

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

RYAN

Your social security number

XXXXXXXXXX

TIMOTHY J.

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

Last name

RYAN

Spouse's social security number

XXXXXXXXXX

ANDREA M.

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.

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

 You  Spouse**Filing Status**1  Single4  Head of household (with qualifying person). If the qualifying2  Married filing jointly (even if only one had income)

person is a child but not your dependent, enter this child's

3  Married filing separately. Enter spouse's SSN above

name here. ►

and full name here. ►

5  Qualifying widow(er) with dependent child**Exemptions**6a  Yourself. If someone can claim you as a dependent, do not check box 6aBoxes checked  
on 6a and 6b 2b  SpouseNo. of children  
on 6c who:

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 qualifying for child tax credit

DAUGHTER

X

If more than four dependents, see  
instructions and  
check here ► Dependents on 6c  
not entered above

d Total number of exemptions claimed

Add numbers  
on lines above ► 3**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

7 204,406.

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

STMT 1 STMT 2

STMT 4

11 Alimony received

10 381.

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

11

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

12 1,557.

14 Other gains or (losses). Attach Form 4797

13

15a IRA distributions

15a

b Taxable amount

14

16a Pensions and annuities

16a

b Taxable amount

15b

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

16b

18 Farm income or (loss). Attach Schedule F

17 0.

19 Unemployment compensation

18

20a Social security benefits

20a

b Taxable amount

19

21 Other income. List type and amount

20b

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

206,344.

**Adjusted Gross Income**

23 Educator expenses

23 250.

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 21.

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

36 271.

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

206,073.

**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

|     |   |     |          |
|-----|---|-----|----------|
| 38  | Amount from line 37 (adjusted gross income) .....   | 38  | 206,073. |
| 39a | Check { <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. } Total boxes checked ► 39a <input type="checkbox"/> |     |          |
|     | if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. ► 39b <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  | 29,083.  |
| 41  | Subtract line 40 from line 38 .....   | 41  | 176,990. |
| 42  | Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see inst.  | 42  | 11,700.  |
| 43  | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-   | 43  | 165,290. |
| 44  | Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> _____                       | 44  | 33,747.  |
| 45  | Alternative minimum tax. Attach Form 6251 .....   | 45  |          |
| 46  | Add lines 44 and 45 .....   | 46  | 33,747.  |
| 47  | Foreign tax credit. Attach Form 1116 if required .....  | 47  |          |
| 48  | Credit for child and dependent care expenses. Attach Form 2441 .....  | 48  |          |
| 49  | Education credits from Form 8863, line 19 .....   | 49  |          |
| 50  | Retirement savings contributions credit. Attach Form 8880 .....   | 50  |          |
| 51  | Child tax credit. Attach Schedule 8812, if required .....   | 51  |          |
| 52  | Residential energy credits. Attach Form 5695 .....  | 52  |          |
| 53  | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____                                   | 53  |          |
| 54  | Add lines 47 through 53. These are your total credits .....   | 54  |          |
| 55  | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ►   | 55  | 33,747.  |
| 56  | Self-employment tax. Attach Schedule SE .....   | 56  | 42.      |
| 57  | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .....                                | 57  |          |
| 58  | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....   | 58  |          |
| 59a | Household employment taxes from Schedule H .....  | 59a |          |
| b   | First-time homebuyer credit repayment. Attach Form 5405 if required .....   | 59b |          |
| 60  | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s) .....                 | 60  |          |
| 61  | Add lines 55 through 60. This is your total tax .....   | 61  | 33,789.  |

**Payments**

|     |   |     |         |
|-----|---|-----|---------|
| 62  | Federal income tax withheld from Forms W-2 and 1099 .....   | 62  | 44,074. |
| 63  | 2013 estimated tax payments and amount applied from 2012 return .....   | 63  | 1,176.  |
| 64a | Earned income credit (EIC) .....  | 64a |         |
| b   | Nontaxable combat pay election .....  | 64b |         |
| 65  | Additional child tax credit. Attach Schedule 8812 .....   | 65  |         |
| 66  | American opportunity credit from Form 8863, line 8 .....  | 66  |         |
| 67  | Reserved .....  | 67  |         |
| 68  | Amount paid with request for extension to file .....  | 68  |         |
| 69  | Excess social security and tier 1 RRTA tax withheld .....   | 69  |         |
| 70  | Credit for federal tax on fuels. Attach Form 4136 .....   | 70  |         |
| 71  | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____ | 71  |         |
| 72  | Add lines 62, 63, 64a, and 65 through 71. These are your total payments .....   | 72  | 45,250. |

**Refund**

|     |   |     |         |
|-----|---|-----|---------|
| 73  | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid .....                       | 73  | 11,461. |
| 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>                 | 74a | 11,461. |
| b   | Routing number ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number ► |     |         |

Direct deposit?  
See instructions.

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

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

77 Estimated tax penalty (see instructions) .....

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

Designee's name ► SCOTT K. LOREE, CPA

Personal identification number (PIN) ►

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

U.S. CONGRESSMAN

Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

EDUCATOR

If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN

Firm's name ► Firm's EIN ► Phone no.

310002  
04-02-14 Firm's address

# Child Tax Credit Worksheet (keep for your records)

|   |                     |                        |
|---|---------------------|------------------------|
| Name(s): First<br><b>TIMOTHY J. &amp; ANDREA M.</b>   | Last<br><b>RYAN</b> | Your SSN<br>[REDACTED] |
| <b>Part 1</b>   |                     |                        |
| 1. Number of qualifying children: <u>1</u> X \$1,000. Enter the result. .... <u>1</u> <u>1,000.</u>   |                     |                        |
| 2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. .... <u>2</u> <u>206,073.</u>  |                     |                        |
| 3. <b>1040 filers:</b> Enter the total of any-<br><ul style="list-style-type: none"> <li>● Exclusion of income from Puerto Rico, and</li> <li>● Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040A and 1040NR filers:</b> Enter -0-. .... <u>3</u> <u>0.</u>   |                     |                        |
| 4. Add lines 2 and 3. Enter the total. .... <u>4</u> <u>206,073.</u>  |                     |                        |
| 5. Enter the amount shown below for your filing status.<br><ul style="list-style-type: none"> <li>● Married filing jointly - \$110,000</li> <li>● Single, head of household, or qualifying widow(er) - \$75,000</li> <li>● Married filing separately - \$55,000</li> </ul> } .... <u>5</u> <u>110,000.</u>  |                     |                        |
| 6. Is the amount on line 4 more than the amount on line 5?<br><input type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7.<br><input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4. .... <u>6</u> <u>97,000.</u><br>If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).  |                     |                        |
| 7. Multiply the amount on line 6 by 5% (.05). Enter the result. .... <u>7</u> <u>4,850.</u>   |                     |                        |
| 8. Is the amount on line 1 more than the amount on line 7?<br><input checked="" type="checkbox"/> <b>No.</b> <b>STOP</b><br>You cannot take the child tax credit on Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48.<br><input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. .... <u>8</u>  |                     |                        |
| <b>Part 2</b>   |                     |                        |
| 9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 44. .... <u>9</u>  |                     |                        |
| 10. <b>1040 filers:</b> Enter the total of the amounts from lines 47 through 50.*<br><b>1040A filers:</b> Enter the total of the amounts from lines 29 through 32.<br><b>1040NR filers:</b> Enter the total of the amounts from lines 45 through 47.* } .... <u>10</u>  |                     |                        |
| 11. Are you claiming any of the following credits?<br><ul style="list-style-type: none"> <li>● Residential energy efficient property credit, Form 5695, Part I.</li> <li>● Mortgage interest credit, Form 8396</li> <li>● Qualified adoption expenses, Form 8839</li> <li>● District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input type="checkbox"/> <b>No.</b> Enter the amount from line 10.<br><input type="checkbox"/> <b>Yes.</b> Complete the Line 11 Worksheet to figure the amount to enter here. } .... <u>11</u> |                     |                        |
| 12. Subtract line 11 from line 9. Enter the result. .... <u>12</u>  |                     |                        |
| 13. Is the amount on line 8 of this worksheet more than the amount on line 12?<br><input type="checkbox"/> <b>No.</b> Enter the amount from line 8.<br><input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. } <b>This is your<br/>child tax credit.</b> .... <u>13</u>   |                     |                        |

\* Also include amounts from:

- Form 5695, line 30
- Form 8910, line 15
- Form 8936, line 23
- Schedule R, line 22

