

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , 2014, ending , 20		See separate instructions.
Your first name and initial Jason M	Last name Doyle	Your social security number 452-85-1187
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. 151 Lakemont Drive		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). Augusta GA 30904		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

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

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b ☐ **Spouse**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

d Total number of exemptions claimed

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ► **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **109,236.**

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 **10** **1,017.**

11 Alimony received **11**

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

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

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **b Taxable amount** **15b**

16a Pensions and annuities **16a** **b Taxable amount** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** **2,165.**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **b Taxable amount** **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ► **22** **112,418.**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

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

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**

37 Subtract line 36 from line 22. This is your **adjusted gross income** ► **37** **112,418.**

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	112,418.
39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> 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	21,520.
41	Subtract line 40 from line 38	41	90,898.
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	86,948.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	17,588.
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	17,588.
48	Foreign tax credit. Attach Form 1116 if required	48	
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	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	17,588.

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	17,588.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	16,909.
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
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 type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	16,909.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																					
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a																					
b	Routing number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
77	Amount of line 75 you want applied to your 2015 estimated tax	77																					

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	679.
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 type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
Designee's name ▶	Phone no. ▶	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	Daytime phone number
		Director of Digital Opera	(817) 658-3482
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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**

Name(s) shown on Form 1040

Jason M Doyle

Your social security number

452-85-1187

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2				
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	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	5,994.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	6,433.		
7	Personal property taxes	7			
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9		12,427.	
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	9,093.
Note. Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	9,093.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	
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.) ►		21	
		22 Tax preparation fees		22	
		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		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?		29	21,520.
		<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			

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Jason M Doyle

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.

OMB No. 1545-0074

2014

Attachment
Sequence No. **13**

Your social security number

452-85-1187

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 2014 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	3625 White Settlement Road Fort Worth TX 76107				
B					
C					
1b	Type of Property (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		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
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	2,165.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
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			
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			
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	2,165.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	2,165.		
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			
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		2,165.	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
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		2,165.	

For Paperwork Reduction Act Notice, see the separate instructions.

BAA REV 12/31/14 Intuit.cq.dfp.sp

Schedule E (Form 1040) 2014

Tax History Report

► Keep for your records

2014

Name(s) Shown on Return

Jason M Doyle

	Five Year Tax History:				
	2010	2011	2012	2013	2014
Filing status	MFJ	Single	Single	Single	Single
Total income	128,705.	103,390.	111,512.	113,459.	112,418.
Adjustments to income		2,500.			
Adjusted gross income	128,705.	100,890.	111,512.	113,459.	112,418.
Tax expense	11,454.	7,122.	11,718.	12,068.	12,427.
Interest expense . . .	7,626.	8,758.	8,783.	8,945.	9,093.
Contributions		169.			
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .	19,080.	16,049.	20,501.	21,013.	21,520.
Exemption amount . .	7,300.	3,700.	3,800.	3,900.	3,950.
Taxable income	102,325.	81,141.	87,211.	88,546.	86,948.
Tax.	17,944.	16,406.	17,884.	18,080.	17,588.
Alternative min tax . .					
Total credits	1,500.	300.			
Other taxes					
Payments	17,950.	16,123.	18,213.	18,009.	16,909.
Form 2210 penalty . .					
Amount owed				71.	679.
Applied to next year's estimated tax .					
Refund.	1,506.	17.	329.		
Effective tax rate % . .	11.38	15.96	16.04	15.94	15.65
**Tax bracket % . . .	25.0	25.0	28.0	28.0	25.0

**Tax bracket % is based on Taxable income.

Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

The following statements apply:

I authorize Intuit, the maker of TurboTax, to use my 2014 tax return information to determine if I am eligible for:

- Added ways to get my refund, refund bonus
- Extra benefits beyond my refund
- IRA contribution options

Sign this agreement by entering your name and the date below.

Jason

First Name

Doyle

Last Name

04/16/2015

Date

Read and accept this Disclosure Consent

This is an IRS requirement to transfer your information to purchase Amazon.com Gift Cards from Intuit.

To complete your purchase of Amazon.com Gift Card(s) we need to send your name, email address and refund amount to Sunrise Banks N.A. of St. Paul, Minnesota ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'). They will process your request and forward your name and email address to ACI Gift Cards, Inc., a subsidiary of Amazon.com, Inc. ('ACI'). ACI will email the Amazon.com Gift Card(s) to you at the email address you have provided.

We send this information via an encrypted transmission for the sole purpose of providing you with this refund option. The parties referred to above will protect your confidentiality and use this information only per the refund processing agreement and their privacy policies.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting disclosure of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, simply enter your name and date in the boxes below after reading this consent and select "I Agree".

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG my name, email address and refund amount, necessary to enable processing of my refund. SBTPG will send my name and email address to ACI so the Amazon.com Gift Card(s) I am buying from Intuit can be emailed to me.

First Name

Last Name

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement to transfer your information to purchase Amazon.com Gift Cards from Intuit.

To complete your purchase of Amazon.com Gift Card(s) we need to send your name, email address and refund amount to The Citizens Banking Company of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'). They will process your request and forward your name and email address to ACI Gift Cards, Inc., a subsidiary of Amazon.com, Inc. ('ACI'). ACI will email the Amazon.com Gift Card(s) to you at the email address you have provided.

We send this information via an encrypted transmission for the sole purpose of providing you with this refund option. The parties referred to above will protect your confidentiality and use this information only per the refund processing agreement and their privacy policies.

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You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, simply enter your name and date in the boxes below after reading this consent and select "I Agree".

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG my name, email address and refund amount, necessary to enable processing of my refund. SBTPG will send my name and email address to ACI so the Amazon.com Gift Card(s) I am buying from Intuit can be emailed to me.

First Name

Last Name

Please type the date below:

Date

Let's see if you're eligible for this offer

This is an IRS requirement

If you tell us it's okay, we'll use some of your tax information in order to make sure your correct refund amount is processed for your e-gift card.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

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I authorize Intuit, the maker of TurboTax, to use the information provided in this 2014 return to determine whether I am eligible to purchase an Amazon.com Gift Card and receive the associated bonus

Jason

First Name

Doyle

Last Name

Please type the date below:

04/16/2015

Date

Before you finish, we need your consent to keep you advised on how the new healthcare law may affect you

A new law, the Affordable Care Act (sometimes referred to as Obamacare) is offering money-saving tax credits and benefits to help you pay for your health insurance, even if you're already covered. By signing this agreement, you give TurboTax permission to send you personalized information that will keep you informed on this issue. We will not share your data with any third parties. You do not need to sign this in order to file.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to review the information in my 2014 return to provide the best recommendations to me to maximize my savings and benefits for health coverage.

Taxpayer's First Name

Taxpayer's Last Name

Spouse's First Name
(if applicable)

Spouse's Last name
(if applicable)

Please type the date below:

Date

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2014 return to determine whether a portion of the refund can be used to pay for tax preparation.

Jason

First Name

Doyle

Last Name

Please type the date below:

04/16/2015

Date

Name(s) Shown on Return Jason M Doyle	Your SSN 452-85-1187
--	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2013 for net investment tax purposes	0.
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	0.

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 21	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	0.
7		7	
8	Total other modifications to investment income	8	0.

Line 9b - State income tax allocable to net investment income

1	State, local, and foreign income taxes	1	5,994.
2	Investment income.	2	2,165.
3	Total adjusted gross income	3	112,418.
4	Divide line 2 by line 3. Enter result as a decimal amount	4	0.0193
5	State, local and foreign income taxes allocable to investment income	5	116.

Line 10 - Tax preparations fees allocable to net investment income

1	Tax preparations fees	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	Tax preparations fees allocable to investment income	5	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27)	3	
4	Enter the lesser of the total reported on line 2 or line 3	4	

Part II - Application of Section 67 Limitation to Specific Deductions

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	116.
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	116.
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40	5	21,520.
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	21,520.
8	Enter the lesser of line 7 or line 4	8	116.

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Total miscellaneous investment expenses to Form 8960, line 9c		
2 State, local, and foreign income taxes	116. x 1.000000 =	116.
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2013	(c) Suspended 12/31/2014	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2013	(c) Suspended 12/31/2014	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2013	(c) Suspended 12/31/2014	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return
Jason M DoyleYour SSN
452-85-1187Was the recovery taken into account in computing a section 1411 net operating loss? YES ☐ NO ☒

- 1 Enter total amount of recovery included in gross income 1,017.
- * Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)
- * Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013
- * Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.
- 2 Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111 0.
- 3 Total amount of the recovery (add lines 1 and 2) 1,017.
- 4 Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000) 0.0000
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) 0.

Calculation of recoveries when the deduction is not taken into account in computing your section 1411 NOL

- 6 Multiply line 5 by .038 0.
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) -421.
- 8 Add the amount of line 5 to line 7. -421.
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (do not use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here -16.
- 10 Enter the NIIT reported for the year of the deduction 0.
- 11 Subtract line 10 from line 9 0.
- 12 Enter the smaller of line 6 or line 11 0.
- 13 Divide line 12 by 3.8%. Enter the result here and include on Form 8960, line 7 0.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

- 14 Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)
- 15 Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)
- 16 Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7

Federal Information Worksheet

► Keep for your records

2014

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Jason
Middle initial M Suffix
Last name Doyle
Social security no. 452-85-1187
Occupation Director of Digital Opera
Date of birth 10/29/1970 (mm/dd/yyyy)
Age as of 1-1-2015 44
Daytime phone (817) 658-3482 Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Spouse:

First name
Middle initial Suffix
Last name
Social security no.
Occupation
Date of birth (mm/dd/yyyy)
Age as of 1-1-2015
Daytime phone Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No
If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

Address 151 Lakemont Drive Apt no.
City Augusta State GA ZIP code 30904
Foreign code Foreign country
Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year ☐
Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name MI Last Name Suff
Child's social security number
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2012 ☐
2013 ☐

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2014				

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2014? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2014 ☐

Was EIC disallowed or reduced in a previous year and are you required to file
Form 8862 this year? ☐ Yes ☐ No

Check if you were notified by the IRS that EIC cannot be claimed in 2014 or
if you are ineligible to claim the EIC in 2013 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☐ Yes ☒ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ▶ Bank of America

Check the appropriate box	▶	Checking	X
-------------------------------------	---	----------	---

Routing number ▶ 111000025

Account number ▶ 488003106879

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ▶ _____

Balance-due amount from this return ▶ _____

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☒ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No

Is the spouse a full-time student? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands	_____
Excludable income from Puerto Rico	_____

