

IRS e-file Signature Authorization

2014

- Do not send to the IRS. This is not a tax return.
- Keep this form for your records.
- Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) ➤

Taxpayer's name

PETER P BUTTIGIEG

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2014 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	46,150
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	4,498
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	9,173
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	4,675
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize _____ to enter or generate my PIN _____

ERO firm name

Enter five digits, but do
not enter all zeros

as my signature on my tax year 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ➤

Date ➤ 04/01/15

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____

ERO firm name

Enter five digits, but do
not enter all zeros

as my signature on my tax year 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ➤

Date ➤

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

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ➤

Date ➤ 04/01/15

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

Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax For the tax year January 1 - December 31, 2014

**Do Not Mail This
Form To IDOR**

Submission ID - -

First Name(s) and Middle Initial(s) PETER P	Last Name BUTTIGIEG	Your Social Security Number <input type="text"/>	Spouse's Social Security Number <input type="text"/>
Spouse's First Name(s) and Middle Initial(s)	Spouse's Last Name	Street Address <input type="text"/>	
City SOUTH BEND		State IN	Zip Code 4661 <input type="text"/>
		Daytime Telephone Number <input type="text"/>	

Part I Tax Return Information (See Instructions on Next Page)

1. Federal Adjusted Gross Income	1.	46150.00
2. Indiana Taxable Income	2.	40650.00
3. Total Indiana Tax	3.	2093.00
4. Total State Tax Withheld	4.	1755.00
5. Total County Tax Withheld	5.	739.00
6. Total Indiana Tax Credits	6.	2511.00
7. Refund	7.	418.00
8. Amount You Owe	8.	.00

Part II Direct Deposit

9. Routing number <input type="text"/>	Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.	
10. Account number <input type="text"/>		
11. Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC		
12. Place an "X" in the box if refund will go to an account outside the United States. <input type="checkbox"/>		

**Do Not Mail
This Form
To IDOR**

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

Part III Declaration of Taxpayer

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2014 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IDOR. I also consent to the IDOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IDOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Taxpayer's PIN: check one box only

I authorize to enter my PIN as my signature on my tax year 2014 electronically filed income tax return.
do not enter all zeros

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Taxpayer's signature ► Date 04/01/15

Spouse's PIN: check one box only

I authorize to enter my PIN as my signature on my tax year 2014 electronically filed income tax return.
do not enter all zeros

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Spouse's signature ► Date

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Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ► Date 04/01/15

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

Form 1040 U.S. Individual Income Tax Return (99) 2014 | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning		2014, ending	.20	See separate instructions.
Your first name and initial PETER P	Last name BUTTIGIEG			<input checked="" type="checkbox"/>
If a joint return, spouse's first name and initial	Last name			Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions			Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
SOUTH BEND IN 4661			<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child
Check only one box.	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	

Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c Dependents:	(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual for child tax credit (see Instr.) • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above	Add numbers on lines above ► 1
	d Total number of exemptions claimed					

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 16a Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►	7 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	44,985 55 647 60 403 15b 16b 17 18 19 20b 46,150
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Adjusted Gross Income	23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ► 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ►	23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37	46,150
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Tax and Credits**Standard Deduction for—**

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

• All others: Single or Married filing separately, \$6,200

Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

38	Amount from line 37 (adjusted gross income)	38	46,150
39a	Check { <input type="checkbox"/> You were born before January 2, 1950, if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse is blind. } Total boxes checked ► 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,067
41	Subtract line 40 from line 38	41	38,083
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	3,950
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	34,133
44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> _____	44	4,515
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	4,515
48	Foreign tax credit. Attach Form 1116 if required	48	17
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54	
55	Add lines 48 through 54. These are your total credits	55	17
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	4,498

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	4,498

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	9,173
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b <input type="checkbox"/>		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input checked="" type="checkbox"/> Reserved d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	9,173

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,675
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	76a	4,675

Direct deposit? See instructions.