**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](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. 07

Your social security number

**TIMOTHY J. & ANDREA M. RYAN**

|  |  |    |         |  |
|--|--|----|---------|--|
| <b>Medical and Dental Expenses</b>                       | <b>Caution.</b> Do not include expenses reimbursed or paid by others.  |    |         |  |
| 1  | Medical and dental expenses (see instructions) <b>SEE STATEMENT 8</b>  | 1  | 15,000. |  |
| 2  | Enter amount from Form 1040, line 38 ..... <b>2   206,073.</b>   | 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 ..... <b>3   20,607.</b>  | 3  |         |  |
| 4  | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- ..... <b>4   0.</b>  | 4  |         |  |
| <b>Taxes You Paid</b>                                    | 5 State and local (check only one box):<br>a <input checked="" type="checkbox"/> Income taxes, or<br>b <input type="checkbox"/> General sales taxes } <b>SEE STATEMENT 6</b>   | 5  | 11,457. |  |
|  | 6 Real estate taxes (see instructions) ..... <b>6   2,625.</b>   | 6  |         |  |
|  | 7 Personal property taxes ..... <b>7   0.</b>  | 7  |         |  |
|  | 8 Other taxes. List type and amount ►  | 8  |         |  |
|  | -----<br>9 Add lines 5 through 8 ..... <b>9   14,082.</b>  | 9  |         |  |
| <b>Interest You Paid</b>                                 | 10 Home mortgage interest and points reported to you on Form 1098 ..... <b>10   14,291.</b>  | 10 |         |  |
|  | 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 |         |  |
|  | -----<br>12 Points not reported to you on Form 1098. See instructions for special rules ..... <b>12   0.</b>   | 12 |         |  |
|  | 13 Mortgage insurance premiums (see instructions) ..... <b>13   0.</b>   | 13 |         |  |
|  | 14 Investment interest. Attach Form 4952 if required. (See instructions.) ..... <b>14   0.</b>   | 14 |         |  |
|  | 15 Add lines 10 through 14 ..... <b>15   14,291.</b>   | 15 |         |  |
| <b>Gifts to Charity</b>                                  | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions ..... <b>16   400.</b>  | 16 |         |  |
|  | 17 Other than by cash or check. If any gift of \$250 or more, see instructions.<br>You <b>must</b> attach Form 8283 if over \$500 <b>SEE STATEMENT 7</b>   | 17 | 310.    |  |
|  | 18 Carryover from prior year ..... <b>18   0.</b>  | 18 |         |  |
|  | 19 Add lines 16 through 18 ..... <b>19   710.</b>  | 19 |         |  |
| <b>Casualty and Theft Losses</b>                         | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) ..... <b>20   0.</b>  | 20 |         |  |
| <b>Job Expenses and Certain Miscellaneous Deductions</b> | 21 Unreimbursed employee expenses - job travel, union dues, job education, etc.<br>Attach Form 2106 or 2106-EZ if required. (See instructions.) ►<br><b>UNION AND PROFESSIONAL DUES</b> <b>420.</b><br><b>FROM FORM 2106</b> <b>3,000.</b>   | 21 | 3,420.  |  |
|  | 22 Tax preparation fees ..... <b>22   100.</b>   | 22 |         |  |
|  | 23 Other expenses - investment, safe deposit box, etc. List type and amount ►  | 23 |         |  |
|  | -----<br>24 Add lines 21 through 23 ..... <b>24   3,520.</b>   | 24 |         |  |
|  | 25 Enter amount from Form 1040, line 38 ..... <b>25   206,073.</b>   | 25 |         |  |
|  | 26 Multiply line 25 by 2% (.02) ..... <b>26   4,121.</b>   | 26 |         |  |
|  | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- ..... <b>27   0.</b>  | 27 |         |  |
| <b>Other Miscellaneous Deductions</b>                    | 28 Other - from list in instructions. List type and amount ►   | 28 |         |  |
|  | -----<br>29 Is Form 1040, line 38, over \$150,000?<br><input checked="" type="checkbox"/> <b>No.</b> 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.<br><input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | 29 | 29,083. |  |
| <b>Total Itemized Deductions</b>                         | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>  |    |         |  |

**SCHEDULE C  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

- For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
 ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2013**Attachment  
Sequence No. 09

Name of proprietor

Social security number (SSN)  
[REDACTED]**TIMOTHY J. RYAN****A** Principal business or profession, including product or service (see instructions)**B** Enter code from instructions  
► [REDACTED]**AUTHOR****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN), (see instr.)**E** Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses Yes  No**H** If you started or acquired this business during 2013, check here► **I** Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) Yes  No**J** If "Yes," did you or will you file required Forms 1099? Yes  No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked



1 2,535.

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 2,535.

4 Cost of goods sold (from line 42)

4

5 Gross profit. Subtract line 4 from line 3

5 2,535.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7 2,535.

**Part II Expenses****Enter expenses for business use of your home only on line 30.**

|   |     |  |     |      |
|---|-----|--|-----|------|
| 8 Advertising .....   | 8   | 18 Office expense .....  | 18  | 50.  |
| 9 Car and truck expenses<br>(see instructions) .....  | 9   | 19 Pension and profit-sharing plans .....                        | 19  |      |
| 10 Commissions and fees .....   | 10  | 20 Rent or lease (see instructions):                             | 20  |      |
| 11 Contract labor (see instructions) .....  | 11  | a Vehicles, machinery, and equipment .....                       | 20a |      |
| 12 Depletion .....  | 12  | b Other business property .....                                  | 20b |      |
| 13 Depreciation and section 179<br>expense deduction (not included in<br>Part III) (see instructions) .....   | 13  | 21 Repairs and maintenance .....                                 | 21  |      |
| 14 Employee benefit programs (other<br>than on line 19) .....   | 14  | 22 Supplies (not included in Part III) .....                     | 22  |      |
| 15 Insurance (other than health) .....  | 15  | 23 Taxes and licenses .....                                      | 23  |      |
| 16 Interest:<br>a Mortgage (paid to banks, etc.) .....  | 16a | 24 Travel, meals, and entertainment:<br>a Travel .....           | 24a | 928. |
| b Other .....   | 16b | b Deductible meals and<br>entertainment (see instructions) ..... | 24b |      |
| 17 Legal and professional services .....  | 17  | 25 Utilities .....   | 25  |      |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a   |     | 26 Wages (less employment credits) .....                         | 26  |      |
| 29 Tentative profit or (loss). Subtract line 28 from line 7   |     | 27 a Other expenses (from line 48) .....                         | 27a |      |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829<br>unless using the simplified method (see instructions). |     | b Reserved for future use .....                                  | 27b |      |

28 Total expenses before expenses for business use of home. Add lines 8 through 27a

28 978.

29 Tentative profit or (loss). Subtract line 28 from line 7

29 1,557.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829

30

unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home:

31

and (b) the part of your home used for business:

32a

Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

32b

31 Net profit or (loss). Subtract line 30 from line 29.

32a

● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

● If a loss, you must go to line 32.

32b

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

● If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

● If you checked 32b, you must attach Form 6198. Your loss may be limited.

All investment  
is at risk.Some investment  
is not at risk.

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040NR, or Form 1041.

► Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

OMB No. 1545-0074

**2013**

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

**TIMOTHY J. & ANDREA M. RYAN**

**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)  Yes  No

B If "Yes," did you or will you file required Forms 1099?  Yes  No

1a Physical address of each property (street, city, state, ZIP code)

A [REDACTED]

B [REDACTED]

C [REDACTED]

| 1b | Type of Property<br>(from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
|----|---------------------------------------|--|------------------|-------------------|--------------------------|
| A  | 1                                     |  | A 365            |                   | <input type="checkbox"/> |
| B  |                                       |  | B                |                   | <input type="checkbox"/> |
| C  |                                       |  | C                |                   | <input type="checkbox"/> |

**Type of Property:**

|                           |                              |             |                    |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land      | 7 Self-Rental      |
| 2 Multi-Family Residence  | 4 Commercial                 | 6 Royalties | 8 Other (describe) |

| Income:  | Properties: | A       | B | C |
|--|-------------|---------|---|---|
| 3 Rents received .....   | 3           | 1,000.  |   |   |
| 4 Royalties received .....   | 4           |         |   |   |
| 5 Advertising .....  | 5           |         |   |   |
| 6 Auto and travel (see instructions) .....   | 6           |         |   |   |
| 7 Cleaning and maintenance .....   | 7           | 246.    |   |   |
| 8 Commissions .....  | 8           |         |   |   |
| 9 Insurance .....  | 9           |         |   |   |
| 10 Legal and other professional fees .....   | 10          |         |   |   |
| 11 Management fees .....   | 11          |         |   |   |
| 12 Mortgage interest paid to banks, etc. (see instructions) .....  | 12          |         |   |   |
| 13 Other interest .....  | 13          |         |   |   |
| 14 Repairs .....   | 14          | 1,950.  |   |   |
| 15 Supplies .....  | 15          |         |   |   |
| 16 Taxes .....   | 16          |         |   |   |
| 17 Utilities .....   | 17          |         |   |   |
| 18 Depreciation expense or depletion .....   | 18          |         |   |   |
| 19 Other (list) ►  | 19          |         |   |   |
| 20 Total expenses. Add lines 5 through 19 .....  | 20          | 2,196.  |   |   |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 ..... | 21          | -1,196. |   |   |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) .....  | 22          | 0.      |   | ) |

|   |     |        |  |
|---|-----|--------|--|
| 23a Total of all amounts reported on line 3 for all rental properties ..... | 23a | 1,000. |  |
| b Total of all amounts reported on line 4 for all royalty properties .....  | 23b |        |  |
| c Total of all amounts reported on line 12 for all properties .....         | 23c |        |  |
| d Total of all amounts reported on line 18 for all properties .....         | 23d |        |  |
| e Total of all amounts reported on line 20 for all properties .....         | 23e | 2,196. |  |

|  |    |     |
|--|----|-----|
| 24 Income. Add positive amounts shown on line 21. Do not include any losses .....  | 24 | 0.  |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .....   | 25 | 0.) |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 ..... | 26 | 0.  |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2013

Name of person with **self-employment** income (as shown on Form 1040)Social security number of  
person with **self-employment**  
income ► [REDACTED]**TIMOTHY J. RYAN****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 <b>and</b> you filed Form 4361, but you had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I .....   | ► [REDACTED]      |
| 1a | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> Skip lines 1a and 1b if you use the farm optional method (see instructions) .....  | 1a [REDACTED]     |
| 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 .....  | 1b [REDACTED]     |
| 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. <b>Note.</b> Skip this line if you use the nonfarm optional method (see instructions) <b>SEE STATEMENT 9</b> ..... | 2 1,557.          |
| 3  | Combine lines 1a, 1b, and 2 .....  | 3 1,557.          |
| 4a | If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 .....  | 4a 1,438.         |
| b  | If you elect one or both of the optional methods, enter the total of lines 15 and 17 here .....  | 4b [REDACTED]     |
| c  | Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue .....   | 4c 1,438.         |
| 5a | Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income .....  | 5a [REDACTED]     |
| b  | Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- .....  | 5b [REDACTED]     |
| 6  | Add lines 4c and 5b .....  | 6 1,438.          |
| 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 .....  | 7 113,700.00      |
| 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 113,700.       |
| b  | Unreported tips subject to social security tax (from Form 4137, line 10) .....   | 8b [REDACTED]     |
| c  | Wages subject to social security tax (from Form 8919, line 10) .....   | 8c [REDACTED]     |
| d  | Add lines 8a, 8b, and 8c .....   | 8d [REDACTED]     |
| 9  | Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 .....   | 9 [REDACTED]      |
| 10 | Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (.124) .....  | 10 [REDACTED]     |
| 11 | Multiply line 6 by 2.9% (.029) .....   | 11 42.            |
| 12 | <b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Form 1040, line 56, or Form 1040NR, line 54</b> .....  | 12 42.            |
| 13 | <b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> .....   | 13 [REDACTED] 21. |

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

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> was not more than \$6,960, or (b) your net farm profits<sup>2</sup> were less than \$5,024.