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ►

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ►

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2014 ▶ GA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2014 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Check this box if you are in a same-sex marriage ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your federal return to be filed. ▶ ☐

Check if this is your individual return for filing state return only (see Help) ▶ ☐

Use the IRS web site or call the IRS automated response system to get your Electronic Filing PIN

Electronic Filing PIN assigned to the taxpayer by the IRS _____

Electronic Filing PIN assigned to the spouse by the IRS _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 63760

Spouse's PIN used to sign the return 63760

**Personal Information Worksheet
For the Taxpayer**

2014

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Jason Middle initial . M Last name . . . Doyle
Suffix

Social security no. . . 452-85-1187 Member of U.S. Armed Forces in 2014? . . ☐ Yes ☒ No

Date of birth 10/29/1970 (mm/dd/yyyy) age as of 1-1-2015 44

Occupation . . . Director of Digital Opera Daytime phone . . . (817) 658-3482 Ext _____

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2014 ► ☐ 2014 . ► ☐ 2013 . ► ☐ 2012 . ► ☐ Before 2012 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2015 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2014? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2014? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2014 GA

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2014 _____

**Personal Information Worksheet
For the Spouse**

2014

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ____ Last name . . . _____
Suffix _____

Social security no. _____ Member of U.S. Armed Forces in 2014? . . ☐ Yes ☐ No

Date of birth _____ (mm/dd/yyyy) age as of 1-1-2015 _____

Occupation _____ Daytime phone _____ Ext _____

Marital status _____

If widowed, check the appropriate box for the year your spouse died:

After 2014 ► ☐ 2014 . ► ☐ 2013 . ► ☐ 2012 . ► ☐ Before 2012 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2015 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☐ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2014? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2014? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2014 _____

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2014 _____

► Keep for your records

Name(s) Shown on Return
Jason M DoyleSocial Security Number
452-85-1187

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	109,236.		109,236.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	16,909.		16,909.
3 & 7	Total social security wages/tips	117,000.		117,000.
4	Total social security tax withheld	7,254.		7,254.
5	Total Medicare wages and tips	117,913.		117,913.
6	Total Medicare tax withheld	1,710.		1,710.
8	Total allocated tips			
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	14,776.		14,776.
b	Elective deferrals to qualified plans	8,677.		8,677.
c	Roth contributions to 401(k) & 403(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	6,099.		6,099.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	109,236.		109,236.
17	Total state tax withheld	5,994.		5,994.
19	Total local tax withheld.			

Name
Jason M DoyleSocial Security Number
452-85-1187
☐
Spouse's W-2**Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 452-85-1187
b Employer's ID number 20-8008487
c Employer's name, address, and ZIP code
Morris Visitor Publications, LLC
 Street 725 BROAD STREET
 City AUGUSTA
 State GA ZIP Code 30901
 Foreign Country _____

d Control number . _____
☒
Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Jason M.I. M
 Last Doyle Suff. _____
f Employee's address and ZIP code
 Street 151 Lakemont Drive
 City Augusta
 State GA ZIP Code 30904
 Foreign Country _____

1 Wages, tips, other compensation
109,236.38
3 Social security wages
117,000.00
5 Medicare wages and tips
117,913.38
7 Social security tips

9 **11** Nonqualified plans
 _____**12** Enter box 12 below

13 ☐ Statutory employee
☒ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
16,909.04
4 Social security tax withheld
7,254.00
6 Medicare tax withheld
1,709.74
8 Allocated tips

10 Dependent care benefits

 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12

Code

D

DD

Box 12

Amount

8,677.00

6,098.56

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government**Box 15**

State

GA

Employer's state I.D. no.

2405657-LF

Box 16

State wages, tips, etc.

109,236.38

Box 17

State income tax

5,994.08

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated State

Box 14Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

[illegible]

Form 1099-MISC Summary

2014

► Keep for your records

Name(s) Shown on Return

Jason M Doyle

Social Security Number

452-85-1187

Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents	19,680.		19,680.
	► Schedule C			
	► Schedule E	19,680.		19,680.
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income			
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
7	Total Nonemployee compensation			
	► Schedule C			
	► Schedule F			
	► Wages			
	► Other Income			
8	Substitute payments			
10	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
	► Taxable amount			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld - total			

► Keep for your records

Name Jason M Doyle	Social Security Number 452-85-1187
-----------------------	---------------------------------------

Payer's Name Specialized Property Management, LLC

Payer's Identification No. EIN . 75-2118525 or SSN .

Account number (for your records only)

☐ Spouse's 1099-MISC☐ Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

Box 1	Rents 19,680.00 <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <u>3625 White Settlement Road</u> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule E </div> <div> <input type="checkbox"/> Form 4835 <input type="checkbox"/> Other Income </div> </div>	
Box 2	Royalties <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule E </div> <div></div> </div>	
Box 3	Other income <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule F </div> <div> <input type="checkbox"/> Form 4835 <input type="checkbox"/> Winnings (Prizes, etc.) <input type="checkbox"/> Tribal Member Gaming Payments <input type="checkbox"/> From Alaska Permanent Fund <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: </div> </div>	
Box 4	Federal income tax withheld	
Box 5	Fishing boat proceeds <i>Required: double-click to select the Schedule C on which to report this income:</i> <input type="checkbox"/> Schedule C	
Box 6	Medical and health care payments <i>Required: double-click to select the Schedule C on which to report this income:</i> <input type="checkbox"/> Schedule C	
Box 7	Nonemployee compensation <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule F </div> <div> <input type="checkbox"/> Wages subject to Social Security & Medicare tax If checked, enter Reason Code for Form 8919 (see Help) . . . If Reason Code A or C, enter determination date <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: </div> </div>	
Box 8	Substitute payments in lieu of dividends or interest	
Box 10	Crop insurance proceeds <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Schedule F <input type="checkbox"/> Form 4835 </div> <div></div> </div>	
Box 13	Excess golden parachute payments Report 20% excise tax on Form 1040	
Box 14	Gross proceeds paid to an attorney Taxable amount from box 14 to Schedule C <i>Required: double-click to select the Schedule C on which to report this income:</i> <input type="checkbox"/> Schedule C	
Boxes 15a & b	Section 409A deferrals Section 409A income	
Boxes 16-18	State tax withheld - 1st state State name (two letters) - 1st state State ID number - 1st state State income - 1st state State tax withheld - 2nd state State name (two letters) - 2nd state State ID number - 2nd state State income - 2nd state	

Wages, Salaries, & Tips Worksheet

2014

► Keep for your records

Name(s) Shown on Return Jason M Doyle	Social Security Number 452-85-1187
--	---------------------------------------

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	109,236.		109,236.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$1,800 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income			
10 Subtotal. Add lines 1 through 9	109,236.		109,236.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income			
15 Total of lines 10 through 14	109,236.		109,236.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2014

► Keep for your records

Name(s) Shown on Return

Jason M Doyle

Social Security Number

452-85-1187

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <thead> <tr> <th></th> <th>Regular</th> <th>AMT</th> </tr> </thead> <tbody> <tr> <td>a On Form 1099-DIV</td> <td></td> <td></td> </tr> <tr> <td>b On Form 2439</td> <td></td> <td></td> </tr> <tr> <td>c On Schedule(s) K-1</td> <td></td> <td></td> </tr> <tr> <td>d On Form 1099-R</td> <td></td> <td></td> </tr> <tr> <td>e From Form 8814</td> <td></td> <td></td> </tr> <tr> <td>f Other.</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		Regular	AMT	a On Form 1099-DIV			b On Form 2439			c On Schedule(s) K-1			d On Form 1099-R			e From Form 8814			f Other.			Total			11	
	Regular	AMT																									
a On Form 1099-DIV																											
b On Form 2439																											
c On Schedule(s) K-1																											
d On Form 1099-R																											
e From Form 8814																											
f Other.																											
Total																											
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18																									

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2014

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

				Regular Tax	Alternative Minimum Tax							
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1										
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f) for which you excluded 75% of the gain.											
	<table border="0"> <tr> <td></td> <td>50 %</td> <td>60 %</td> <td>75%</td> </tr> <tr> <td></td> <td>Exclusion</td> <td>Exclusion</td> <td>Exclusion</td> </tr> </table>		50 %	60 %	75%		Exclusion	Exclusion	Exclusion			
	50 %	60 %	75%									
	Exclusion	Exclusion	Exclusion									
a	Schedule D . . .											
b	Form 8814 . . .											
c	Schedule B . . .											
d	Form 6252 . . .											
e	Form 2439 . . .											
f	Other											
	Total	2										
3	Enter the total of all collectibles gain or (loss) from:											
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> </table>		Regular	AMT								
	Regular	AMT										
a	Form 4684, line 4 (but only if line 15 is more than zero)											
b	Form 6252											
c	Form 6781, Part II											
d	Form 8824											
	Total	3										
4	Enter the total of any collectibles gain reported to you on:											
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> </table>		Regular	AMT								
	Regular	AMT										
a	Form 1099-DIV, box 2d . . .											
b	Form 2439, box 1d											
c	Schedule K-1 from a partnership, S corporation, estate, or trust											
d	Disposition of interest in partnership or S corporation											
e	Other											
	Total	4										
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5										
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.	6										
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7										
8	Enter the amount of any capital gain excess	8			0.							
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.							

