | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | 8 | .00 |
| 9. Add lines 1 through 8. Enter total here and on Form IT-40, line 12 _____ Total Credits | 9 | 5593.00 |

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

Round all entries

| | | |
|--|-----------------------------|---------------|
| 1. Credit for local taxes paid outside Indiana | 1 | .00 |
| 2. County credit for the elderly: attach federal Schedule R | 2 | .00 |
| 3. Other Local Credits: See instructions (enclose additional sheets if necessary) | | |
| a. Enter credit name | code no. | 3a .00 |
| b. Enter credit name | code no. | 3b .00 |
| Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see Combined Limitation instructions) | | |
| 4. College credit: attach Schedule CC-40 | 4 | .00 |
| 5. Credit for taxes paid to other states: enclose other state's return | 5 | 2.00 |
| 6. Other Credits: See instructions (enclose additional sheets if necessary) | | |
| a. Enter credit name | code no. | 6a .00 |
| b. Enter credit name | code no. | 6b .00 |
| c. Enter credit name | code no. | 6c .00 |
| d. Enter credit name | code no. | 6d .00 |
| Important: Lines 4 through 6 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see Combined Limitation instructions) | | |
| 7. Add lines 1 through 6. Enter total here and on line 13 of Form IT-40 | Total Offset Credits | 7 2.00 |

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

1. Federal filing information

Are you filing a federal income tax return for 2013? Place "X" in appropriate box. Yes No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$.00 \$.00

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9; or online via ePay.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Date of death

If any individual listed at the top of the IT-40 died during 2013, enter date of death (MM/DD) (see instructions on page 51).

Taxpayer's date of death

2013

Spouse's date of death

2013

Authorization. Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime
telephone number

Your
email address

I authorize the Department to discuss my return with my personal representative (see page 52).

Paid Preparer: Firm's Name (or yours if self-employed)

Yes No _____ If yes, complete the information below.

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

Telephone
number

PTIN

Address

Address

SOUTH BEND

City SOUTH BEND

City

IN

Zip Code 4661

State IN

State
Preparer's
signature

Zip Code 4661

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

[REDACTED]

| | | Column A - Yourself | Column B - Spouse's | |
|----|---|---------------------|---------------------|---------|
| 1. | Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions on page 52. | 1A | 107478.00 | 1B .00 |
| 2. | If you claimed a non-Indiana locality earnings deduction on Schedule 2, line 8, enter the amount here. If not, leave blank | 2A | .00 | 2B .00 |
| 3. | Add lines 1 and 2 (if less than zero, leave blank) | 3A | 107478.00 | 3B .00 |
| 4. | Enter the resident rate from the county tax chart on the back of this schedule for the county where you lived on Jan. 1, 2013 | 4A | .0175000 | 4B |
| 5. | Multiply line 3 by the rate on line 4 | 5A | 1881.00 | 5B .00 |
| 6. | Add lines 5A and 5B. Enter the total here. Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 7 and 8. Otherwise, enter the total here and on line 9 below (see page 54) | 6 | | 1881.00 |
| 7. | Enter the amount of income that was taxed by any of the Kentucky counties listed on line 6 above | 7 | | .00 |
| 8. | Multiply line 7 by .0056 and enter total here | 8 | | .00 |
| 9. | Enter total of line 6 minus line 8. Enter this amount on line 9 of Form IT-40 | 9 | | 1881.00 |

[REDACTED]

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2013

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

Attachment
Sequence No. 19► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Name:

Identifying number as shown on page 1 of your tax return:
[REDACTED]**PETER P BUTTIGIEG**

Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty.

f Resident of (name of country) ► US UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

| g Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|---|------------------------------------|----|---|-----------------------------------|
| | A | OC | B | |
| 1a Gross income from sources within country shown above and of the type checked above (see instructions): | ► VARIOUS | | | |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/> | 73 | | | 1a 73 |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction (see instructions) | 2,257 | | | |
| b Other deds. (attach stmt.) | 2,257 | | | |
| c Add lines 3a and 3b | 116,132 | | | |
| d Gross foreign source income (see instructions) | 0.0006 | | | |
| e Gross income from all sources (see instructions) | 1 | | | |
| f Divide line 3d by line 3e (see instructions) | 2 | | | |
| g Multiply line 3c by line 3f | 3 | | | 6 |
| 4 Pro rata share of interest expense (see instructions): | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | | | | 3 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ► 7 | | | | 70 |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) | Foreign taxes paid or accrued | | | | | | | | |
|--------------------------|--|-------------------------------|--------------|---|------------------------------|-------------------------|--------------|---|---|----|
| | | In foreign currency | | | In U.S. dollars | | | | | |
| (i) Date paid or accrued | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) | |
| | | | | | (o) Dividends | (p) Rents and royalties | (q) Interest | | | |
| A 1099 TAX | | | | | 15 | | | | | 15 |
| B | | | | | | | | | | |
| C | | | | | | | | | | |

8 Add lines A through C, column(s). Enter the total here and on line 9, page 2 ► 8

Form 1116 (2013)

For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

| | | | |
|--|----|---------|----|
| 9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 15 | |
| 10 Carryback or carryover (attach detailed computation) | 10 | | |
| 11 Add lines 9 and 10 | 11 | 15 | |
| 12 Reduction in foreign taxes (see instructions) | 12 | | |
| 13 Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 15 |
| 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) | 15 | 70 | |
| 16 Adjustments to line 15 (see instructions) | 16 | | |
| 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 70 | |
| 18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 101,248 | |
| Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | 0.0007 | |
| 20 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 | 20 | 20,519 | |
| Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions. | | | |
| 21 Multiply line 20 by line 19 (maximum amount of credit) | 21 | 14 | |
| 22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions) | 22 | 14 | |

Part III Summary of Credits From Separate Parts III (see instructions)

| | | | |
|--|----|----|--|
| 23 Credit for taxes on passive category income | 23 | | |
| 24 Credit for taxes on general category income | 24 | | |
| 25 Credit for taxes on certain income re-sourced by treaty | 25 | | |
| 26 Credit for taxes on lump-sum distributions | 26 | | |
| 27 Add lines 23 through 26 | 27 | | |
| 28 Enter the smaller of line 20 or line 27 | 28 | 14 | |
| 29 Reduction of credit for international boycott operations. See instructions for line 12 | 29 | | |
| 30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 30 | 14 | |