► b	Routing number [REDACTED]	► c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
► d	Account number [REDACTED]		

77	Amount of line 75 you want applied to your 2015 estimated tax ► 77		
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Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input checked="" type="checkbox"/> Yes. Complete below.	<input type="checkbox"/> No
Designee's name ► [REDACTED]	Personal identification number (PIN) ► [REDACTED]	Daytime phone number ► [REDACTED]

Sign Here

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.	Date	Your occupation	Daytime phone number
Your signature		MAYOR OF SOUTH BEND	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

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

Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
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Print/Type preparer's name	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Paid ► [REDACTED]	04/09/15		

Paid
Preparer
Use Only Firm's name ► [REDACTED]
Firm's address ► [REDACTED]

Firm's EIN ► [REDACTED]	Phone no.
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SOUTH BEND

IN 4661

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service
(99)

Name(s) shown on Form 1040

PETER P BUTTIGIEG

Itemized Deductions

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

► Attach to Form 1040.

OMB No. 1545-0074

2014

Attachment
Sequence No. **07**

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		164
	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040, line 38	2	46,150
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3	4,615
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You Paid	5 State and local (check only one box):		2,494
	a <input checked="" type="checkbox"/> Income taxes, or	b <input type="checkbox"/> General sales taxes	
	6 Real estate taxes (see instructions)	6	1,684
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	26
	INDIANA EXCISE TAX		
	9 Add lines 5 through 8	9	4,204
Interest You Paid Note. Your mortgage interest deduction may be limited (see instructions).	10 Home mortgage interest and points reported to you on Form 1098		3,243
	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 ►		
	12 Points not reported to you on Form 1098. See instructions for special rules	11	
	13 Mortgage insurance premiums (see instructions)	12	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	13	
	15 Add lines 10 through 14	14	3,243
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		620
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		
	18 Carryover from prior year	17	
	19 Add lines 16 through 18	18	620
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►		
	22 Tax preparation fees		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38	25	
	26 Multiply line 25 by 2% (.02)	26	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►		28
Total Itemized Deductions	29 Is Form 1040, line 38, over \$152,525?		8,067
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ►		

Form 1116

Department of the Treasury
Internal Revenue Service

(99)

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2014

Attachment
Sequence No. 19

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

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

Name

PETER P BUTTIGIEG

Identifying number as shown on page 1 of your tax return

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

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

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	OC	B	
g Enter the name of the foreign country or U.S. possession ►	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions):		554		1a 554
PASSIVE INCOME				
b Check if line 1a is compensation for personal services as an employee; your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ►				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	1,684			
b Other deds. (attach stmt.)				
c Add lines 3a and 3b	1,684			
d Gross foreign source income (see instructions)	554			
e Gross income from all sources (see instructions)	46,150			
f Divide line 3d by line 3e (see instructions)	0.0120			
g Multiply line 3c by line 3f	20			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	39			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	59			6 59
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ►				7 495

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued								
		In foreign currency			In U.S. dollars					
		(h) <input checked="" type="checkbox"/> Paid	Taxes withheld at source on:		(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(i) <input type="checkbox"/> Accrued	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Dividends	(p) Rents and royalties	(q) Interest		
A 1099 TAX						17				17
B										
C										

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

8

17

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2014)

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	17	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	17	
12 Reduction in foreign taxes (see instructions)	12		
13 Taxes reclassified under high tax kickout (see instructions)	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		17
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15		
16 Adjustments to line 15 (see instructions)	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	495	
18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	38,083	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.0130
20 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37	20		4,515
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		59
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)	22		17
Part IV Summary of Credits From Separate Parts III (see instructions)			
23 Credit for taxes on passive category income	23		
24 Credit for taxes on general category income	24		
25 Credit for taxes on certain income re-sourced by treaty	25		
26 Credit for taxes on lump-sum distributions	26		
27 Add lines 23 through 26	27		
28 Enter the smaller of line 20 or line 27	28		17
29 Reduction of credit for international boycott operations. See instructions for line 12	29		
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	30		17

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

from _____ to: _____

Your Social
Security Number

Spouse's Social
Security Number

Your first name

Place "X" in box if applying for ITIN

Initial Last name

Place "X" in box if applying for ITIN

Suffix

PETER

P

BUTTIGIEG

If filing a joint return, spouse's first name

Initial

Last name

Suffix

Present address (number and street or rural route)

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

City

State

Zip/Postal code

SOUTH BEND

IN

4661

Foreign country 2-character code (see instructions)

School corporation number (see instructions)

7205

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2014.