Name(s) Shown on Return
Jason M DoyleSocial Security Number
452-85-1187

1 a	Enter your taxable income from Form 1040, line 43	1 a	86,948.
b	Enter the amount from your (and your spouse's) Form 2555, line 45	b	
c	Add lines 1a and 1b	1 c	86,948.
2 a	Enter your qualified dividends from Form 1040, line 9b	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	86,948.
15	Enter: • \$36,900 if single or married filing separately; • \$73,800 if married filing jointly or qualifying widow(er); or • \$49,400 if head of household.	15	36,900.
16	Enter the smaller of line 1c or line 15	16	36,900.
17	Enter the smaller of line 14 or line 16	17	36,900.
18	Subtr in 10 from in 1c. If zero or less, enter -0-	18	86,948.
19	Enter the larger of line 17 or line 18	19	86,948.
20	Subtract line 17 from line 16. This amount is taxed at 0% If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	20	0.
21	Enter the smaller of line 1c or line 13	21	0.
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	0.
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	0.
24	Enter: • \$406,750 if single, • \$228,800 if married filing separately, • \$457,600 if married filing jointly or qualifying widow(er), • \$432,200 if head of household.	24	406,750.
25	Enter the smaller of line 1c or line 24	25	86,948.
26	Add lines 19 and 20	26	86,948.
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	0.
28	Enter the smaller of line 23 or line 27	28	0.
29	Multiply line 28 by 15% (.15)	29	0.
30	Add lines 20 and 28	30	0.
31	Subtract line 30 from line 21	31	0.
32	Multiply line 31 by 20% (.20)	32	0.
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.			
33	Enter the smaller of line 9c above or Schedule D, line 19	33	
34	Add lines 10 and 19	34	
35	Enter the amount from line 1c above	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	
38	Multiply line 37 by 25% (.25)	38	

If Schedule D, line 18, is zero or blank, skip lines 39 through 41
and go to line 42. Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	<u>17,588.</u>
43	Add lines 29, 32, 38, 41, and 42	43	<u>17,588.</u>
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	<u>17,588.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44.	45	<u>17,588.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2014

Line 44

► Keep for your records

Name(s) Shown on Return

Jason M Doyle

Social Security Number

452-85-1187

1	Enter the amount from Form 1040, line 43	1	_____
2	Enter the amount from Form 1040, line 9b	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.	5	_____
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter: \$36,900 if single or married filing separately, \$73,800 if married filing jointly or qualifying widow(er), \$49,400 if head of household.	8	_____
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter: \$406,750 if single, \$228,800 if married filing separately, \$457,600 if married filing jointly or qualifying widow(er), \$432,200 if head of household.	15	_____
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24	_____
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26	_____
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.	27	_____

- Keep for your records

2014

Name(s) Shown on Return <u>Jason M Doyle</u>	Social Security Number <u>452-85-1187</u>
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Estimated Tax Payments for 2014 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/14		04/15/14			04/15/14		
2	06/16/14		06/16/14			06/16/14		
3	09/15/14		09/15/14			09/15/14		
4	01/15/15		01/15/15			01/15/15		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2014					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2014 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				16,909.	5,994.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				16,909.	5,994.	
20	Total Tax Payments for 2014				16,909.	5,994.	

Prior Year Taxes Paid In 2014 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2013 extensions				
22	2013 estimated tax paid after 12/31/2013				
23	Balance due paid with 2013 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38	112,418.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2013 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	112,418.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Colorado, Illinois, Louisiana, New Jersey, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 5,994.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 5,994.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes ☐ Greater amount . ☒

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098 6,432.86

b	Real estate taxes paid on principal residence entered on Form 1098	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Add lines 2a through 2f (to Schedule A, line 6)	<u>6,432.86</u>
3	Personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2013 Amount	Enter 2014 description:
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 7)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	
b	Foreign taxes from interest and dividends	
c	Foreign taxes from Schedule(s) K-1	
d	Other foreign taxes (not used to claim a foreign tax credit)	
e	Other taxes.	
	2013 Amount	Enter 2014 description:
	_____	_____
	_____	_____
	_____	_____
f	Add lines 4a through 4e (to Schedule A, line 8)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	<u>9,092.92</u>
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above	<u>9,092.92</u>
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	5,994.
2 2014 state estimated taxes paid in 2014	2	
3 2013 state estimated taxes paid in 2014	3	
4 Amount paid with 2013 state application for extension	4	
5 Amount paid with 2013 state income tax return	5	
6 Overpayment on 2013 state income tax return applied to 2014 tax	6	
7 Other amounts paid in 2014 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2014 local estimated taxes paid in 2014	10	
11 2013 local estimated taxes paid in 2014	11	
12 Amount paid with 2013 local application for extension	12	
13 Amount paid with 2013 local income tax return	13	
14 Overpayment on 2013 local income tax return applied to 2014 tax	14	
15 Other amounts paid in 2014 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17	17	
18 Total Add lines 1 through 17	18	5,994.
19 State and local refund allocated to 2014	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	5,994.

Nondeductible State Income Tax (Hawaii Only)

23 Nontaxable federal employee cost of living allowance	23	
24 Adjusted gross income	24	
25 Add lines 23 and 24	25	
26 Nondeductible percent. Line 23 divided by line 25	26	%
27 Hawaii state income tax included in line 18	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

Schedule A
Lines 10 - 12

Home Mortgage Interest Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Note: Use this worksheet to report home mortgage interest you paid on your main home or second home.
Enter mortgage interest you paid for business property other than a home office on the appropriate
schedule or form for the business activity (Schedule C, Schedule E, etc.).

1 Was the mortgage interest reported to you on Form 1098? Yes ☒ No ☐

2 Recipient's/lender's name. Wells Fargo Home Mortgage

3 Mortgage interest paid on your main home or second home in 2014 9,092.92

4 Points paid in 2014 to buy your main home from Form 1098, box 2. _____

QuickZoom if you paid more interest than is shown on Form 1098 _____

5 If you bought your home from the recipient and did **NOT** receive a Form 1098, enter the
recipient's identifying number and address:

Recipient's SSN or ID number . _____

Recipient's address _____
City _____ State _____ ZIP _____

6 If you and someone else were liable for this mortgage and the **other person** received the Form 1098,
enter the other person's name and address:

Name _____

Address. _____
City _____ State _____ ZIP _____

Points NOT reported on Form 1098:

7 Points not reported on Form 1098 that you paid in 2014 to purchase or improve
your **main home**. _____

8 If you paid other points to this lender which must be spread over the life of the
loan, for example points you paid on your second home, on a home equity loan,
or when you refinanced, enter the following:

a Total points originally paid on a loan for which the points must be amortized _____

b Date loan was made or date of refinance _____

c Length of loan (years) _____

d Points deducted in prior years for this loan _____

e Amortized points allowable this year _____

f Check this box if the points remaining for this loan are deductible in full in 2014
because you refinanced with a different lender or paid off the loan ☐

g Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a) _____

Charitable Deduction Limits Worksheet For Current Year Contributions

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 112,418.

9 Multiply line 8 by 0.5. This is your 50% limit. 56,209.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10 Enter the smaller of line 2 or line 9					0.	
11 Subtract line 10 from line 2						0.
12 Subtract line 10 from line 9			56,209.			
Contributions not to 50% limit organizations						
13 Add lines 2 and 3						
14 Multiply line 8 by 0.3. This is your 30% limit.			33,725.	33,725.		
15 Subtract line 13 from line 9			56,209.			
16 Enter the smallest of line 6, 14, or 15 . .					0.	
17 Subtract line 16 from line 6						0.
18 Subtract line 16 from line 14				33,725.		
Capital gain property to 50% limit organizations						
19 Enter the smallest of line 3, 12, or 14 . .					0.	
20 Subtract line 19 from line 3						0.
21 Subtract line 16 from line 15				56,209.		
22 Subtract line 19 from line 14				33,725.		
Capital gain property not to 50% limit organizations						
23 Multiply line 8 by 0.2. This is your 20% limit.				22,484.		
24 Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25 Subtract line 24 from line 7						0.
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27 Reserved for future use						
28 Reserved for future use						
29 Reserved for future use						
30 Add lines 11, 17, 20, and 25. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 112,418.

9 Multiply line 8 by 0.5. This is your 50% limit. 56,209.. less. 0. 56,209.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10 Enter the smaller of line 2 or line 9					0 .	
11 Subtract line 10 from line 2						0 .
12 Subtract line 10 from line 9			56,209 .			
Contributions not to 50% limit organizations						
13 Add lines 2 and 3		0 .				
14 Multiply line 8 by 0.3. This is your 30% limit.		33,725 .	33,725 .			
15 Subtract line 13 from line 9		56,209 .				
16 Enter the smallest of line 6, 14, or 15 . .					0 .	
17 Subtract line 16 from line 6						0 .
18 Subtract line 16 from line 14				33,725 .		
Capital gain property to 50% limit organizations						
19 Enter the smallest of line 3, 12, or 14 . .					0 .	
20 Subtract line 19 from line 3						0 .
21 Subtract line 16 from line 15				56,209 .		
22 Subtract line 19 from line 14				33,725 .		
Capital gain property not to 50% limit organizations						
23 Multiply line 8 by 0.2. This is your 20% limit.				22,484 .		
24 Enter the smaller of line 7, 18, 21, 22, or 23					0 .	
25 Subtract line 24 from line 7						0 .
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0 .	
27 Reserved for future use						
28 Reserved for future use						
29 Reserved for future use						
30 Add lines 11, 17, 20, and 25. Carry to next year.						0 .

Charitable Contributions Summary

► Keep for your records

2014

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2015

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2014 contributions . .						
2 2014 contributions allowed	0 .		0 .	0 .	0 .	0 .
3 Carryovers from:						
a 2013 tax year						
b 2012 tax year						
c 2011 tax year						
d 2010 tax year						
e 2009 tax year						
4 Carryovers allowed in 2014	0 .		0 .	0 .	0 .	0 .
5 Carryovers disallowed in 2014	0 .		0 .	0 .	0 .	0 .
6 Carryovers to 2015:						
a From 2014	0 .		0 .	0 .	0 .	0 .
b From 2013						
c From 2012						
d From 2011						
e From 2010						
f From 2009 (expired)						

Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☒ No
- Was any charity other than a 50% charity? ☐ Yes ☒ No

Schedule A
Lines 21, 23, 28

Miscellaneous Itemized Deductions Worksheet

2014

► Keep for your records

Name(s) Shown on Return Jason M Doyle	Social Security Number 452-85-1187
--	---------------------------------------

Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Other: _____ _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21)	8	

Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

Investment
expense ↓

9	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	9	
10	Casualty/theft losses of property used in services as an employee	<input type="checkbox"/>	10	
11	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1	<input type="checkbox"/>	14	
15	Excess deductions on termination, from Schedule(s) K-1	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	17	
18	Safe deposit box rental fees	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs	<input type="checkbox"/>	21	
22	Loss incurred from final distribution of a QTP investment	<input type="checkbox"/>	22	
23	Hobby expense (limited to hobby income)	<input type="checkbox"/>	23	
24	Other: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24	
25	Combine lines 9 through 24 (to Schedule A, line 23)		25	

Other Miscellaneous Deductions – Not Subject to 2% Limitation

26	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	26	
27	Federal estate tax paid on decedent's income reported on this return		27	
28	Impairment-related expenses of a handicapped employee, from Form 2106		28	
29	Amortizable bond premiums on bonds acquired before 10/23/86		29	
30	Gambling losses		30	
31	Deduction for repayment of amounts under claim of right if over \$3,000		31	
32	Casualty/theft losses of income-producing property		32	
33	Unrecovered investment in annuity		33	
34	Combine lines 26 through 33 (to Schedule A, line 28)		34	