- 14 Maximum income for optional methods .....
- 15 Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) **or** \$4,640. Also include this amount on line 4b above .....

|    |            |
|----|------------|
| 14 | 4,640.00   |
| 15 | [REDACTED] |

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$5,024 and also less than 72.189% of your gross nonfarm income<sup>4</sup> **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 Subtract line 15 from line 14 .....
- 17 Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above .....

|    |            |
|----|------------|
| 16 | [REDACTED] |
| 17 | [REDACTED] |

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

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

**Passive Activity Loss Limitations**

► See separate instructions.

► Attach to Form 1040 or Form 1041.

► Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582)**2013**

Attachment Sequence No. 88

Name(s) shown on return

Identifying number  
[Redacted]**TIMOTHY J. & ANDREA M. RYAN****Part I 2013 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1,

column (a)) .....

1a

1b Activities with net loss (enter the amount from Worksheet 1,  
column (b)) .....

1b -1,196.

1c Prior years unallowed losses (enter the amount from Worksheet  
1, column (c)) .....

1c

d Combine lines 1a, 1b, and 1c .....

1d -1,196.

**Commercial Revitalization Deductions From Rental Real Estate Activities**

2a Commercial revitalization deductions from Worksheet 2, column (a) .....

2a

2b Prior year unallowed commercial revitalization deductions from  
Worksheet 2, column (b) .....

2b

c Add lines 2a and 2b .....

2c

**All Other Passive Activities**3a Activities with net income (enter the amount from Worksheet 3,  
column (a)) .....

3a

3b Activities with net loss (enter the amount from Worksheet 3,  
column (b)) .....

3b

3c Prior years unallowed losses (enter the amount from Worksheet 3,  
column (c)) .....

3c

d Combine lines 3a, 3b, and 3c .....

3d

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all  
losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on  
the forms and schedules normally used .....

4

-1,196.

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete  
Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.5 Enter the **smaller** of the loss on line 1d or the loss on line 4 .....

5

1,196.

6 Enter \$150,000. If married filing separately, see instructions .....

6

150,000.

7 Enter modified adjusted gross income, but not less than zero (see instructions)

7

206,094.

STATEMENT 14

**Note:** If line 7 is greater than or equal to line 6, skip lines 8 and  
9, enter -0- on line 10. Otherwise, go to line 8.

8

8 Subtract line 7 from line 6 .....

9

9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions .....

10

0.

10 Enter the **smaller** of line 5 or line 9 .....

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities****Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions .....

11

12 Enter the loss from line 4 .....

12

13 Reduce line 12 by the amount on line 10 .....

13

14 Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13 .....

14

**Part IV Total Losses Allowed**

15 Add the income, if any, on lines 1a and 3a and enter the total .....

15

16 **Total losses allowed from all passive activities for 2013.** Add lines 10, 14, and 15. See instructions

to find out how to report the losses on your tax return .....

SEE STATEMENT 13

16

0.

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

---

**Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)**

| Name of activity                                     | Current year                |                           | Prior years                     | Overall gain or loss |          |
|--|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|  | (a) Net income<br>(line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | (d) Gain             | (e) Loss |
|  |                             |                           |                                 |                      |          |
|  |                             |                           |                                 |                      |          |
|  |                             |                           |                                 |                      |          |
|  |                             |                           |                                 |                      |          |
|  |                             |                           |                                 |                      |          |
| SEE ATTACHED STATEMENT FOR WORKSHEET 1               |                             |                           |                                 |                      |          |
| Total. Enter on Form 8582, lines 1a,<br>1b, and 1c ► |                             |                           | -1,196.                         |                      |          |

---

**Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)**

| Name of activity                                  | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
|   |                                       |   |                  |
|   |                                       |   |                  |
|   |                                       |   |                  |
|   |                                       |   |                  |
| <b>Total. Enter on Form 8582, lines 2a and 2b</b> |                                       |   |                  |

**Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)**

| Name of activity                                    | Current year                |                           | Prior years                     | Overall gain or loss |          |
|---|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|   | (a) Net income<br>(line 3a) | (b) Net loss<br>(line 3b) | (c) Unallowed<br>loss (line 3c) | (d) Gain             | (e) Loss |
|   |                             |                           |                                 |                      |          |
|   |                             |                           |                                 |                      |          |
|   |                             |                           |                                 |                      |          |
|   |                             |                           |                                 |                      |          |
|   |                             |                           |                                 |                      |          |
| Total. Enter on Form 8582, lines 3a,<br>3b, and 3c. |                             |                           |                                 |                      |          |

**Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)**

| Worksheet 1 – Use this Worksheet if an amount is shown on Form 5000, line 10 or 11 (See instructions.) |   |          |           |                       |   |
|--|---|----------|-----------|-----------------------|---|
| Name of activity   | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|  |   |          |           |                       |   |
|  |   |          |           |                       |   |
|  |   |          |           |                       |   |
|  |   |          |           |                       |   |
|  |   |          |           |                       |   |
| Total  |   | ►        |           |                       |   |

## **Worksheet 5 - Allocation of Unallowed Losses (See instructions.)**

SEE ATTACHED STATEMENT FOR WORKSHEET 5

**Total** ..... ► 1,196. 1.000000000 1,196.

**Worksheet 6 - Allowed Losses** (See instructions.)

| Name of activity                       | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|--|---|----------|--------------------|------------------|
|  |   |          |                    |                  |
|  |   |          |                    |                  |
|  |   |          |                    |                  |
|  |   |          |                    |                  |
| SEE ATTACHED STATEMENT FOR WORKSHEET 6 |   |          |                    |                  |

Total ..... ► 1,196. 1,196.

**Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

| Name of activity   | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|--|-----|-----|-----------|--------------------|------------------|
| Form or schedule and line number to be reported on (see instructions): ..... |     |     |           |                    |                  |
| 1a Net loss plus prior year unallowed loss from form or schedule .....       | ►   |     |           |                    |                  |
| b Net income from form or schedule .....                                     | ►   |     |           |                    |                  |
| c Subtract line 1b from line 1a. If zero or less, enter -0- .....            | ►   |     |           |                    |                  |
| Form or schedule and line number to be reported on (see instructions): ..... |     |     |           |                    |                  |
| 1a Net loss plus prior year unallowed loss from form or schedule .....       | ►   |     |           |                    |                  |
| b Net income from form or schedule .....                                     | ►   |     |           |                    |                  |
| c Subtract line 1b from line 1a. If zero or less, enter -0- .....            | ►   |     |           |                    |                  |
| Form or schedule and line number to be reported on (see instructions): ..... |     |     |           |                    |                  |
| 1a Net loss plus prior year unallowed loss from form or schedule .....       | ►   |     |           |                    |                  |
| b Net income from form or schedule .....                                     | ►   |     |           |                    |                  |
| c Subtract line 1b from line 1a. If zero or less, enter -0- .....            | ►   |     |           |                    |                  |
| Total ..... ►  |     |     |           |                    |                  |

## ALTERNATIVE MINIMUM TAX

OMB No. 1545-1008

**Form 8582**Department of the Treasury  
Internal Revenue Service (99)**Passive Activity Loss Limitations**

► See separate instructions.

► Attach to Form 1040 or Form 1041.

► Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582)

2013

Attachment Sequence No. 88

Name(s) shown on return

Identifying number

**TIMOTHY J. & ANDREA M. RYAN****Part I 2013 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1,

column (a)) .....

1a

1b Activities with net loss (enter the amount from Worksheet 1,

column (b)) .....

-1,196.

1b

1c Prior years unallowed losses (enter the amount from Worksheet

1, column (c)) .....

1c

d Combine lines 1a, 1b, and 1c .....

1d

-1,196.

**Commercial Revitalization Deductions From Rental Real Estate Activities**

2a Commercial revitalization deductions from Worksheet 2, column (a) .....

2a

2b Prior year unallowed commercial revitalization deductions from

Worksheet 2, column (b) .....

2b

c Add lines 2a and 2b .....

2c

**All Other Passive Activities**

3a Activities with net income (enter the amount from Worksheet 3,

column (a)) .....

3a

3b Activities with net loss (enter the amount from Worksheet 3,

column (b)) .....

3b

3c Prior years unallowed losses (enter the amount from Worksheet 3,

column (c)) .....

3c

d Combine lines 3a, 3b, and 3c .....

3d

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used .....

4

-1,196.

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4 .....

5

1,196.

6 Enter \$150,000. If married filing separately, see instructions .....

6

150,000.

7 Enter modified adjusted gross income, but not less than zero (see instructions)

7

206,094.

**Note:** If line 7 is greater than or equal to line 6, skip lines 8 and

9, enter -0- on line 10. Otherwise, go to line 8.

8

8 Subtract line 7 from line 6 .....

9

9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions .....

10

0.

10 Enter the smaller of line 5 or line 9 .....

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities****Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions .....

11

12 Enter the loss from line 4 .....

12

13 Reduce line 12 by the amount on line 10 .....

13

14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 .....