County where
you lived

71

County where
you worked

71

County where
spouse lived

County where
spouse worked

Round all entries

1.	Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4)	Federal AGI	1	46150.00
2.	Enter amount from Schedule 1, line 8, and enclose Schedule 1	Indiana Add-Backs	2	.00
3.	Add line 1 and line 2		3	46150.00
4.	Enter amount from Schedule 2, line 12, and enclose Schedule 2	Indiana Deductions	4	4500.00
5.	Subtract line 4 from line 3	Indiana Adjusted Income	5	41650.00
6.	You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3.	Indiana Exemptions	6	1000.00
7.	Subtract line 6 from line 5	State Taxable Income	7	40650.00
8.	State adjusted gross income tax: multiply line 7 by 3.4% (.034) (if answer is less than zero, leave blank)		8	1382.00
9.	County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)		9	711.00
10.	Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)		10	.00
11.	Add lines 8, 9 and 10. Enter total here and on line 15 on the back	Indiana Taxes	11	2093.00

12. Enter credits from Schedule 5, line 9 (enclose schedule)	12	2494.00	
13. Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	17.00	
14. Add lines 12 and 13	Indiana Credits	14	2511.00
15. Enter amount from line 11	Indiana Taxes	15	2093.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	418.00	
17. Amount from line 16 to be donated to the Indiana Nongame Wildlife Fund	17	.00	
18. Subtract line 17 from line 16	Overpayment	18	418.00

19. Amount from line 18 to be applied to your 2015 estimated tax account (see instructions).

Enter your county code	county tax to be applied \$	a	.00
Spouse's county code	county tax to be applied \$	b	.00
Indiana adjusted gross income tax to be applied	\$	c	.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)	19d	.00	

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.)	20	.00	
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23	Your Refund	21	418.00

22. Direct Deposit (see instructions)

a. Routing Number	
b. Account Number	
c. Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC	
d. Place an "X" in the box if refund will go to an account outside the United States	

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions)	23	.00
--	----	-----

24. Penalty if filed after due date (see instructions)	24	.00
--	----	-----

25. Interest if filed after due date (see instructions)	25	.00
---	----	-----

26. Amount Due: Add lines 23, 24 and 25	Amount You Owe	26	.00
---	----------------	----	-----

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. Credit card payers must see instructions.

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

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

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

Name(s) shown on Form IT-40

Your Social Security Number
[REDACTED]

PETER P BUTTIGIEG

1. Renter's deduction

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

Landlord's name and address (enter below)	Amount of rent paid	Round all entries
	\$.00	

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

2. Homeowner's residential property tax deduction

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

SAME

Number of months lived there	12	Amount of property tax paid	\$ 1,684.00	
Enter the lesser of \$2,500 or the amount of property tax paid:			2	1,684.00
3. State tax refund reported on federal return			3	60.00
4. Interest on U.S. government obligations			4	.00
5. Taxable Social Security benefits			5	.00
6. Taxable railroad retirement benefits			6	.00
7. Military service deduction: \$5,000 maximum for qualifying person			7	2,756.00
8. Non-Indiana locality earnings deduction: \$2,000 maximum per qualifying person			8	.00
9. Insulation deduction: \$1,000 maximum			9	.00
10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp. Worksheet)			10	.00
11. Other Deductions: See instructions (attach additional sheets if necessary)				
a. Enter deduction name		code no.	11a	.00
b. Enter deduction name		code no.	11b	.00
c. Enter deduction name		code no.	11c	.00
12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40.		Total Deductions	12	4,500.00

Name(s) shown on Form IT-40

PETER P BUTTIGIEG

Your Social Security Number


Round all entries

1. Number of exemptions claimed on your federal return **1** x \$1,000 **1** **1000.00**
• If you did not claim an exemption on your federal return, enter "1" in the box above.
• See instructions if you did not file a federal return.

2. Claim an additional exemption for each dependent child
• who is a son, stepson, daughter, stepdaughter and/or foster child,
• who was under the age of 19 by Dec. 31, 2014, or a full-time student
• who was under the age of 24 by Dec. 31, 2014, and
• who you are eligible to claim as a dependent on your federal tax return.