Schedule A
Line 29

Itemized Deductions Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

1	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28	1	21,520.
2	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	2	
3	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1	3	21,520.
4	Multiply line 3 by 80% (.80)	4	17,216.
5	Enter the amount from Form 1040, line 38	5	112,418.
6	Enter \$254,200 if single; \$305,050 if married filing jointly or qualifying widow(er); \$279,650 if head of household, \$152,525 if married filing separately	6	254,200.
7	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8	Multiply line 7 by 3% (.03)	8	
9	Enter the smaller of line 4 or line 8	9	
10	Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29)	10	

- Keep for your records

Name(s) Shown on Return Jason M Doyle	Social Security Number 452-85-1187
--	---------------------------------------

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$650? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,000		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$6,200 • Married filing jointly or Qualifying widow(er) — \$12,400 • Head of household — \$9,100		2	6,200.
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1950, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b		3 a	
3 b	If born before January 2, 1950, or blind, multiply the number on Form 1040, line 39a, by \$1,200 (\$1,550 if single or head of household)		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40		3 c	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Form 1040
Line 42

Deduction for Exemptions Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

1	Multiply \$3,950 by the total number of exemptions claimed on Form 1040, line 6d	1	<u>3,950.</u>
2	Enter the amount from Form 1040, line 38	2	<u>112,418.</u>
3	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$254,200 • Married filing jointly or qualifying widow(er), enter \$305,050 • Married filing separately, enter \$152,525 • Head of household, enter \$279,650 	3	<u>254,200.</u>
4	Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42.	4	<u>-141,782.</u>
5	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	5	
6	Multiply line 5 by 2% (.02) and enter the result as a decimal.	6	
7	Multiply line 1 by line 6	7	
8	Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42	8	

Earned Income Worksheet**2014**

► Keep for your records

Name(s) Shown on Return

Jason M Doyle

Social Security Number

452-85-1187

Part I – Earned Income Credit Wks Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	109,236.		109,236.
7 Taxable employer-provided adoption benefits.			
8 Add lines 5 through 7. To Form 2441, lines 19 and 20	109,236.		109,236.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5	109,236.		109,236.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	109,236.		109,236.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	109,236.		109,236.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	109,236.		109,236.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	109,236.		109,236.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 Combine lines 23 through 26. To Schedule 8812, line 4a & Line 11 Wks, line 2.	109,236.		109,236.

► Keep for your records

Name(s) Shown on Return
Jason M DoyleSocial Security Number
452-85-1187**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:		
a	-----	3 a	
b	-----	b	
c	-----	c	
d	-----	d	
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment.	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses included as itemized deductions (after the 2% limitation)	14	
15	Investment expenses included as itemized deductions (no 2% limitation)	15	
16	Expenses from nonpassive trade or business without material participation	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	Total investment expenses. Add lines 13 through 17.	18	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
21	Investment interest expense.	21	

Schedule E

Schedule E Worksheet

2014

► Keep for your records

Name(s) shown on return

Jason M Doyle

Social Security No.

452-85-1187

General Information:

Property description Only home I own but Rent out

Property type . . . 1 Single Family Residence If type is other, enter a description

Location (street address) 3625 White Settlement Road

City Fort Worth State TX ZIP code 76107

If a foreign address: Foreign province or state

Foreign postal code Foreign country

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes ☐ No ☒If yes, did you or will you file all required Form(s) 1099? Yes ☐ No ☐

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse ☐ B Owned jointly ☐
 C Active participation ☒ D Material participation ☐
 E Qualified joint venture ☐ F Some investment is not at risk ☐
 G Other passive exceptions ☐ H Complete taxable disposition - See Help ☐
 Trade or business not subject to net investment income tax ☐
 I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes ☐ No ☒
 J Treat all assets acquired after August 27, 2005 as
 qualified GO Zone property? Regular ☐ Extension ☐ No ☒
 K Treat all assets acquired after May 4, 2007 as
 qualified Kansas Disaster Zone property? Yes ☐ No ☒
 L Was this activity located in a Qualified Disaster Area? Yes ☐ No ☒
 M Reserved for future use

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage ☒
 O Enter ownership percentage 11.000000 %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A ☐
 Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method ☐
 S Number of days property owned if less than the entire year

Property Location

Page 2

3625 White Settlement Road, Fort Worth, TX 76107

Income		% if Different	Total
3	Enter rental income (not reported elsewhere)		
	Rental income from Form 1099-MISC	19,680.	
	Rental Income from Cancellation of Debt Wks . . .		
	Total rents received	19,680.	11.000000 2,165.
4	Enter royalties received (not reported elsewhere) .		
	Royalty income from Form 1099-MISC		
	Royalty Income from Cancellation of Debt Wks . . .		
	Royalty Income from Schedule K-1		
	Total royalties received		

Expenses	(a) Total	(b) Enter % if not 11.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint . .					
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 Wks .					
Total mort insur qual .					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees . . .					
12 a Mortgage int qualified .					
From Form 1098 Wks .					
Total mort int qualified					
b Mort int other					
From Form 1098 Wks .					
Total mort int other . .					
13 Other interest					
14 Repairs					
15 Supplies					
16 a Real estate taxes . . .					
From Form 1098 Wks .					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a _____					
b _____					
c _____					
d _____					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19					
21 Income or (loss)			2,165.		
22 Deductible rental real estate loss					

Schedule E Two-Year Comparison

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Property Location

3625 White Settlement Road, Fort Worth, TX 76107

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule E Worksheet and are using TurboTax Premier or TurboTax Home & Business.

	2013	2013 Percent of Income*	2014	2014 Percent of Income*	2013 to 2014 Comparison <input checked="" type="checkbox"/> as amount <input type="checkbox"/> as percent
Income:					
1 Rental income	2,079.	100.00	2,165.	100.00	86.00
2 Royalty income.					
Expenses:					
3 Advertising	24.	1.15			-24.00
4 Auto.					
5 Travel.					
6 Cleaning & maintenance	103.	4.95			-103.00
7 Commissions.					
8 Insurance:					
a Mortgage Insur qualified.					
b Other insurance	121.	5.82			-121.00
9 Legal & professional. . .					
10 Management fees	208.	10.00			-208.00
11 Mortgage interest:					
a Qualified	941.	45.26			-941.00
b Other					
12 Other interest.					
13 Repairs	403.	19.38			-403.00
14 Supplies	48.	2.31			-48.00
15 a Real estate taxes	616.	29.63			-616.00
b Other taxes					
16 Utilities	36.	1.73			-36.00
17 a Depreciation					
b Depletion					
c Depreciation carryover .					
18 a Other expenses					
b Indirect operating exp . .					
c Operating exp carryover.					
d Vehicle rental.					
e Amortization					
19 Total expenses.	2,500.	120.25			-2500.00
20 Income or (loss)	-421.	-20.25	2,165.	100.00	2586.00
21 Deductible rental loss .	-421.				421.00
Passive suspended losses:					
Schedule E					
Form 4797.					
Schedule D					

*Lines 1 through 20 as a percentage of income.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$14,590 (\$20,020 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$38,511 (\$43,941 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$43,756 (\$49,186 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$46,997 (\$52,427 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$14,590 (\$20,020 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$38,511 (\$43,941 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$43,756 (\$49,186 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$46,997 (\$52,427 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,350.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is missing, or invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- | | | |
|---|--------------------------|---|
| a | <input type="checkbox"/> | qualifying children of another person, or |
| b | <input type="checkbox"/> | have missing or invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2014.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is the info about your income correct?

- I've entered all of my income.
- If I had any investment income, the total was under \$3,350.
- I had no foreign earned income.

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go to Wages & Income and review what I entered.

Once you've reviewed your Wages & Income, come back and confirm your info is correct.

2 Is this info about you correct?

- I'm not filing my taxes as Married Filing Separately.
- I have a valid Social Security number.
- I was a U.S. citizen or resident alien for all of 2014.
- I lived in the U.S. for at least six months during 2014.
- I'm not the qualifying child or dependent of another person.
- If I have no qualifying children, I'm between 25 and 65 years old.

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go to Personal Info and review what I entered.

Once you've reviewed your Personal Info, come back and confirm your info is correct.

3 Is this info correct for all of your qualifying dependents for the Earned Income Credit?

- They are my children (or descendants of my children) and not married.
- They lived with me in the U.S. for more than half the year.
- They have valid Social Security numbers.
- They are not being claimed by anyone else specifically for the Earned Income Credit, as far as I know.
- They are under age 19, **or** under 24 and a full-time student, **or** permanently or totally disabled.

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go to Personal Info and review my dependent info.

OK, once you've reviewed your Personal Info, come back and confirm your info is correct.

 Compliance and Due Diligence Indicator ☐

The IRS expects everyone who gets the Earned Income Credit to meet all the requirements and be able to show they're eligible with proof such as documents.

Schedule SE Adjustments Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code Z		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Name(s) Shown on Return
Jason M DoyleSocial Security Number
452-85-1187**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Fedload Servicing	Taxpayer	452-85-1187	3,100.	1,283.
Total student loan interest.				1,283.

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2014 on qualified student loans (see Form 1040 instructions).	1	1,283.
2	Enter the smaller of line 1 or \$2,500.	2	1,283.
3	Modified AGI Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$160,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	112,418.
4	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly.	4	
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 2 by line 6	7	
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2014

► Keep for your records

Name(s) Shown on Return Jason M Doyle		Social Security Number 452-85-1187	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 30.	49,508.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

Form 6251

Form 1040A Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Jason M DoyleSocial Security Number
452-85-1187

1	Enter the amount from Form 1040A, line 22.	1	112,418.
2	Enter the amount shown below for your filing status. • Single or Head of Household, enter \$52,800 • Married Filing Joint or Qualifying widow(er), enter \$82,100 • Married Filing Separately, enter \$41,050.	2	52,800.
3	Subtract line 2 from line 1. If zero or less, stop here ; you don't owe this tax.	3	59,618.
4	Enter the amount shown below for your filing status. • Single or Head of Household, enter \$117,300 • Married Filing Joint or Qualifying widow(er), enter \$156,500 • Married Filing Separately, enter \$78,250.	4	117,300.
5	Subtract line 4 from line 1. If zero or less, enter -0- here and on line 6, and go to line 7.	5	0.
6	Multiply line 5 by 25% (.25)	6	0.
7	Add lines 3 and 6	7	59,618.
8	If line 7 is \$182,500 or less (\$91,250 or less if married filing separately) multiply line 7 by 26% (.26). Otherwise, multiply line 7 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	8	15,501.
9	Did you use the Qualified Dividends and Capital Gain Tax Worksheet to figure the tax on the amount on Form 1040A, line 27? <input checked="" type="checkbox"/> No. Skip lines 9 through 19 enter the amount from line 8 on line 20 and go to line 21, <input type="checkbox"/> Yes. Enter the amount from line 6 of that worksheet	9	
10	Enter the smaller of line 7 or line 9	10	
11	Subtract line 10 from line 7	11	
12	If line 11 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 11 by 26% (.26). Otherwise, multiply line 11 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	12	
13	Enter the amount shown below for your filing status: • Single or married filing separately- \$36,900 • Married filing jointly or qualifying widow(er) - \$73,800 • Head of household- \$49,400	13	
14	Enter the amount from line 7 of Qualified Dividends and Capital Gain Tax Wkst	14	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	
16	Enter the smaller of line 10 or line 15	16	
17	Subtract line 16 from line 10	17	
18	Multiply line 17 by 15% (.15)	18	
19	Add lines 12 and 18	19	
20	Enter the smaller of line 8 or line 19.	20	15,501.
21	Enter the amount you would enter on Form 1040A, line 30, if you do not owe this tax.	21	20,917.
22	Alternative Minimum Tax. Is the amount on line 20 more than the amount on line 21? <input checked="" type="checkbox"/> No. You do not owe this tax. <input type="checkbox"/> Yes. Subtract line 21 from line 20. Also include this amount in the total on Form 1040A, line 28. Enter "AMT" and show the amount in the space to the left of ln 28.	22	0.