14

**Part IV Total Losses Allowed**

15 Add the income, if any, on lines 1a and 3a and enter the total .....

15

16 Total losses allowed from all passive activities for 2013. Add lines 10, 14, and 15. See instructions

to find out how to report the losses on your tax return .....

SEE STATEMENT 18

16

0.

## ALTERNATIVE MINIMUM TAX

Form 8582 (2013) TIMOTHY J. & ANDREA M. RYAN

Page 2

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

---

**Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)**

| Name of activity                                     | Current year                |                           | Prior years                     | Overall gain or loss |          |
|--|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|  | (a) Net income<br>(line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | (d) Gain             | (e) Loss |
|  |                             |                           |                                 |                      |          |
|  |                             |                           |                                 |                      |          |
|  |                             |                           |                                 |                      |          |
|  |                             |                           |                                 |                      |          |
|  |                             |                           |                                 |                      |          |
| SEE ATTACHED STATEMENT FOR WORKSHEET 1               |                             |                           |                                 |                      |          |
| Total. Enter on Form 8582, lines 1a,<br>1b, and 1c ► |                             |                           | -1,196.                         |                      |          |

---

**Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)**

| Name of activity                                  | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
|   |                                       |   |                  |
|   |                                       |   |                  |
|   |                                       |   |                  |
|   |                                       |   |                  |
| <b>Total. Enter on Form 8582, lines 2a and 2b</b> |                                       |   |                  |

**Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)**

| Name of activity                                    | Current year                |                           | Prior years                     | Overall gain or loss |          |
|---|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|   | (a) Net income<br>(line 3a) | (b) Net loss<br>(line 3b) | (c) Unallowed<br>loss (line 3c) | (d) Gain             | (e) Loss |
|   |                             |                           |                                 |                      |          |
|   |                             |                           |                                 |                      |          |
|   |                             |                           |                                 |                      |          |
|   |                             |                           |                                 |                      |          |
|   |                             |                           |                                 |                      |          |
| Total. Enter on Form 8582, lines 3a,<br>3b, and 3c. |                             |                           |                                 |                      |          |

**Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)**

| Worksheet 1 – Use this worksheet if an amount is shown on Form 5000, line 10 or 11 (See instructions.) |   |          |           |                       |   |
|--|---|----------|-----------|-----------------------|---|
| Name of activity   | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|  |   |          |           |                       |   |
|  |   |          |           |                       |   |
|  |   |          |           |                       |   |
|  |   |          |           |                       |   |
|  |   |          |           |                       |   |
| Total  |   | ►        |           |                       |   |

## **Worksheet 5 - Allocation of Unallowed Losses (See instructions )**

SEE ATTACHED STATEMENT FOR WORKSHEET 5

**Total** ..... ► 1,196. 1.000000000 1,196.

## ALTERNATIVE MINIMUM TAX

Form 8582 (2013) **TIMOTHY J. & ANDREA M. RYAN**

## **Worksheet 6 - Allowed Losses** (See instructions.)

SEE ATTACHED STATEMENT FOR WORKSHEET 6

**Total** ..... ► 1,196. 1,196.

**Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

| Name of activity:   | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|-----|-----------|--------------------|------------------|
| <b>Form or schedule and line number<br/>to be reported on (see<br/>instructions):</b> ..... |     |     |           |                    |                  |
| <b>1a</b> Net loss plus prior year unallowed<br>loss from form or schedule .....            | ►   |     |           |                    |                  |
| <b>b</b> Net income from form or<br>schedule .....  | ►   |     |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....                    | ►   |     |           |                    |                  |
| <b>Form or schedule and line number<br/>to be reported on (see<br/>instructions):</b> ..... |     |     |           |                    |                  |
| <b>1a</b> Net loss plus prior year unallowed<br>loss from form or schedule .....            | ►   |     |           |                    |                  |
| <b>b</b> Net income from form or<br>schedule .....  | ►   |     |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....                    | ►   |     |           |                    |                  |
| <b>Form or schedule and line number<br/>to be reported on (see<br/>instructions):</b> ..... |     |     |           |                    |                  |
| <b>1a</b> Net loss plus prior year unallowed<br>loss from form or schedule .....            | ►   |     |           |                    |                  |
| <b>b</b> Net income from form or<br>schedule .....  | ►   |     |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....                    | ►   |     |           |                    |                  |
| <b>Total</b> .....  | ►   |     |           |                    |                  |

## Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

**2013**

Your name

TIMOTHY J. RYAN

Occupation in which you incurred expenses

U.S. CONGRESSMAN

Social security number

**Part I Employee Business Expenses and Reimbursements**

| Step 1 Enter Your Expenses   | Column A                           |        | Column B                |  |
|--|------------------------------------|--------|-------------------------|--|
|  | Other Than Meals and Entertainment |        | Meals and Entertainment |  |
| 1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) .....  | 1                                  |        |                         |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work ..... | 2                                  |        |                         |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment .....      | 3                                  |        |                         |  |
| 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment .....  | 4                                  | 3,000. |                         |  |
| 5 Meals and entertainment expenses (see instructions) .....  | 5                                  |        |                         |  |
| 6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....                       | 6                                  | 3,000. |                         |  |

**Note:** If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

|   |   |  |  |
|---|---|--|--|
| 7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) ..... | 7 |  |  |
|---|---|--|--|

**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

|  |    |        |  |
|--|----|--------|--|
| 8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) .....   | 8  | 3,000. |  |
| <b>Note:</b> If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.  |    |        |  |
| 9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) .....  | 9  | 3,000. |  |
| 10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ..... | 10 | 3,000. |  |

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106 (2013)

**Part II** Vehicle Expenses

| Section A - General Information (You must complete this section if you are claiming vehicle expenses.) |    | (a) Vehicle                  | (b) Vehicle                 |
|--|----|------------------------------|-----------------------------|
| 11 Enter the date the vehicle was placed in service .....  | 11 |                              |                             |
| 12 Total miles the vehicle was driven during 2013 .....  | 12 | miles                        | miles                       |
| 13 Business miles included on line 12 .....  | 13 | miles                        | miles                       |
| 14 Percent of business use. Divide line 13 by line 12 .....  | 14 | %                            | %                           |
| 15 Average daily roundtrip commuting distance .....  | 15 | miles                        | miles                       |
| 16 Commuting miles included on line 12 .....   | 16 | miles                        | miles                       |
| 17 Other miles. Add lines 13 and 16 and subtract the total from line 12 .....                          | 17 | miles                        | miles                       |
| 18 Was your vehicle available for personal use during off-duty hours? .....                            |    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19 Do you (or your spouse) have another vehicle available for personal use? .....                      |    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20 Do you have evidence to support your deduction? .....   |    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21 If "Yes," is the evidence written? .....  |    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Section B - Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

| 22 Multiply line 13 by 56.5¢ (.565). Enter the result here and on line 1 .....   | 22  |             |             |
|--|-----|-------------|-------------|
| Section C - Actual Expenses  |     | (a) Vehicle | (b) Vehicle |
| 23 Gasoline, oil, repairs, vehicle insurance, etc. ....  | 23  |             |             |
| 24a Vehicle rentals .....  | 24a |             |             |
| b Inclusion amount (see instructions) .....  | 24b |             |             |
| c Subtract line 24b from line 24a .....  | 24c |             |             |
| 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) ..... | 25  |             |             |
| 26 Add lines 23, 24c, and 25 .....   | 26  |             |             |
| 27 Multiply line 26 by the percentage on ln 14 .....   | 27  |             |             |
| 28 Depreciation (see instructions) .....   | 28  |             |             |
| 29 Add lines 27 and 28. Enter total here and on line 1 .....   | 29  |             |             |

**Section D - Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

|  |    | (a) Vehicle | (b) Vehicle |
|--|----|-------------|-------------|
| 30 Enter cost or other basis (see instructions) .....  | 30 |             |             |
| 31 Enter section 179 deduction and special allowance (see instructions) .....  | 31 |             |             |
| 32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) .....  | 32 |             |             |
| 33 Enter depreciation method and percentage (see instructions) .....   | 33 |             |             |
| 34 Multiply line 32 by the percentage on line 33 (see instructions) .....  | 34 |             |             |
| 35 Add lines 31 and 34 .....   | 35 |             |             |
| 36 Enter the applicable limit explained in the line 36 instructions .....  | 36 |             |             |
| 37 Multiply line 36 by the percentage on ln 14 .....   | 37 |             |             |
| 38 Enter the <b>smaller</b> of line 35 or line 37.<br>If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above ..... | 38 |             |             |

2012

2011

2010

OHIO

640.

384.

GROSS STATE/LOCAL INC TAX REFUNDS  
LESS: TAX PAID IN FOLLOWING YEAR

**NET TAX REFUNDS      OHIO**

256.

OHIO

125.

GROSS STATE/LOCAL INC TAX REFUNDS  
LESS: TAX PAID IN FOLLOWING YEAR

**NET TAX REFUNDS      OHIO**

125.

**TOTAL NET TAX REFUNDS**

381.

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

2

2012

2011

2010

NET TAX REFUNDS FROM STATE AND  
LOCAL INCOME TAX REFUNDS STMNT. 381.

LESS:REFUNDS-NO BENEFIT DUE TO AMT  
-SALES TAX BENEFIT REDUCTION

1 NET REFUNDS FOR RECALCULATION 381.

2 TOTAL ITEMIZED DEDUCTIONS  
BEFORE PHASEOUT 22,290.

3 DEDUCTION NOT SUBJ TO PHASEOUT

4 NET REFUNDS FROM LINE 1 381.

5 LINE 2 MINUS LINES 3 AND 4 21,909.

6 MULT LN 5 BY APPL SEC. 68 PCT

7 PRIOR YEAR AGI

8 ITEM. DED. PHASEOUT THRESHOLD

9 SUBTRACT LINE 8 FROM LINE 7  
(IF ZERO OR LESS, SKIP LINES  
10 THROUGH 15, AND ENTER  
AMOUNT FROM LINE 1 ON LINE 16)

10 MULT LN 9 BY APPL SEC. 68 PCT

11 ALLOWABLE ITEMIZED DEDUCTIONS  
(LINE 5 LESS THE LESSER OF  
LINE 6 OR LINE 10)

12 ITEM DED. NOT SUBJ TO PHASEOUT

13A TOTAL ADJ. ITEMIZED DEDUCTIONS 21,909.