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

3. Place "X" in box(es) below if, by December 31, 2014

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

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

4. If age 65 or older, enter amount from Form IT-40, line 1 \$
If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

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

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

Schedule 4: Other Taxes

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet **1** **.00**
2. Household employment taxes. Enclose Schedule IN-H **2** **.00**
3. Recapture of Indiana's CollegeChoice 529 credit. Enclose Schedule IN-529R **3** **.00**
4. Add lines 1 through 3. Enter here and on Form IT-40, line 10 **Total Other Taxes** **4** **0.00**



Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts	1	1755.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts	2	739.00
3. Estimated tax paid for 2014; include any extension payment made with Form IT-9	3	.00
4. Unified tax credit for the elderly	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3	5	.00
6. Lake County residential income tax credit	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule)	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule)	8	.00
9. Add lines 1 through 8. Enter total here and on Form IT-40, line 12	9	2494.00

Name(s) shown on Form IT-40

PETER P BUTTIGIEG

Your Social Security Number
[REDACTED]

Round all entries

1. Credit for local taxes paid outside Indiana _____ 1 .00

2. County credit for the elderly; attach federal Schedule R _____ 2 .00

3. Other Local Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name code no. 3a .00

b. Enter credit name code no. 3b .00

Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40,
line 9 (see Combined Limitation instructions)

4. College credit; attach Schedule CC-40 _____ 4 .00

5. Credit for taxes paid to other states; enclose other state's return _____ 5 17.00

6. Other Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name code no. 6a .00

b. Enter credit name code no. 6b .00

c. Enter credit name code no. 6c .00

d. Enter credit name code no. 6d .00

7. Enter the total credits from Schedule IN-OCC, line 17, and enclose that schedule _____ 7 .00

Important: Lines 4 through 7 added together cannot be greater than the state adjusted gross
income tax due on Form IT-40, line 8 (see Combined Limitation instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 _____ Total Offset Credits 8 17.00

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

1. Federal filing information

Are you filing a federal income tax return for 2014? Place "X" in appropriate box. Yes No

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

State where you worked	Your income	State where spouse worked	Spouse's income
------------------------	-------------	---------------------------	-----------------

\$.00	\$.00
----	-----	----	-----

3. Extension of time to file

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

4. Farm / Fishing income

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

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

5. Date of death

If any individual listed at the top of the IT-40 died during 2014, enter date of death (MM/DD).

Taxpayer's date of death	2014	Spouse's date of death	2014
--------------------------	------	------------------------	------

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

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

**6. Your daytime
telephone number**

Your
email address

I authorize the Department to discuss my return with my personal representative.

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

Yes No If yes, complete the information below.

[REDACTED]

Personal Representative's Name (please print)

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

PTIN

Telephone
number

Address

Address

City SOUTH BEND

City SOUTH BEND

State IN

State IN

Zip Code 4661

Zip Code 4661

Preparer's
signature



Name(s) shown on Form IT-40

PETER P BUTTIGIEG

Your Social Security Number

		Column A - Yourself	Column B - Spouse's	
1.	Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____	1A	40650.00	.00
2.	If you claimed a non-Indiana locality earnings deduction on Schedule 2, line 8, enter the amount here. If not, leave blank _____	2A	.00	.00
3.	Add lines 1 and 2 (if less than zero, leave blank) _____	3A	40650.00	.00
4.	Enter the resident rate from the county tax chart on the back of this schedule for the county where you lived on Jan. 1, 2014 _____	4A	.0175000	4B
5.	Multiply line 3 by the rate on line 4 _____	5A	711.00	.00
6.	Add lines 5A and 5B. Enter the total here. Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 7 and 8. Otherwise, enter the total here and on line 9 below (see instructions) _____	6		711.00
7.	Enter the amount of income that was taxed by any of the Kentucky counties listed on line 6 above	7		.00
8.	Multiply line 7 by .0106 and enter total here _____	8		.00
9.	Enter total of line 6 minus line 8. Enter this amount on line 9 of Form IT-40 _____	9		711.00

Name

PETER P BUTTIGIEG

Taxpayer Identification Number

State or Foreign Country

Credit for Tax Paid to State with Regular Agreement

Credit for tax paid to other states (other than AZ, CA, DC, or OR) or foreign country attributable to Indiana residency period

1. Tax paid to other state (or foreign country) on source income of other state (or foreign country) received during Indiana residency period 1. _____
2. Source income from other state (or foreign country) received during Indiana residency period (subject to Indiana tax) 2. _____
3. Multiply line 2 by 3.4% (.034) 3. _____
4. Tentative credit for taxes paid to other state (or foreign country). Lesser of line 1 or line 3 4. _____