► Keep for your records

Name(s) Shown on Return Jason M Doyle	Social Security Number 452-85-1187
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Taxable Income – Line 1

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	90,898.
2	Additions to income	2	
3	Add lines 1 and 2	3	90,898.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	90,898.

Taxes – Line 3

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 Attributable to mortgage used to purchase, build, or improve:			
a Main home or second home that is house, apartment, condominium or non-transient mobile home	9,093.		
b Second home that is transient mobile home or boat			
c Total			9,093.
2 Attributable to mortgage used to refinance:			
a To pay off mortgage			
b For other purposes			
c Total			
3 Attributable to other mortgage deductible for AMT:			
a Pre-July 1, 1982 mortgage			
4 Total column (a)	9,093.		
5 Total column (b). Enter result on Form 6251, line 4.			
6 Total mortgage interest from Schedule A			9,093.

Refund of Taxes – Line 7

1	Taxable refund of state and local income tax	1	1,017.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	1,017.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	102,308.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	102,308.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	92,077.
6	Enter ATNOL carried to 2013 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options – Line 14

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 14	5	

Disposition of Property – Line 17

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)			
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 17			

Post-86 Depreciation – Line 18

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 18	5	

Passive Activities – Line 19

1 Adjustment for recomputed income (loss) from passive activities	1	0.
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 19	4	0.

Circulation Costs – Line 21

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 21	3	

Mining Costs – Line 23

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 23	3	

Research and Experimental Costs – Line 24

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 24	3	

Intangible Drilling Costs – Line 26

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 26	6	

Other Adjustments – Line 27

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Total other adjustments. Add lines 5 and 6 and enter on Form 6251, line 27.	7	

Alternative Minimum Taxable Income – Line 28

If married filing separately and Form 6251, line 28, is more than \$242,450:		
1	Alternative minimum taxable income, Form 6251	1 _____
2	Threshold amount	2 _____
3	Subtract line 2 from line 1	3 _____
4	Multiply line 3 by 25% (.25)	4 _____
5	Smaller of line 4 or \$41,050	5 _____
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6 _____

Exemption – Line 29

1	Enter \$52,800 if single or head of household, \$82,100 if married filing jointly or qualifying widow(er), \$41,050 if married filing separately	1	52,800.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	102,308.
3	Enter \$117,300 if single or head of household, \$156,500 if married filing jointly or qualifying widow(er), \$78,250 if married filing separately	3	117,300.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	52,800.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	_____

Form 6251
Line 31

Foreign Earned Income
Alternative Minimum Tax Worksheet

2014

► Keep for your records

Name(s) Shown on Return Jason M Doyle		Social Security Number 452-85-1187	
1	Enter amount from Form 6251, line 30.	1	
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a	
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4	Tax on amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • All Others: If line 3 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	6	

Federal Carryover Worksheet

2014

► Keep for your records

Name(s) Shown on Return Jason M Doyle	Social Security Number 452-85-1187
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2013 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
GA			6,212.		1,017.	
Totals . .			6,212.		1,017.	

Other Tax and Income Information

			2013	2014
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	21,013.	21,520.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	113,459.	112,418.
6	Tax liability for Form 2210 or Form 2210-F	6	18,080.	17,588.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2013	2014
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2013	2014
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2014	b		
	b 2013	c		
	c 2012	d		
	d 2011	e		
	e 2010	f		
	f 2009			

Jason M Doyle

452-85-1187

Loss and Expense Carryovers (cont'd)				2013	2014	
17	AMT Nonrecap'd net Sec 1231 losses from:	<div style="display: flex; flex-direction: column;"> <div>a</div> <div>b</div> <div>c</div> <div>d</div> <div>e</div> <div>f</div> </div>	<div style="display: flex; flex-direction: column;"> <div>2014 . . .</div> <div>2013 . . .</div> <div>2012 . . .</div> <div>2011 . . .</div> <div>2010 . . .</div> <div>2013 . . .</div> </div>	17 a		
				b		
				c		
				d		
				e		
				f		
Credit Carryovers				2013	2014	
18	General business credit			18		
19	Adoption credit from:	<div style="display: flex; flex-direction: column;"> <div>a</div> <div>b</div> <div>c</div> </div>	<div style="display: flex; flex-direction: column;"> <div>2014</div> <div>2013</div> <div>2012</div> </div>	19 a		
				b		
				c		
20	Mortgage interest credit from:	<div style="display: flex; flex-direction: column;"> <div>a</div> <div>b</div> <div>c</div> <div>d</div> </div>	<div style="display: flex; flex-direction: column;"> <div>2014</div> <div>2013</div> <div>2012</div> <div>2011</div> </div>	20 a		
				b		
				c		
				d		
21	Credit for prior year minimum tax			21		
22	District of Columbia first-time homebuyer credit			22		
23	Residential energy efficient property credit			23		
Other Carryovers				2013	2014	
24	Section 179 expense deduction disallowed			24		
25	Excess foreign housing deduction:	<div style="display: flex; flex-direction: column;"> <div>a</div> <div>b</div> <div>c</div> <div>d</div> </div>	<div style="display: flex; flex-direction: column;"> <div>Taxpayer (Form 2555, line 46)</div> <div>Taxpayer (Form 2555, line 48)</div> <div>Spouse (Form 2555, line 46)</div> <div>Spouse (Form 2555, line 48)</div> </div>	25 a		
				b		
				c		
				d		

Charitable Contribution Carryovers

26 2013 Carryover of charitable contributions from:		Other Property		Capital Gain		
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	
a	2013					
b	2012					
c	2011					
d	2010					
e	2009					
27 2014 Carryover of charitable contributions from:		Other Property		Capital Gain		
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	
a	2014					
b	2013					
c	2012					
d	2011					
e	2010					
28	Amount overpaid less earned income credit					0 .

2013 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

IRA Information Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Part I Traditional IRA		Taxpayer	Spouse
	Basis and Value		
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2014.		
3	Basis carryover as of 12/31/2014		
	Excess Contributions		
4	Excess contributions as of 12/31/2013		
5	Carryover of excess contributions to 2015		
Part II Roth IRA		Taxpayer	Spouse
	Basis (Contribution and Conversion History)		
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions.		
8	Contribution basis carryover as of 12/31/2014		
9	Conversion basis carryover as of 12/31/2014		
	Excess Contributions		
10	Excess contributions as of 12/31/2013		
11	Carryover of excess contributions to 2015		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2013 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited. . .		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs.		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/2014 (<i>See Help</i>)		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2014. Also, include as a negative number any qualified charitable distributions (QCD) made in Jan. 2015 to be treated as made in December 2014 (<i>See Help</i>).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2014		
21	Check this box if you converted all of the traditional IRAs you had in 2014 to Roth IRAs in 2014.	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

► Keep for your records

2014

Page 2

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2010	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2013 Balances (Basis - Before 2014 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2010 conversions - taxable and nontaxable		
25	2010 conversion contributions taxable at conversion		
26	2010 conversion contributions not taxable at conversion		
27	2011 conversion contributions taxable at conversion		
28	2011 conversion contributions not taxable at conversion		
29	2012 conversion contributions taxable at conversion		
30	2012 conversion contributions not taxable at conversion		
31	2013 conversion contributions taxable at conversion		
32	2013 conversion contributions not taxable at conversion		
2014 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)		
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
2014 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2010 conversions		
40	Distributions from 2010 conversions taxable at conversion		
41	Distributions from 2010 conversions not taxable at conversion. . .		
42	Distributions from 2011 conversions taxable at conversion		
43	Distributions from 2011 conversions not taxable at conversion. . .		
44	Distributions from 2012 conversions taxable at conversion		
45	Distributions from 2012 conversions not taxable at conversion. . .		
46	Distributions from 2013 conversions taxable at conversion		
47	Distributions from 2013 conversions not taxable at conversion. . .		
48	Distributions from 2014 conversions taxable at conversion		
49	Distributions from 2014 conversions not taxable at conversion. . .		
50	Did you have any open Roth IRA accounts on 12/31/2014?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2015 (Basis - After 2014 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52	Cumulative pre 2011 conversions - taxable and nontaxable		
53	2011 conversion contributions taxable at conversion		
54	2011 conversion contributions not taxable at conversion		
55	2012 conversion contributions taxable at conversion		
56	2012 conversion contributions not taxable at conversion		
57	2013 conversion contributions taxable at conversion		
58	2013 conversion contributions not taxable at conversion		
59	2014 conversion contributions taxable at conversion		
60	2014 conversion contributions not taxable at conversion		

IRA Information Worksheet

► Keep for your records

2014

Page 3

Name(s) Shown on Return

Jason M Doyle

Social Security Number

452-85-1187

Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
	Received From Former Spouse due to Divorce or Inheritance		
	Cumulative regular Roth IRA contributions, including rollovers		
61	from Roth 401(k) and Roth 403(b)		
62	Cumulative pre 2010 conversions - taxable and nontaxable		
63	2010 conversion contributions taxable at conversion		
64	2010 conversion contributions not taxable at conversion		
65	2011 conversion contributions taxable at conversion		
66	2011 conversion contributions not taxable at conversion		
67	2012 conversion contributions taxable at conversion		
68	2012 conversion contributions not taxable at conversion		
69	2013 conversion contributions taxable at conversion		
70	2013 conversion contributions not taxable at conversion		
71	2014 conversion contributions taxable at conversion		
72	2014 conversion contributions not taxable at conversion		
	Transferred To Former Spouse due to Divorce		
	Cumulative regular Roth IRA contributions, including rollovers		
73	from Roth 401(k) and Roth 403(b)		
74	Cumulative pre 2010 conversions - taxable and nontaxable		
75	2010 conversion contributions taxable at conversion		
76	2010 conversion contributions not taxable at conversion		
77	2011 conversion contributions taxable at conversion		
78	2011 conversion contributions not taxable at conversion		
79	2012 conversion contributions taxable at conversion		
80	2012 conversion contributions not taxable at conversion		
81	2013 conversion contributions taxable at conversion		
82	2013 conversion contributions not taxable at conversion		
83	2014 conversion contributions taxable at conversion		
84	2014 conversion contributions not taxable at conversion		

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2014

► Keep for your records

Name(s) Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Description	Amount
Income	
Wages	109,236.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	1,017.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	110,253.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	110,253.