13B PRIOR YR. STD. DED. AVAILABLE 5,950.

14 PRIOR YR. ALLOWABLE ITEM. DED. 22,290.

15 SUBTRACT THE GREATER OF LINE  
13A OR LINE 13B FROM LINE 14 381.

16 TAXABLE REFUNDS 381.  
(LESSER OF LINE 15 OR LINE 1)

17 ALLOWABLE PRIOR YR. ITEM. DED. 22,290.

18 PRIOR YEAR STD. DED. AVAILABLE 5,950.

19 SUBTRACT LINE 18 FROM LINE 17 16,340.

20 LESSER OF LINE 16 OR LINE 19 381.

21 PRIOR YEAR TAXABLE INCOME 150,504.

22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10

\* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20

\* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21

381.

STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2010

TOTAL TO FORM 1040, LINE 10

381.

|    |   |          |
|----|---|----------|
| 1. | ENTER THE TOTAL INTEREST PAID IN 2013 ON QUALIFIED STUDENT LOANS. DO NOT ENTER MORE THAN \$2,500 . . . . .  | 438.     |
| 2. | ENTER THE AMOUNT FROM FORM 1040, LINE 22 . . . . .  | 206,344. |
| 3. | ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINES 23 THROUGH 32 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36 . . . . .                           | 271.     |
| 4. | SUBTRACT LINE 3 FROM LINE 2 . . . . .   | 206,073. |
| 5. | ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS.<br>* SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$60,000<br>* MARRIED FILING JOINTLY-\$125,000 . . . . .               | 125,000. |
| 6. | IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5?<br>[ ] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9<br>[X] YES. SUBTRACT LINE 5 FROM LINE 4 . . . . .      | 81,073.  |
| 7. | DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000 . . . | 1.000    |
| 8. | MULTIPLY LINE 1 BY LINE 7. . . . .  | 438.     |
| 9. | STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1040, LINE 33 . . .   | 0.       |

TIMOTHY J. &amp; ANDREA M. RYAN

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 4

|                               | 2012   | STATE REFUND | AMOUNT SUBTRACTED<br>FROM TAXABLE REFUND |
|-------------------------------|--------|--------------|--|
| STATE TAX PAID IN FOLLOW YEAR | 2,100. | X            |  |
| TOTAL STATE TAX PAID 2012     | 3,500. | 640. =       | 384.                                     |

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 5

| T<br>S EMPLOYER'S NAME                   | AMOUNT<br>PAID  | FEDERAL<br>TAX<br>WITHHELD | STATE<br>TAX<br>WITHHELD | CITY<br>SDI<br>TAX W/H | FICA<br>TAX   | MEDICARE<br>TAX |
|--|-----------------|----------------------------|--------------------------|------------------------|---------------|-----------------|
| T HOUSE OF REP - MEMBER<br>SERVICES      | 161,884.        | 38,020.                    | 7,720.                   |                        | 7,049.        | 2,507.          |
| S WEATHERSFIELD LOCAL<br>SCHOOL DISTRICT | 42,522.         | 6,054.                     | 1,221.                   |                        |               | 689.            |
| <b>TOTALS</b>                            | <b>204,406.</b> | <b>44,074.</b>             | <b>8,941.</b>            |                        | <b>7,049.</b> | <b>3,196.</b>   |

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 6

| DESCRIPTION                                      | AMOUNT         |
|--|----------------|
| HOUSE OF REP - MEMBER SERVICES                   | 7,720.         |
| WEATHERSFIELD LOCAL SCHOOL DISTRICT              | 1,221.         |
| OHIO CITIES 1ST QTR ESTIMATE PAYMENTS            | 160.           |
| OHIO CITIES PRIOR YEAR OVERPAYMENT APPLIED       | 640.           |
| OHIO CITIES PRIOR YEAR ESTIMATE PAYMENTS         | 2,100.         |
| REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS | -384.          |
| <b>TOTAL TO SCHEDULE A, LINE 5</b>               | <b>11,457.</b> |

| SCHEDULE A                   | CONTRIBUTIONS OTHER THAN CASH OR CHECK |                     |                     | STATEMENT           |
|------------------------------|--|---------------------|---------------------|---------------------|
| DESCRIPTION                  | AMOUNT<br>100% LIMIT                   | AMOUNT<br>50% LIMIT | AMOUNT<br>30% LIMIT | AMOUNT<br>20% LIMIT |
| MISCELLANEOUS                |  | 310.                |                     |                     |
| SUBTOTALS                    |  | 310.                |                     |                     |
| TOTAL TO SCHEDULE A, LINE 17 |  |                     |                     | 310.                |

| SCHEDULE A                  | MEDICAL AND DENTAL EXPENSES | STATEMENT |
|-----------------------------|-----------------------------|-----------|
| DESCRIPTION                 | AMOUNT                      |           |
| DOCTORS, DENTISTS, ETC.     | 15,000.                     |           |
| TOTAL TO SCHEDULE A, LINE 1 | 15,000.                     |           |

| SCHEDULE SE | NON-FARM INCOME | STATEMENT |
|-------------|-----------------|-----------|
| DESCRIPTION | AMOUNT          |           |
| AUTHOR      | 1,557.          |           |
| [REDACTED]  | 1,557.          |           |

| FORM 8582            | ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 |          |                                 | STATEMENT            |
|----------------------|--|----------|---------------------------------|----------------------|
| NAME OF ACTIVITY     | CURRENT YEAR                               |          | PRIOR YEAR<br>UNALLOWED<br>LOSS | OVERALL GAIN OR LOSS |
|                      | NET INCOME                                 | NET LOSS | GAIN                            | LOSS                 |
| RESIDENTIAL RENTAL - |  |          |                                 |                      |
| [REDACTED]           | 0.   | -1,196.  |                                 | -1,196.              |
| TOTALS               | 0.   | -1,196.  |                                 | -1,196.              |

FORM 8582

ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 11

| NAME OF ACTIVITY              | FORM<br>OR<br>SCHEDULE | LOSS   | RATIO       | UNALLOWED<br>LOSS |
|-------------------------------|------------------------|--------|-------------|-------------------|
| RESIDENTIAL RENTAL [REDACTED] | SCH E                  | 1,196. | 1.000000000 | 1,196.            |
| TOTALS                        |                        | 1,196. | 1.000000000 | 1,196.            |

FORM 8582

ALLOWED LOSSES - WORKSHEET 6

STATEMENT 12

| NAME OF ACTIVITY              | FORM<br>OR<br>SCHEDULE | LOSS   | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|-------------------------------|------------------------|--------|-------------------|-----------------|
| RESIDENTIAL RENTAL [REDACTED] | SCH E                  | 1,196. | 1,196.            |                 |
| TOTALS                        |                        | 1,196. | 1,196.            |                 |

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 13

| R<br>R<br>E<br>A NAME | FORM<br>OR<br>SCHEDULE | PRIOR<br>YEAR C/O | NET<br>GAIN/LOSS | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|-----------------------|------------------------|-------------------|------------------|-------------------|-----------------|
| X RESIDENTIAL         | SCH E                  |                   | -1,196.          | -1,196.           | 1,196.          |
| TOTALS                |                        |                   | -1,196.          | -1,196.           | 1,196.          |

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME \_\_\_\_\_

TOTAL TO FORM 8582, LINE 16 \_\_\_\_\_

FORM 8582

MODIFIED AGI

STATEMENT 14

**INCOME**

|                                |          |
|--------------------------------|----------|
| WAGES, SALARIES, TIPS ETC.     | 204,406. |
| DIVIDEND INCOME                |          |
| TAXABLE REFUNDS                | 381.     |
| ALIMONY RECEIVED               |          |
| TAXABLE IRA DISTRIBUTIONS      |          |
| TAXABLE PENSIONS AND ANNUITIES |          |
| UNEMPLOYMENT COMPENSATION      |          |
| OTHER INCOME                   |          |

**INTEREST INCOME**

ADD: SERIES EE AND I EXCLUSION

|                          |        |
|--------------------------|--------|
| BUSINESS INCOME OR LOSS  | 1,557. |
| ADD: PASSIVE LOSSES      |        |
| SUBTRACT: PASSIVE INCOME |        |

**SALE OF ASSETS**

|                                       |  |
|---------------------------------------|--|
| ADD: PASSIVE/RREA PROFESSIONAL LOSSES |  |
| SUBTRACT: PASSIVE INCOME              |  |

1,557.

|   |  |
|---|--|
| RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS |  |
| ADD: PASSIVE/RREA PROFESSIONAL LOSSES         |  |
| SUBTRACT: PASSIVE INCOME                      |  |

|                                       |  |
|---------------------------------------|--|
| FARM OR FARM RENTAL INCOME OR LOSS    |  |
| ADD: PASSIVE/RREA PROFESSIONAL LOSSES |  |
| SUBTRACT: PASSIVE INCOME              |  |

206,344.

TOTAL INCOME

**ADJUSTMENTS**

|  |      |
|--|------|
| MOVING EXPENSES                          |      |
| SELF-EMPLOYED HEALTH INSURANCE DEDUCTION |      |
| PENALTY ON EARLY WITHDRAWAL OF SAVINGS   |      |
| ALIMONY PAID                             |      |
| KEOGH/SEP DEDUCTION                      |      |
| OTHER ADJUSTMENTS                        | 250. |

TOTAL ADJUSTMENTS

250.