Credit for Tax Paid to State with Reverse Agreement

Credit for tax paid on Indiana nonresident income taxable to Arizona, California, District of Columbia, or Oregon residency period

- A. Tax paid to other state on income attributable to residency period of other state A. _____
- B. Other state equivalent of Indiana adjusted gross income received during residency period of other state B. _____
- C. Indiana source income (subject to tax) attributable to residency period of other state C. _____
- D. Proportion of other state income received during residency period of other state attributable to Indiana sources. Divide line C by line B. D. _____
- E. Portion of tax paid to other state on income received during other state residency period attributable to Indiana sources. Multiply line A by line D. E. _____
- F. Indiana state income tax attributable to Indiana source income received during residency period of other state F. _____
- G. Tentative credit for taxes paid to other state. Lesser of line E or line F. G. _____

Summary

Total Credit for Taxes Paid to Other States or Foreign Countries.

- | | |
|---|-----------|
| i. Sum of tentative credits for taxes paid to other states and foreign countries from line 4 and line G i. _____ | ii. _____ |
| ii. Sum of tentative credits for taxes paid to foreign countries from Indiana Foreign Tax Credit Worksheet, line D1 ii. _____ | 17 |
| iii. Total tentative credits for taxes paid to other states and foreign countries. Add line i and line ii. iii. _____ | 17 |
| iv. State adjusted gross income tax from Form IT-40, Line 8 or Form IT-40PNR, Line 8 iv. _____ | 1,382 |
| v. Credit from Schedule CC-40 v. _____ | |
| vi. Tentative net adjusted gross income tax. Subtract line v from line iv. vi. _____ | 1,382 |
| vii. Total credit. Lesser of line iii or line vi. Enter on Schedule 6, Line 5 or Schedule G, Line 5; vii. _____ | 17 |

Name

PETER P BUTTIGIEGTaxpayer Identification Number
Foreign Country VARIOUS

1. Tax paid to foreign country on foreign income received during Indiana residency period	1.	17
2. Income from foreign country received during Indiana residency period (subject to Indiana tax)	2.	554
3. Multiply line 2 by 3.4% (.034)	3.	19
4. Tentative credit for tax paid to foreign country. Lesser of line 1 or line 3	4.	17
5. Total tentative credit for taxes paid to foreign countries. Sum of the tentative credits for taxes paid to foreign countries from line 4. Report on Indiana Other State Credit Worksheet, line ii.	5.	17

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2014

Attachment Sequence No. 19

Department of the Treasury
Internal Revenue Service

(99)

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

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

Name:

PETER P BUTTIGIEG

Identifying number as shown on page 1 of your tax return

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

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

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	OC	B	
g Enter the name of the foreign country or U.S. possession ►	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions):		554		1a 554
PASSIVE INCOME				
b Check if line 1a is compensation for personal services as an employee; your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ►				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	1,684			
b Other deds. (attach stmt.)				
c Add lines 3a and 3b	1,684			
d Gross foreign source income (see instructions)	554			
e Gross income from all sources (see instructions)	46,150			
f Divide line 3d by line 3e (see instructions)	0.0120			
g Multiply line 3c by line 3f	20			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	39			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	59			6 59
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ►				7 495

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		(h) <input checked="" type="checkbox"/> Paid	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(p) Rents and royalties	(q) Interest
		(i) <input type="checkbox"/> Accrued	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s)
A	1099 TAX						17				17
B											
C											

8 Add lines A through C, column(s). Enter the total here and on line 9, page 2 ► 8 17

For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	17	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	17	
12 Reduction in foreign taxes (see instructions)	12		
13 Taxes reclassified under high tax kickout (see instructions)	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		17
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	495	
16 Adjustments to line 15 (see instructions)	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	495	
18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	38,083	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	0.0130	
20 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20	4,515	
21 Multiply line 20 by line 19 (maximum amount of credit)	21	59	
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)	22		17
Part IV Summary of Credits From Separate Parts III (see instructions)			
23 Credit for taxes on passive category income	23		
24 Credit for taxes on general category income	24		
25 Credit for taxes on certain income re-sourced by treaty	25		
26 Credit for taxes on lump-sum distributions	26		
27 Add lines 23 through 26	27		
28 Enter the smaller of line 20 or line 27	28		17
29 Reduction of credit for international boycott operations. See instructions for line 12	29		
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	30		17