Two-Year Comparison

2014

Name(s) Shown on Return Jason M Doyle			Social Security Number	
Income	2013	2014	Difference	%
Wages, salaries, tips, etc	112,869.	109,236.	-3,633.	-3.22
Interest and dividend income				
State tax refund	1,011.	1,017.	6.	0.59
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties	-421.	2,165.	2,586.	614.25
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	113,459.	112,418.	-1,041.	-0.92
Adjustments to Income				
Adjusted Gross Income	113,459.	112,418.	-1,041.	-0.92
Itemized Deductions				
Medical and dental				
Income or sales tax	6,212.	5,994.	-218.	-3.51
Real estate taxes	5,856.	6,433.	577.	9.85
Personal property and other taxes				
Interest paid	8,945.	9,093.	148.	1.65
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions				
Total Itemized Deductions	21,013.	21,520.	507.	2.41
Standard or Itemized Deduction	21,013.	21,520.	507.	2.41
Exemption Amount	3,900.	3,950.	50.	1.28
Taxable Income	88,546.	86,948.	-1,598.	-1.80
Income tax	18,080.	17,588.	-492.	-2.72
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	18,080.	17,588.	-492.	-2.72
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	18,080.	17,588.	-492.	-2.72
Withholding	18,009.	16,909.	-1,100.	-6.11
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	18,009.	16,909.	-1,100.	-6.11
Form 2210 penalty				
Applied to next year's estimated tax				
Refund				
Balance Due	71.	679.	608.	856.34

Current year effective tax rate 15.65 %

Tax Summary
► Keep for your records

2014

Name (s)
Jason M Doyle

Total income	112,418.
Adjustments to income	
Adjusted gross income	112,418.
Itemized/standard deduction	21,520.
Exemption amount	3,950.
Taxable income	86,948.
Tentative tax	17,588.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	17,588.
Total payments	16,909.
Estimated tax penalty	
Amount Overpaid	0.
Refund	0.
Amount Applied to Estimate	0.
Balance due	679.

Which Form 1040 to file?

You must use Form 1040 because
you had taxable state or local income tax refunds.

Compare to U. S. Averages

► Keep for your records

2014

Name(s) Shown on Return Jason M Doyle	Social Security No 452-85-1187
--	-----------------------------------

Your 2014 adjusted gross income (AGI) 112,418.
National adjusted gross income range used below from 100,000. to 199,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	109,236.	118,611.
Taxable interest		1,427.
Tax-exempt interest		8,370.
Dividends		5,450.
Business net income		31,710.
Business net loss		6,895.
Net capital gain		11,703.
Net capital loss		2,347.
Taxable IRA		27,138.
Taxable pensions and annuities		39,686.
Rent and royalty net income	2,165.	14,538.
Rent and royalty net loss		8,788.
Partnership and S corporation net income		40,509.
Partnership and S corporation net loss		11,772.
Taxable social security benefits		21,725.
Medical and dental expenses deduction		10,018.
Taxes paid deduction	12,427.	11,281.
Interest paid deduction	9,093.	10,814.
Charitable contributions deduction		4,096.
Total itemized deductions	21,520.	27,124.
Child care credit		578.
Education tax credits		1,516.
Child tax credit		1,438.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	112,418.	139,610.
Taxable income	86,948.	104,563.
Income tax	17,588.	17,757.
Alternative minimum tax		2,343.
Total tax liability	17,588.	18,459.

Estimated Taxes and Form W-4 Worksheet

Name: Jason M Doyle SSN: 452-85-1187		
Choose the Method You Will Use to Pay Your 2015 Federal Income Taxes <input type="checkbox"/> By withholding from my paychecks. (You will also need to complete the Additional Information for Form W-4 Worksheet . QuickZoom below.) <input checked="" type="checkbox"/> By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2015 withholding will be _____ Overpayment from my 2014 return. _____ 0. Amount of my 2014 overpayment to apply to 2015 instead of refunding it _____		
Enter Your Filing Status and Other Information for Your 2015 Tax Return Choose your filing status 1 - Single Taxpayer age as of the end of 2015 45 Spouse age as of the end of 2015 _____ Do you qualify for an additional standard deduction? Taxpayer: _____ Total 0 Spouse: _____ <input type="checkbox"/> Check if you must itemize in 2015. (See Tax Help.)		
Enter the Number of Dependent Exemptions You Will Claim on Your 2015 Tax Return <input type="checkbox"/> Check if you will be the dependent of another person (but not if married filing jointly). Enter the number of dependents you will claim, do not include yourself or your spouse . . . 0 Total exemptions 1		
Enter Your 2015 Income and Deductions in 2nd column Compensation: Annual wages and salary for taxpayer 109,236. Medicare wages for taxpayer (W-2 box 5) 117,913. Annual wages and salary for spouse 0. Medicare wages for spouse (W-2 box 5) 0. Annual net income from self-employment for taxpayer _____ Annual net income from self-employment for spouse 0. Other Tax Information: Note: Include this income in the Other Income section below. Net Investment Income for 3.8% tax 2,049. Qualified dividends _____ Maximum Capital Gains Rate Tax Information: Net short-term capital gains or losses _____ Net long-term capital gains or losses _____ Net 28%-rate capital gains included in long-term _____ Unrecap'd Sec 1250 gains incl in long-term (see <i>Tax Help</i>) _____ Investment income election (see <i>Tax Help</i>) _____ Other Income: Total of your other taxable income and losses (see <i>Tax Help</i>) . . . 3,182. Foreign income or housing exclusions _____ Adjustments: Deductible IRA contributions, alimony, etc _____ Itemized Deductions: Total medical expenses _____ Real estate tax 6,433. Other deductible taxes 5,994. Deductible mortgage interest 9,093. Charitable contributions _____ Deductible investment interest expense, casualty or theft losses (see <i>Tax Help</i>) _____ Miscellaneous itemized deductions subject to 2% of AGI _____ Deductible gambling losses _____ Other misc itemized deductions not subject to 2% of AGI _____	2014 Actual	2015 Expected

Income Tax Calculation for Your 2015 Tax Return	2014 Actual	2015 Expected
Taxable income	86,948.	0.
Income tax	17,588.	
Alternative minimum tax (Enter Alt Min tax expected in 2015) . . .		
Premium tax credit repayment (Enter amt expected for 2015) . . .		
Total credits (Enter credits expected in 2015)		
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
New 3.8% net investment income tax		0.
Other taxes (Enter other taxes expected in 2015)	0.	
Total federal income tax	17,588.	0.

Enter the Tax Payments You've Already Made for Your 2015 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 15, 2015)	
Payment number 2 (June 15, 2015)	
Payment number 3 (September 15, 2015)	
2014 federal overpayment credited to 2015 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2015	
Federal income taxes to be withheld from your paychecks	
Your 2014 federal overpayment you applied to 2015.	
Your 2015 federal estimated taxes,	
based on <u>100% of your 2014 actual tax</u>	
Estimate of total payments you will need to make for 2015	

Estimated Tax Payment Options

Name: Jason M Doyle

SSN: 452-85-1187

Prepare My 2015 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2015 estimated taxable income	<u>0.</u>
<input type="checkbox"/> 100% of tax on your 2015 estimated taxable income	<u>0.</u>
<input type="checkbox"/> 66-2/3% of tax on your 2015 estimated taxable income (for farmers and fishermen only, see Tax Help)	<u>0.</u>
<input checked="" type="checkbox"/> 100% (110%) of your 2014 taxes (prior-year exception) Note: If your 2014 taxes were less than \$1000, see Tax Help	<u>17,588.</u>

Amount of Estimated Taxes to Pay in 2015	
Taxes based on method above	<u>17,588.</u>
Expected withholding for 2015 . . .(.2014 actual withholding).	<u>16,909.</u>
Taxes due after withholding	<u>679.</u>
Estimates you've already paid	<u> </u>
Last year's overpayment you applied to this year	<u> </u>
Balance of estimated taxes due	<u>679.</u>

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2015	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 15, 2015	<u> </u>
<input type="checkbox"/> Payment number 2, due June 15, 2015	<u> </u>
<input type="checkbox"/> Payment number 3, due September 15, 2015	<u> </u>
<input type="checkbox"/> Payment number 4, due January 15, 2016	<u> </u>

Total estimated tax payments for 2015	<u> </u>
---	-------------------

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Jason M Doyle</u>
SSN:	<u>452-85-1187</u>

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2015	Taxpayer	Spouse
Your annual salary for this year	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Salary you have already received in 2015	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Your remaining salary for this year	0.	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Number of paychecks you have remaining this year	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>
How often you are paid	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Your gross salary per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

Form W-4 Personal Allowances and Withholding	Taxpayer	Spouse
Withholding status	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Personal allowances (see Tax Help if more than 10)	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>
Additional withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Estimated future withholding through remainder of year	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Top tax rate being withheld	%	%

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Estimated future withholding per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Increase/(decrease) in net pay per pay period	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

Summary of Federal Income Taxes to be Withheld in 2015: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Spouse's withholding	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Total withholding	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Jason M Doyle

Primary SSN: 452-85-1187

Federal Return Submitted: _____

Federal Return Acceptance Date: _____

Your return has not been electronically transmitted yet

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2015. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2015, your Intuit electronic postmark will indicate April 15, 2015, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2015, and a corrected return is submitted and accepted before April 20, 2015. If your return is submitted after April 20, 2015, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2015. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2015, and the corrected return is submitted and accepted by October 20, 2015.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Smart Worksheets from your 2014 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax 17,588.
Check if from:	
1	Tax table <input checked="checked" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814
C	Additional tax from Form 4972
D	Tax from additional Form(s) 4972
E	Recapture tax from Form 8863
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax
G	Tax. Add lines A through F. Enter the result here and on line 44 17,588.