TOTAL TO FORM 8582, LINE 7

206,094.

FORM 8582

ALTERNATIVE MINIMUM TAX  
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 15

| NAME OF ACTIVITY     | CURRENT YEAR |          | PRIOR YEAR<br>UNALLOWED<br>LOSS | OVERALL GAIN OR LOSS |         |
|----------------------|--------------|----------|---------------------------------|----------------------|---------|
|                      | NET INCOME   | NET LOSS |                                 | GAIN                 | LOSS    |
| RESIDENTIAL RENTAL - |              | 0.       | -1,196.                         |                      | -1,196. |
| TOTALS               |              | 0.       | -1,196.                         |                      | -1,196. |

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 16

| NAME OF ACTIVITY              | FORM<br>OR<br>SCHEDULE | LOSS   | RATIO       | UNALLOWED<br>LOSS |
|-------------------------------|------------------------|--------|-------------|-------------------|
|                               | SCH E                  |        |             |                   |
| RESIDENTIAL RENTAL [REDACTED] | SCH E                  | 1,196. | 1.000000000 | 1,196.            |
| TOTALS                        |                        | 1,196. | 1.000000000 | 1,196.            |

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 17

| NAME OF ACTIVITY              | FORM<br>OR<br>SCHEDULE | LOSS   | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|-------------------------------|------------------------|--------|-------------------|-----------------|
|                               | SCH E                  |        |                   |                 |
| RESIDENTIAL RENTAL [REDACTED] | SCH E                  | 1,196. | 1,196.            |                 |
| TOTALS                        |                        | 1,196. | 1,196.            |                 |



FORM 8582AMT

## SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 18

| R<br>R<br>E<br>A NAME     | FORM<br>OR<br>SCHEDULE | PRIOR<br>GAIN/LOSS | YEAR C/O | NET<br>GAIN/LOSS | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|---------------------------|------------------------|--------------------|----------|------------------|-------------------|-----------------|
| X RESIDENTIAL<br>RENTAL - | SCH E                  | -1,196.            |          | -1,196.          | 1,196.            |                 |
| TOTALS                    |                        | -1,196.            |          | -1,196.          | 1,196.            |                 |

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 16

FORM 2106/SBE

## OTHER BUSINESS EXPENSES

STATEMENT 19

U.S. CONGRESSMAN

| DESCRIPTION                                     | AMOUNT |
|---|--------|
| TEMPORARY LIVING EXPENSES - MEMBERS OF CONGRESS | 3,000. |
| TOTAL TO FORM 2106/SBE, PART I, LINE 4          | 3,000. |

**Do not use staples.**

**Ohio**

Department of  
Taxation



13000185

Taxable year beginning in

**2013**

**IT 1040** Rev. 11/13

**Individual  
Income Tax Return**

Use only black ink.

Taxpayer Social Security no. (required) ►► If deceased Spouse's Social Security no. (only if joint return) ►► If deceased

Use **UPPERCASE** letters.

check box

M.I. Last name

check box

Your first name

J RYAN

**TIMOTHY**

M.I. Last name

Spouse's first name (only if married filing jointly)

M RYAN

**ANDREA**

Mailing address (for faster processing, use a street address)

City

State ZIP code

Ohio county (first four letters)

[REDACTED]

Home address (if different from mailing address) - do **NOT** show city or state

ZIP code

County (first four letters)

[REDACTED]

Foreign country (provide this information if the mailing address is outside the U.S.)

Foreign postal code

E-mail address

**Ohio Residency Status** - Check applicable box

Full-year resident       Part-year resident       Nonresident ►►  
Indicate state

Check applicable box for spouse (only if married filing jointly)

Full-year resident       Part-year resident       Nonresident ►►  
Indicate state

**Filing Status** - Check one (as reported on federal income tax return,  
with limited exceptions - see instructions on page 14)

Single, head of household or qualifying widow(er)

- Married filing jointly  
Married filing separately ►►  
(enter spouse's SS#)

Required to file Schedule IT S (see instructions on page 9)

**Ohio Political Party Fund**

Do you want \$1 to go to this fund? Yes  No

If joint return, does your spouse want \$1 to go to this fund?

**Note:** Checking "Yes" will not increase your tax or decrease your refund.

**INCOME AND TAX INFORMATION**

|   |     |            |
|---|-----|------------|
| 1. Federal adjusted gross income (from IRS form 1040, line 37; 1040A, line 21;<br>1040EZ, line 4; 1040NR, line 36; 1040NR-EZ, line 10 or Ohio form IT S, line 31) ..... | 1.  | 206 073 00 |
| 2. Adjustments from line 50 on page 3 of Ohio form IT 1040 ( <b>enclose page 3</b> ) .....  | 2.  | -1 151 00  |
| 3. Ohio adjusted gross income (line 2 added to or subtracted from line 1) .....   | 3.  | 204 922 00 |
| 4. Personal exemption and dependent exemption deduction - multiply your personal and<br>dependent exemptions 3 times \$1,700 and enter the result here .....            | 4.  | 5 100 00   |
| 5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) .....   | 5.  | 199 822 00 |
| 6. Tax on line 5 (see tax tables on pages 35-41 of the instructions) .....  | 6.  | 8 239 00   |
| 7. Schedule B credits from line 59 on page 4 of Ohio form IT 1040 ( <b>enclose page 4</b> ) .....   | 7.  |            |
| 8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 6 is less than line 7) ...  | 8.  | 8 239 00   |
| 9. Income-based exemption credit (see instructions on page 19) .....  | 9.  |            |
| 10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9) ....  | 10. | 8 239 00   |

**2013 IT 1040**

CCH 371001 12-16-13

pg. 1 of 4

**2013 IT 1040**



|  |                             |          |
|--|-----------------------------|----------|
| 10a. Amount from line 10 on page 1 .....   | 10a.                        | 8 239 00 |
| 11. Joint filing credit. See the instructions on page 19 for eligibility and documentation requirements<br>(this credit is for married filing jointly status only). 5 % times line 10a( <b>limit \$650</b> ) ..... | 11.                         | 412 00   |
| 12. Ohio income tax less joint filing credit (line 10a minus line 11) <b>STATEMENT 2</b> .....   | 12.                         | 7 827 00 |
| 13. Total credits from line 71 on page 4 of Ohio form IT 1040 ( <b>enclose page 4</b> ) .....  | 13.                         |          |
| 14. Earned income credit (see the worksheet on page 20 of the instructions) .....  | 14.                         |          |
| 15. Ohio adoption credit ( <b>\$1,500 per child adopted during the year</b> ) .....  | 15.                         |          |
| 16. Manufacturing equipment grant. You must include the grant request form .....   | 16.                         | 0 00     |
| 17. Ohio income tax (line 12 minus lines 13, 14, 15 and 16; enter -0- if the total of lines 13, 14, 15<br>and 16 is more than line 12) .....   | 17.                         | 7 827 00 |
| 18. Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 (see<br>page 21 of the instructions) .....   | 18.                         |          |
| 19. Unpaid Ohio use tax (see the worksheet on page 33 of the instructions) .....   | 19.                         | 0 00     |
| 20. Total Ohio tax liability (add lines 17, 18 and 19) .....   | <b>TOTAL TAX ► 20.</b>      | 7 827 00 |
| 21. Ohio income tax withheld (box 17 on W-2; box 15 on W-2G; and box 12 on 1099-R). Place<br>W-2(s), W-2G(s) and 1099-R(s) after the last page of this return ... <b>AMOUNT WITHHELD ► 21.</b>                     |                             | 8 941 00 |
| 22. Add the 2013 Ohio form IT 1040ES payment(s), 2013 Ohio form IT 40P extension payment(s)<br>and 2012 overpayment credited to 2013 .....   | 22.                         |          |
| 23. Refundable credits from line 73 on page 4 of Ohio form IT 1040 ( <b>enclose page 4</b> ) .....   | 23.                         |          |
| 24. Add lines 21, 22 and 23 .....  | <b>TOTAL PAYMENTS ► 24.</b> | 8 941 00 |

If line 24 is MORE THAN line 20, go to line 25. If line 24 is LESS THAN line 20, skip to line 29.

|   |                              |          |
|---|------------------------------|----------|
| 25. If line 24 is MORE THAN line 20, subtract line 20 from line 24..... | <b>AMOUNT OVERPAID ► 25.</b> | 1 114 00 |
| 26. Amount of line 25 to be credited to 2014 income tax liability ..... | <b>CREDIT TO 2014 ► 26.</b>  | 0 00     |

27. Amount of line 25 that you wish to donate to the following fund(s):

|   |                                   |          |
|---|-----------------------------------|----------|
| a. Military injury relief   | b. Natural areas                  |          |
| c. Ohio Historical Society  | d. Wildlife species               |          |
| 28. Line 25 minus the sum of lines 26 and 27a, b, c and d. Enter here, then skip to line 30 .....                 | 28.                               | 1 114 00 |
| 29. If line 24 is LESS THAN line 20, subtract line 24 from line 20 .....  | <b>AMOUNT DUE ► 29.</b>           |          |
| 30. Interest and penalty due on late-paid tax and/or late-filed return (see page 21 of the<br>instructions) ..... | <b>INTEREST AND PENALTY ► 30.</b> |          |

If you entered an amount on line 28, skip to line 32. If you entered an amount on line 29, go to line 31.

|  |   |
|--|---|
| 31. Amount due plus interest and penalty (add lines 29 and 30). If payment is enclosed, make<br>check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site<br>at <a href="http://tax.ohio.gov">tax.ohio.gov</a> ) ..... | <b>AMOUNT DUE PLUS INTEREST AND PENALTY ► 31.</b> |
| 32. Refund less interest and penalty (line 28 minus line 30). Enter the amount here.<br>(If line 30 is more than line 28, you have an amount due. Subtract line 28 from<br>line 30 and enter this amount on line 31.) .....                          | <b>YOUR REFUND ► 32.</b> 1 114 00                 |

### SIGN HERE (required)

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge  
and belief, the return and all enclosures are true, correct and complete.