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

Line 5 Smart Worksheet	
A	Line 3 times line 4 0.
B	Amount deducted in prior year attributable to item recovered
C	Lesser of line A or line B. 0.

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet	
A	Prior year Form 8960, line 13, modified adjusted gross income 113,459.
B	Prior year Form 8960, line 14, threshold based on filing status 200,000.
C	Prior year Form 8960, line 15, Subtract line B from A, not less than zero 0.
D	Smaller of line 8 or line C -421.
E	Recomputed net investment income tax. Multiply line D by 3.8% (.038) -16.

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet	
When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines A , B , and C below.	
QuickZoom to Deductible Home Mortgage Interest Worksheet ▶	
Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>	
A Home mortgage interest and points reported on Form 1098:	
1 Sum of lines 5a through 5d below	9,092.92
2 Limited amount to report on Sch A, line 10	
B Home mortgage interest not reported on Form 1098:	
1 Sum of lines 6a and 6b below	
2 Limited amount to report on Sch A, line 11	
C Points not reported on Form 1098:	
1 Sum of lines 7a through 7c below	
2 Limited amount to report on Sch A, line 12	

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
A	Enter Section 179 carryover from prior year
B	QuickZoom to the Asset Entry Worksheet ▶
C	QuickZoom to the Depreciation/Amortization Reports ▶
D	QuickZoom to Form 4562 for Schedule A ▶
E	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Schedule E Worksheet (3625 White Settlement Road)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (3625 White Settlement Road)

Mortgage Interest Smart Worksheet			
Lender's Name	Amount	Qualified Mortgage Interest	
Wells Fargo Bank, N. A.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SMART WORKSHEET FOR: Schedule E Worksheet (3625 White Settlement Road)

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.																																												
A	Ownership	Taxpayer																																										
B	At-risk status	All																																										
C	Passive status	Active RE																																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; border: 1px solid black; text-align: center; padding: 5px;">Regular</th> <th style="width: 20%; border: 1px solid black; text-align: center; padding: 5px;">AMT</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="padding-top: 10px;">Schedule E</td> </tr> <tr> <td>D Tentative profit (loss)</td> <td style="text-align: right; padding-right: 10px;">2,165.</td> <td style="text-align: right; padding-right: 10px;">2,165.</td> </tr> <tr> <td>E Other adjustments and preferences</td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td>F At-risk disallowed loss</td> <td></td> <td></td> </tr> <tr> <td>G Passive carryover loss</td> <td></td> <td></td> </tr> <tr> <td>H Passive disallowed loss</td> <td></td> <td></td> </tr> <tr> <td>I Net profit (loss) allowed</td> <td style="text-align: right; padding-right: 10px;">2,165.</td> <td style="text-align: right; padding-right: 10px;">2,165.</td> </tr> <tr> <td colspan="3" style="padding-top: 5px;">Related Disposition</td> </tr> <tr> <td>J Tentative profit (loss)</td> <td></td> <td></td> </tr> <tr> <td>K At-risk disallowed loss</td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>L Passive carryover loss</td> <td></td> <td></td> </tr> <tr> <td>M Passive disallowed loss</td> <td></td> <td></td> </tr> <tr> <td>N Net profit (loss) allowed</td> <td></td> <td></td> </tr> </tbody> </table>				Regular	AMT	Schedule E			D Tentative profit (loss)	2,165.	2,165.	E Other adjustments and preferences			F At-risk disallowed loss			G Passive carryover loss			H Passive disallowed loss			I Net profit (loss) allowed	2,165.	2,165.	Related Disposition			J Tentative profit (loss)			K At-risk disallowed loss			L Passive carryover loss			M Passive disallowed loss			N Net profit (loss) allowed		
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L Passive carryover loss																																												
M Passive disallowed loss																																												
N Net profit (loss) allowed																																												

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

2 Election for earned income credit (EIC):

Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No

B Spouse:

1 Spouse, nontaxable combat pay _____

2 Election for earned income credit (EIC):

Elect spouse's nontaxable combat pay as earned income for EIC? ▶ ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect spouse's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment _____

Amount due _____ 679.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A Taxable and tax exempt interest _____

B Dividend income _____

C Capital gain net **income** _____

D Royalty and rental of personal property net **income** _____

E Passive activity net income:

1 Rental real estate net income or loss 2,165.

2 Farm rental net income or loss _____

3 Partnerships and S corporations net income or loss _____

4 Estates and trusts net income or loss _____

5 Total of lines 1 through 4 2,165.

6 Total passive activity net **income**, line 5 if greater than zero 2,165.

F Interest and dividends from Forms 8814 _____

G Adjustments _____

H Total investment income, add lines A through G 2,165.

Is line H, **total investment income** over \$3,350?

☒ **No.** You may take the credit.

☐ **Yes. Stop.** You **cannot** take the credit.



ERO MUST RETAIN THIS FORM
**DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.**



**GA-8453
2014**

IRS DCN OR SUBMISSION ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

First Name and Initial JASON M	Last Name DOYLE	Social Security Number 452-85-1187
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home address (number and street) 151 LAKEMONT DRIVE	Apt Number	Daytime Telephone Number
City, Town or Post Office, State and Zip Code AUGUSTA GA 30904		

PART I

TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500EZ, Line 1)	1.	112418
2. Georgia Taxable Income (Form 500, Line 15; Form 500EZ, Line 3)	2.	88198
3. Net Georgia Tax (Form 500, Line 18; Form 500EZ, Line 4)	3.	5099
4. Refund (Form 500, Line 36; Form 500EZ Line 20)	4.	895
5. Balance Due (Form 500, Line 35; Form 500EZ, Line 19)	5.	

PART II

DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2014 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/transmitter.

SIGN

HERE

TAXPAYER'S SIGNATURE

Date

SPOUSE'S SIGNATURE (if joint return, both must sign)

Date

PRINT NAME

EMAIL ADDRESS

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**ERO's
Use
Only**

ERO's Signature

Date

Firm's Name

Check if also paid preparer ☐

Address

FEIN/PTIN

SSN/TIN

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE TAXPAYER HAS ANY KNOWLEDGE.

**Paid
Preparer's
Use Only**

Paid Preparer's Signature SELF PREPARED

Date

Firm's Name

FID/TIN

Address

SSN/TIN

KEEP A COPY WITH YOUR RECORDS



1500411515

Georgia Form 500 (Rev. 9/14)
Individual Income Tax Return
 Georgia Department of Revenue

2014 (Approved software version)

Fiscal Year
BeginningFiscal Year
EndingDEL ☐ EXT ☐

Page 1

YOUR FIRST NAME

1. JASON

MI

YOUR SOCIAL SECURITY NUMBER

M

452-85-1187

LAST NAME

DOYLE

SUFFIX

Special Program Code
See Tax Booklet on Page 9

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED

2. 151 LAKEMONT DRIVE

CITY (Please insert a space if the city has multiple names)

3. AUGUSTA

STATE

GA

ZIP CODE

30904

500 UET Exception
Attached ☐

(COUNTRY IF FOREIGN)

Residency Status

4. Enter your Residency Status with the appropriate number.....▶ 4. 1

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT

TO

3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6

Filing Status

5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11).....▶ 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☐ 6c. 1

7. Dependents (If you have more than 3 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You



1500411525

YOUR SOCIAL SECURITY NUMBER
452-85-1187

- 7a. Number of Dependents (DO NOT include yourself or your spouse).....▶ 7a.
- 7b. Add Lines 6c and 7a. Enter total.....▶ 7b. 1

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ).....▶ 8. 112418
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must enclose a copy of your Federal Form 1040 Pages 1 and 2.
9. Adjustments from Schedule 1 (See Tax Booklet on Page 11, Line 9).....▶ 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ 10. 112418
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....▶ 11a.
(See Tax Booklet on Page 12 Line 11)
- b. Self: 65 or over? ☐ Blind? ☐ Spouse: 65 or over? ☐ Blind? ☐
- Total ☐ x 1,300=.....▶ 11b.
- c. Total Standard Deduction (Line 11a + Line 11b).....▶ 11c.
Use EITHER Line 11c OR Line 12c (Do not write on both lines)
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A
- a. Federal Itemized Deductions (Schedule A-Form 1040).....▶ 12a. 21520
- b. Less adjustments: (See Tax Booklet on Page 13, Line 12).....▶ 12b. 0
- c. Georgia Total Itemized Deductions.....▶ 12c. 21520
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....▶ 13. 90898
- 14a. Number on Line 6c. 1 multiply by \$2,700 for filing status A or D
OR multiply by \$3,700 for filing status B or C▶ 14a. 2700
- 14b. Number on Line 7a. multiplied by \$3,000.....▶ 14b.
- 14c. Add Lines 14a. and 14b. Enter total.....▶ 14c. 2700
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14).....▶ 15. 88198
16. Tax (Use Tax Table in the Tax Booklet on Pages 20-22).....▶ 16. 5099
17. Credits from Schedule 2, Page 5, Line 12 of Form 500
(Enter total but not more than the amount on Line 16).....▶ 17.
18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero.....▶ 18. 5099
19. Georgia Income Tax Withheld on Wages and 1099s▶ 19. 5994
(Enter Tax Withheld Only and enclose W-2s and/or 1099s)
20. Other Georgia Income Tax Withheld.....▶ 20.
(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2014



1500411535

Page **3**

YOUR SOCIAL SECURITY NUMBER
452-85-1187

21. Estimated tax for 2014 and Form IT-560.....▶ 21.
22. Total prepayment credits (Add Lines 19, 20 and 21).....▶ 22. 5994
23. If Line 18 exceeds Line 22 enter BALANCE DUE STATE.....▶ 23.
24. If Line 22 exceeds Line 18 enter OVERPAYMENT amount▶ 24. 895
25. Amount to be credited to 2015 ESTIMATED TAX▶ 25. 0
26. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....▶ 26.
27. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....▶ 27.
28. Georgia Cancer Research Fund (No gift of less than \$1.00)▶ 28.
29. Georgia Land Conservation Program (No gift of less than \$1.00).....▶ 29.
30. Georgia National Guard Foundation (No gift of less than \$1.00)▶ 30.
31. Dog & Cat Sterilization Fund (No gift of less than \$1.00)▶ 31.
32. Saving the Cure Fund (No gift of less than \$1.00).....▶ 32.
33. FOR DEPARTMENT USE ONLY▶ 33. [REDACTED]
34. Form 500 UET (Estimated tax penalty).....▶ 34.
35. (If you owe) Add Lines 23, 26 thru 34
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.....▶ 35.
36. (If you are due a refund) Subtract the sum of Lines 25 thru 34 from Line 24
THIS IS YOUR REFUND▶ 36. 895

Select only one option - See booklet page 13.