► Your signature \_\_\_\_\_ Date \_\_\_\_\_

► Spouse's signature (see page 10 of the instructions) \_\_\_\_\_ Phone number (optional) \_\_\_\_\_

If your refund is \$1.00 or less, no refund will be issued.  
If you owe \$1.00 or less, no payment is necessary.

### For Department Use Only

► Preparer's printed name (see page 10 of the instructions) \_\_\_\_\_ Phone number \_\_\_\_\_

Do you authorize your preparer to contact us regarding this return?  Yes  No

Code \_\_\_\_\_

MAILING INFORMATION:

NO Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43218-2679  
Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43218-2057

**2013 IT 1040**

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**2013 IT 1040**

**Ohio**Department of  
Taxation

SS# [REDACTED]



Taxable year beginning in

**2013****IT 1040** Rev. 11/13Individual  
Income Tax Return

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*IF LINE 2 (ON PAGE 1) IS -0- OR BLANK, DO NOT MAIL PAGE 3.*

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**SCHEDULE A - Income Adjustments (Additions and Deductions)****Additions (add income items only to the extent not included on page 1, line 1).**

- |  |      |
|--|------|
| 33. Non-OHIO state or local government interest and dividends .....  | 33.  |
| 34. Certain OHIO pass-through entity and financial institutions taxes paid and OHIO Revised Code section 5733.40(A) pass-through entity adjustment .....   | 34.  |
| 35a. Federal interest and dividends subject to state taxation .....  | 35a. |
| b. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account .....  | b.   |
| c. Losses from sale or disposition of OHIO public obligations .....  | c.   |
| d. Nonmedical withdrawals from a medical savings account .....   | d.   |
| e. Reimbursement of expenses previously deducted for OHIO income tax purposes, but only if the reimbursement is not in federal adjusted gross income ..... | e.   |
| f. Lump sum distribution add-back and miscellaneous federal income tax adjustments .....   | f.   |
| g. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense .....   | g.   |
| 36. <b>Total additions</b> (add lines 33 through 35g and enter here). You must complete the applicable line items above .....                              | 36.  |

**Deductions (deduct income items only to the extent included on page 1, line 1).**

- |   |      |
|---|------|
| 37a. Federal interest and dividends exempt from state taxation .....  | 37a. |
| b. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense .....  | b.   |
| 38. Employee compensation earned in OHIO by full-year residents of neighboring states and certain income earned by military nonresidents and civilian nonresident spouses .....   | 38.  |
| 39a. Military pay for OHIO residents, but only if the military pay is included on line 1 of this return and is received while the military member was stationed outside OHIO .....  | 39a. |
| b. Uniformed services retirement income and military injury relief fund amounts included in federal adjusted gross income (line 1 on page 1) .....  | b.   |
| 40a. State or municipal income tax overpayments shown on IRS form 1040, line 10 .....   | 40a. |
| b. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return .....   | b.   |
| c. Repayment of income reported in a prior year and miscellaneous federal tax adjustments .....   | c.   |
| 41. Small business investor income deduction .....  | 41.  |
| 42. Disability and survivorship benefits (do not include pension continuation benefits) .....   | 42.  |
| 43. Qualifying Social Security benefits and certain railroad retirement benefits .....  | 43.  |
| 44a. Education: OHIO 529 contributions; tuition credit purchases .....  | 44a. |
| b. Pell/OHIO College Opportunity taxable grant amounts used to pay room and board .....   | b.   |
| 45. Certain OHIO National Guard reimbursements and benefits .....   | 45.  |
| 46a. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see worksheet on page 27 of the instructions) .....   | 46a. |
| b. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet on page 23 of the instructions) .....  | b.   |
| c. Qualified organ donor expenses ( <b>maximum \$10,000 per taxpayer</b> ) and amounts contributed to an individual development account .....   | c.   |
| 47. Wage expense not deducted due to the targeted jobs or the work opportunity tax credits .....  | 47.  |
| 48. Interest income from OHIO public obligations and from OHIO purchase obligations; gains from the sale or disposition of OHIO public obligations; public service payments received from the state of OHIO or income from a transfer agreement ..... | 48.  |
| 49. <b>Total deductions</b> (add lines 37a through 48 only). You must complete the applicable line items above .....  | 49.  |
| 50. Net adjustments - If line 36 is MORE THAN line 49, <b>enter the difference here and on line 2 as a positive amount</b> . If line 36 is LESS THAN line 49, <b>enter the difference here and on line 2 as a negative amount</b> .....               | 50.  |
- 381 00
- 770 00
- 1 151 00
- 1 151 00

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**2013 IT 1040**

**IT SBD - Small Business Investor Income Deduction Schedule**

Every taxpayer requesting a small business investor income deduction must complete a separate schedule for each pass-through entity in which the taxpayer has an ownership interest.

**Part I****A. Business Income Before Deductions**

|  |          |               |
|--|----------|---------------|
| 1. Self-employment income (federal Schedule C, C-EZ or F), guaranteed payments and/or compensation received from each pass-through entity in which you have at least a 20% direct or indirect ownership interest. <b>Note:</b> Reciprocity agreements do not apply (see line instructions) ..... | 1. _____ | <b>1,557.</b> |
| 2. Add-back for expenses paid to related members and to certain investors' family members (see instructions) .....   | 2. _____ |               |
| 3. Ordinary income (loss) from trade or business activities (to the extent not shown on line 1) .....  | 3. _____ |               |
| 4. Net income (loss) from rental activities, net royalties, interest income and dividend income .....  | 4. _____ |               |
| 5. Net capital gain (loss) and other gain (loss) (see the chart on page 7 of the instructions) .....   | 5. _____ |               |
| 6. Add adjustments from I.R.C. section 168(k) and qualifying 179 expenses (see line instructions) .....  | 6. _____ |               |
| 7. Other items of income and gain separately stated on federal Schedule K-1 and miscellaneous federal income tax adjustments, if any .....   | 7. _____ |               |
| 8. Total of lines 1 through 7 .....  | 8. _____ | <b>1,557.</b> |

**B. Deductions From Business Income**

|  |           |            |
|--|-----------|------------|
| 9a. Keogh, SIMPLE IRA, SEP, self-employment tax and self-employment health insurance deduction .....   | 9a. _____ | <b>18.</b> |
| b. Deduct adjustments for the depreciation expenses added back in prior years (see line instructions) .....  | 9b. _____ |            |
| c. Other items of deduction and loss separately stated on federal Schedule K-1 if such deductions are allowable in computing federal adjusted gross income (individuals) or federal taxable income (estates) ..... | 9c. _____ |            |
| d. Other business income deductibles (describe) and miscellaneous federal income tax adjustments, if any (i.e. DPAD, etc.) .....   | 9d. _____ |            |
| e. Total of lines 9a through 9d .....  | 9e. _____ | <b>18.</b> |

**C. Net Business Income, Apportionment**

|   |           |                 |
|---|-----------|-----------------|
| 10. Net business income (line 8 minus line 9e) .....                              | 10. _____ | <b>1,539.</b>   |
| 11. Ohio apportionment ratio (Part II, line 4) .....                              | 11. _____ | <b>1.000000</b> |
| 12. Total business income apportioned to Ohio (multiply line 10 by line 11) ..... | 12. _____ | <b>1,539.</b>   |

**D. Ohio Small Business Investor Income Deduction**

(Complete a separate schedule for each pass-through entity or sole proprietorship)

|  |           |                 |
|--|-----------|-----------------|
| 13. Ohio small business investor income (line 12 from each separate schedule; see instructions) .....  | 13. _____ | <b>1,539.</b>   |
| 14. Maximum Ohio small business investor income subject to deduction (see instructions) .....  | 14. _____ | <b>250,000.</b> |
| 15. Ohio small business investor income deduction; 50% of line 13 or 50% of line 14, whichever is less (maximum deduction is \$125,000 for married filing jointly or single/head of household/qualifying widow(er) filers and \$62,500 for married filing separately filers). Enter here and on Ohio form IT 1040, line 41 ..... | 15. _____ | <b>770.</b>     |

**Part II - Apportionment Formula for Business Income**

|  | <b>(1)<br/>Within<br/>Ohio</b> | <b>(2)<br/>Total<br/>Everywhere</b> | <b>(3)<br/>Ratio</b> | <b>(4)<br/>Weight</b>         | <b>(5)<br/>Weighted<br/>Ratio</b> |
|--|--------------------------------|-------------------------------------|----------------------|-------------------------------|-----------------------------------|
| 1. Property  |                                |                                     |                      | (carry to six decimal places) | (carry to six decimal places)     |
| (a) Owned (average cost) .....   | _____                          | _____                               |                      |                               |                                   |
| (b) Rented (annual rental x 8) .....   | _____                          | _____                               |                      |                               |                                   |
| (c) Total (lines 1a and 1b) .....  | _____                          | ÷ _____                             | = _____              | x .20 =                       | 1c. _____                         |
| 2. Payroll (see Exclusions on page 4 of the instructions) .....                                    | _____                          | ÷ _____                             | = _____              | x .20 =                       | 2. _____                          |
| 3. Sales (see Exclusions on page 5 of the instructions) .....                                      | 2,311.                         | ÷ 2,311.                            | = 1.000000           | x .60 =                       | 3. 1.000000                       |
| 4. Ohio apportionment ratio. Add lines 1c, 2 and 3 (enter ratio here and on Part C, line 11) ..... |                                |                                     |                      |                               | 4. 1.000000                       |

THE TAXPAYER WAS A RESIDENT OF THE CITY OF NILES UNTIL MAY 31, 2013. THEREFORE, HIS WAGES AND SELF EMPLOYMENT INCOME HAVE BEEN ALLOCATED TO THE CITY BASED UPON FIVE MONTHS OF RESIDENCY.

|                         |          |
|-------------------------|----------|
| CITY WAGES PER FORM W-2 | 172,884. |
| TIMES 5 DIVIDED BY 12   | 72,035.  |

---

|                       |        |
|-----------------------|--------|
| SCHEDULE C            | 1,333. |
| TIMES 5 DIVIDED BY 12 | 555.   |

---

| OH IT 1040   | QUALIFYING INCOME FOR JOINT FILING CREDIT | STATEMENT 2 |
|--|---|-------------|
| DESCRIPTION  | TAXPAYER                                  | SPOUSE      |
| WAGES, SALARIES, TIPS, ETC.  | 161,884.                                  | 42,522.     |
| BUSINESS INCOME(LOSS)  | 1,557.                                    | 0.          |
| LESS: TOTAL FEDERAL ADJUSTMENTS  | -271.                                     | 0.          |
| <br>TOTAL QUALIFYING INCOME<br>(CREDIT APPLIES ONLY IF BOTH \$500 OR MORE) | <br>163,170.                              | <br>42,522. |

STATE OF OHIO DISCLOSURE INFORMATION

BY SUBMITTING THIS RETURN ELECTRONICALLY, THE TAXPAYER ACCEPTS THE FOLLOWING STATEMENTS:

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE OHIO INCOME TAX RETURN AND IF APPLICABLE, THE OHIO SCHOOL DISTRICT INCOME TAX RETURN IS TRUE, CORRECT AND COMPLETE. I ALSO DECLARE UNDER PENALTIES OF PERJURY THAT IF I AM FILING A RETURN WITH MY SPOUSE, I AM AUTHORIZED TO MAKE THIS DECLARATION ON HIS/HER BEHALF AND TO FILE THE RETURN FOR BOTH OF US.

THE OHIO DEPARTMENT OF TAXATION IS NOT RESPONSIBLE FOR THE MISAPPLICATION OF A DIRECT DEPOSIT REFUND INTO A CHECKING, SAVINGS, IRA OR 529 COLLEGEADVANTAGE ACCOUNT THAT IS CAUSED BY ERROR, NEGLIGENCE OR MALFEASANCE ON THE PART OF THE TAXPAYER, ELECTRONIC FILER, FINANCIAL INSTITUTION, OR ANY OF THEIR AGENTS.

COPY

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2013 NILES

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COPY

**2013 NILES  
INCOME TAX RETURN**

Form R

File by **04/15/14****2013****2013**

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION  
OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates

Beginning

Ending

And File Within 4 Months  
of Ending Date

OCCUPATION OR PRINCIPAL  
BUSINESS ACTIVITY **U.S. CONGRESSMAN**

INDICATE  CORP'N  SOLE PROP.  SUB S CORP   
WHETHER  PTNRSHP  EMPLOYEE  OTHER

ACCOUNT NO. [REDACTED]

ACCOUNT TYPE [REDACTED]

SOCIAL SECURITY # / F.I.D. # [REDACTED]

Check if a  
Consolidated return

YES NO X X 

DID YOU FILE A RETURN FOR 2012? .....

HAS INTERNAL REVENUE SERVICE INCREASED YOUR  
INCOME TAX LIABILITY FOR ANY PRIOR YEAR? .....

IF SO, HAS AN AMENDED CITY INCOME TAX RETURN BEEN FILED?

YOUR LOCAL PHONE NO.

**TIMOTHY J. RYAN**  
[REDACTED]  
[REDACTED]

This Space for Tax Office Use Only

Your Name, Address & Social Security # / F.I.D. # Are Printed Above As They Appear On Our Records,  
Make Corrections Where Necessary. Add Social Security # / F.I.D. # If Missing. Attach Copy of Federal  
Return And Schedules In Lieu of Page 2 Schedules C, E & H. Otherwise, Returns Will Be Questioned if  
all lines Applicable to Taxpayer Are Not Completed.

|               |  |                  |  |                                       |
|---------------|--|------------------|--|---------------------------------------|
| FILING STATUS | <input type="checkbox"/> Single<br><input type="checkbox"/> Married filing joint return (even if only 1 had income)<br><input checked="" type="checkbox"/> Married filing separate return. Enter spouse's social security number: _____<br>Spouse's full name: _____ | RESIDENCY STATUS | <input type="checkbox"/> Resident<br><input checked="" type="checkbox"/> Partial Year Resident <i>please indicate below:</i> | <input type="checkbox"/> Non-Resident |
|               | DATE MOVED IN:<br>DATE MOVED OUT: <b>05/31/2013</b><br>Former Address: _____   |                  |  |                                       |

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME Reason: \_\_\_\_\_

| ENTER EMPLOYER'S NAME WHERE EMPLOYED AND 2013 GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, TIPS, ETC. ATTACH COPY OF W-2 FORM(S) |  | City Where Employed             | City Tax W'Held | Wages, Etc.    |
|--|--|---------------------------------|-----------------|----------------|
| <b>NILES WAGE INCOME</b>   |  | <b>NILES</b>                    |                 | <b>72,035.</b> |
|  |  |                                 |                 |                |
|  |  |                                 |                 |                |
| INCOME   | 1a. TOTALS (if above is fully taxable and your only income, go next to Line 7) ..... |                                 |                 | <b>72,035.</b> |
|  | 2. OTHER INCOME: FROM LINE 26 PAGE 2 .....   |                                 |                 | <b>555.</b>    |
| 3. TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) .....  |  |                                 |                 | <b>72,590.</b> |
| ADJUST-<br>MENTS<br>TO<br>INCOME   | 4a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X BELOW) .....                        | ADD <input type="checkbox"/>    |                 |                |
|  | b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X BELOW) .....                            | DEDUCT <input type="checkbox"/> |                 |                |
| c. DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -) .....                                    |  |                                 |                 |                |
| 5a. ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) .....   |  |                                 |                 | <b>72,590.</b> |
| b. Amount of Line 5a Allocable to the City ( _____ % from line 5 Schedule Y) .....   |  |                                 |                 |                |
| c. LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (Submit Schedule) .....  |  |                                 |                 |                |
| 6. AMOUNT SUBJECT TO CITY INCOME TAX (LINE 5a OR 5b LESS LINE 5c) .....  |  |                                 |                 | <b>72,590.</b> |
| 7. <b>INCOME TAX - 1.5000% OF LINE 6</b>   |  |                                 |                 | <b>1,089.</b>  |
| ALLOWABLE<br>CREDITS   | 8. CREDITS: (a) City tax withheld by employer(s) as shown on line 1a above .....     |                                 |                 |                |
|  | (b) Payments and credits on 2013 Declaration of Estimated Tax .....                  |                                 |                 | <b>800.</b>    |
|  | (c) Earned income taxes paid City of _____ (Resident individuals only) .....         |                                 |                 |                |
|  | (d) Other credits .....  |                                 |                 |                |
| (X) TOTAL CREDITS ALLOWABLE  |  |                                 |                 | <b>800.</b>    |
| 9. BALANCE OF TAX DUE (Line 7 Less Line 8x) Make Remittance Payable to City of <b>NILES</b>                                      |  |                                 |                 |                |
| 10. OVERPAYMENT CLAIMED (If Line 8x Exceeds Line 7, Enter Difference in Box at Right) .....                                      |  |                                 |                 | <b>289.</b>    |

Enter Amount of Line 10 You Want: Credited to your

**2014**

Estimated Tax \$ \_\_\_\_\_

Refunded \$ \_\_\_\_\_

I CERTIFY 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 AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES.

If this return was prepared by a tax preparer, may we contact him/her directly with questions regarding the preparation of this return.

 Yes  No

SIGNATURE OF TAXPAYER OR AGENT

DATE

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF SPOUSE (IF JOINT)

DATE



## **SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

|   | a. LOCATED<br>EVERYWHERE | b. LOCATED IN<br>CITY    | c. PERCENTAGE<br>(b ÷ a) |
|---|--------------------------|--------------------------|--------------------------|
| <b>STEP 1.</b> AVERAGE VALUE OF REAL & TANGIBLE PERS. PROP.<br>GROSS ANNUAL RENTAL PAID MULTIPLIED BY 8 | _____                    | _____                    |                          |
| TOTAL STEP 1  | _____                    | _____                    | %                        |
| <b>STEP 2.</b> WAGES, SALARIES, ETC. PAID EMPLOYEES   | _____                    | _____                    | %                        |
| <b>STEP 3.</b> GROSS RECEIPTS FROM SALES MADE AND/OR<br>WORK OR SERVICES PERFORMED                      | _____                    | _____                    | %                        |
| <b>STEP 4.</b> TOTAL PERCENTAGES  | _____                    | _____                    | %                        |
| <b>STEP 5</b> AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used) .....         | .....                    | Carry to Line 5b, Page 1 | _____ %                  |

## **SCHEDULE Z - PARTNERS' INFORMATION**

IF STEP 5 OF SCHEDULE Y IS LESS THAN 100%, COPY OF FEDERAL FORM 1065, SCHEDULE K-1 FOR EACH PARTNER MUST BE PROVIDED.

COPY

THE TAXPAYER WAS A RESIDENT OF THE CITY OF NILES UNTIL MAY 31, 2013. THEREFORE, HIS WAGES AND SELF EMPLOYMENT INCOME HAVE BEEN ALLOCATED TO THE CITY BASED UPON FIVE MONTHS OF RESIDENCY.

|                         |          |
|-------------------------|----------|
| CITY WAGES PER FORM W-2 | 172,884. |
| TIMES 5 DIVIDED BY 12   | 72,035.  |

|                       |        |
|-----------------------|--------|
| SCHEDULE C            | 1,333. |
| TIMES 5 DIVIDED BY 12 | 555.   |

COPY