36a. Direct Deposit (For U.S. Accounts Only) Type: Checking ☒ Savings ☐ Routing Number 111000025

36b. Debit Card ☐

Account Number 488003106879

You can help eliminate \$1 Million of processing costs by choosing Direct Deposit or Debit Card. If you do not select Direct Deposit or Debit Card, a paper check will be issued.

(PAYMENT) PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105613
ATLANTA GA 30348-5613

(REFUND and NO BALANCE DUE) PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105597
ATLANTA GA 30348-5597

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN
Under penalty of perjury, I declare that 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Georgia Public Code Section 48-2-31 requires that taxes shall be paid in lawful money of the United States, free of any expenses to the State of Georgia.

Taxpayer's Signature ☐ (Check box if deceased)

PHONE NUMBER

DATE

Spouse's Signature ☐ (Check box if deceased)

DATE

Do you want to authorize DOR to discuss this return with the named preparer. Yes ☐

NAME OF PREPARER OTHER THAN TAXPAYER
SELF-PREPARED

REV 02/27/15 INTUIT.CG.CFP.SP

Signature of Preparer

PREPARER'S FEIN

PREPARER'S SSN/PTIN

PHONE NUMBER

☐ I authorize the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

TAXPAYER'S EMAIL ADDRESS

Georgia Information Worksheet

2014

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name Jason
Middle Initial M Suffix _____
Last Name Doyle
Social Security No. . . 452-85-1187
Occupation Director of Digital Opera
Date of Birth 10/29/1970
Date of Death _____
Daytime Phone (817) 658-3482
Home Phone _____
Print phone number on Form 500 ☐ Home

Spouse:

First Name _____
Middle Initial _____ Suffix _____
Last Name _____
Social Security No. . . _____
Occupation _____
Date of Birth _____
Date of Death _____
Daytime Phone _____
☐ Taxpayer work ☐ Spouse work

Street Address . . . 151 Lakemont Drive Apartment No. . . _____
City Augusta State . GA ZIP Code . . . 30904
Country, if foreign . . _____
Taxpayer email address _____

Part II – Main Form

- ☒ Form 500: Resident Tax Return (Long form) ► _____
☐ Form 500EZ: Resident Tax Return (EZ form) ► _____
☐ Form 500: Nonresident Tax Return ► _____
☐ Form 500: Part-Year Resident Tax Return From _____ To _____
Schedule 3: Enter Nonresident and Part-year resident allocations ► _____

Part III – Filing Status

- ☒ Single
☐ Married filing joint return
☐ Married filing separate return
☐ Head of household
☐ Qualifying widow(er)

Part IV – Other Information

- ☐ The address above is different than last year
☐ I authorize the Georgia Department of Revenue to electronically notify me by e-mail address regarding any updates to my account(s).

Form 500UET calculations (Underpayment of Estimated Tax Penalty):

- ☐ You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
☐ At least 2/3 of your total gross income is from fishing or farming
☐ Last year's Georgia return did not cover a twelve month period or show a tax liability

Part V – Direct Deposit Information or Direct Debit Information**Yes No**☒☐Elect direct deposit of **state** tax refund☐☐

Use direct debit for state tax payments (EF Only)

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) Bank of America

Account type Checking ☒ Savings ☐

Routing number 111000025

Account number 488003106879

Payment date to withdraw from the account above

State balance-due amount from this return

Yes No☐☐

Elect to receive a state issued debit card instead of a paper check

International ACH Transactions**Yes No**☐☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Note: If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead.

Part VI – Extension Status**Yes No**☐☒

Tax return due date extended?

Extended due date

QuickZoom to Form IT-303: Application for Extension of Time for Filing ▶**QuickZoom** to Form IT-560: Extension Payment Voucher ▶**Part VII – Amended Return**☐

Filing a Georgia amended return

Enter the tax year you are amending

Previous Georgia payment(s) made

Previous Georgia refund received

QuickZoom to Form 500X ▶**QuickZoom** to Form 500: Income Tax Return (Long form) ▶**QuickZoom** to Form 500EZ: Resident Tax Return (EZ form) ▶

Income and Retirement Worksheets

2014

► Keep for your records

Name
Jason M Doyle

Social Security Number
452-85-1187

Income		Georgia Amounts		Other State Amounts	
		Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
1	Wages	109,236.		0.	
2	Federal Interest				
	- Georgia Adjustments to federal taxable Interest				
3	Dividends				
	- Georgia Adjustments to federal taxable Dividends				
4	Capital/other gains or (losses)				
5	Income from federal Schedules C and F				
6 a	Rental/K-1 etc. income	2,165.			
b	- income above subject to FICA or S.E. tax, or S corp income in which you materially participated . . .				
7 a	Pension/Annuity and IRA/SEP distributions				
b	Lump-sum distributions				
c	RRB-1099-R				
d	Other Subtraction #2, withdrawals with GA/Fed tax difference				
e	Other Subtraction #7, income exempt from state tax				
f	Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
8	Alimony received.				
9	Social security				
10 a	State income tax refund	1,017.		0.	
b	Unemployment compensation				
11	Other income				
	- Gambling winnings				
	- Other				
	Federal Form 8814 income included in other income . . .				
	Adjustments				
12	IRA deductions.				
13	Educator expenses				
14	Other federal adjustments. . .				

Georgia
Credit Carryforward Worksheet
▶ Attach to your return

2014

Name(s) Shown on Return Jason M Doyle	Social Security Number 452-85-1187
--	---------------------------------------

Part I 2014 Credits without a carryforward provision

The following credits have no carryforward (or carry back) provision. Since total credits cannot exceed your income tax liability, the following credits are deemed to have been claimed first. Credits that have carryforward provisions will be claimed after the following credits have been exhausted so that unused credits are available in future years.

Description	(a) Full 2014 credit	(b) Remaining tax liability
1 Other state(s) tax credit		
2 Child and Dependent Care Expense Credit		
3 Qualified Caregiving Expense Credit		
4 Driver Education Credit		
5 Rural Physicians Credit		
6 Low Income Credit		
7 2014 Pass Through Credits with no carryforward provision from Part IV below, or all 2014 Pass Through Credits if tax liability exceeds your total credits		
Total		
Total 2014 Income Tax Liability	5099	
Remaining balance of 2014 tax liability available to enable credits below		5099

Part II Credits (from any year) with a defined carryforward provision

The following credits have a specific carryforward provision. Entries are made in Part V. Reduce column d if a Pass Through Credit has further limitations based on a percentage of your 2014 income tax liability. Only make adjustments after this table is otherwise complete. See Tax Help for details.

Credit Description	(a) Remaining life (yrs)	(b) Remaining credit	(c) Limited to tax of	(d) 2014 net credit	(e) Carryfwd to 2015
Total allowable 2014 credits with a defined carryforward provision					
Remaining balance of 2014 tax liability available to enable credits below					5099

Part III Credits (from any year) with an unlimited carryforward provision

Description	(a) Full credit	(b) Limited to tax of	(c) 2014 net credit	(d) Carryfwd to 2015
1 2014 Georgia/Air National Guard Credit		5099	0	0
2 2014 Disaster Assistance Credit		5099	0	0
3 2014 Adoption of a Foster Child Credit		5099	0	0
4 Eligible Single-Family Residence Credit		5099	0	0
- 4a additional unused Credit from IND-CR Credits from 2013 and prior yrs. (from Part V) or credits from Part IV with carryforwards				
Total allowable 2014 credits with an unlimited carryforward provision			0	

Total 2014 credits after all prior year carryforwards and tax liability limitations ▶ 0

Low Income Credit Worksheet

2014

► Keep for your records

Name as Shown on Return

Social Security Number

Important: Do not fill out this worksheet if your federal adjusted gross income is over \$19,999 or if you are claimed or eligible to be claimed as a dependent by another taxpayer on their federal or Georgia individual income tax return. A part-year resident can only claim the credit if they are a resident of Georgia at the end of the tax year. **You cannot claim this credit if you are an inmate in a correctional facility. Please note for tax years beginning on or after January 1, 2010, the credit can not exceed the taxpayer's income tax liability.**

*Disable Low Income Credit calculations

Were you (**and** your spouse if Married filing joint) an inmate in a correctional facility?

If so, you cannot claim this credit. Yes ☐ No ☐

*Married filing separate only

Enter your **spouse's** income from line 8 of GA Form 500 (If zero or less enter zero)

1	Enter your income from line 8 of GA Form 500 or line 1 of Form 500EZ. (If zero or less enter zero)	1	
2	Enter the total exemptions. Exemptions are self, spouse and natural or legally adopted children (Adjust if necessary)	2	
3	Enter 1 if you or your spouse is 65 or older; enter 2 if you and your spouse are 65 or older	3	
4	Add lines 2 and 3; enter on Form 500, Schedule 2, line 11a or Form 500EZ, line 5a.	4	
5	Using the base credit table, find the base credit corresponding to your income. Also enter on Form 500, Schedule 2, line 11b or Form 500EZ, line 5b	5	
6	Multiply Line 4 by Line 5; enter the total on Form 500, Schedule 2, line 11c or Form 500EZ, line 5c.	6	

Base Credit Table

Federal Adjusted Gross Income	Base Credit
Under \$6,000.00.	26.00
\$ 6,000.00 but not more than 7,999.00.	20.00
\$ 8,000.00 but not more than 9,999.00.	14.00
\$10,000.00 but not more than 14,999.00	8.00
\$15,000.00 but not more than 19,999.00	5.00

Form 500

Schedule 1, Line 10

Other Subtractions

▶ Attach to your return

2014

Name as Shown on Return

Jason M Doyle

Social Security Number

452-85-1187

1	Salaries and wages reduced from federal taxable income because of the federal jobs tax credit	1	
2	Individual Retirement Account, Keogh, SEP and SUB-S plan withdrawals where tax has been paid to Georgia because of the difference between Georgia and federal law for tax years 1981 through 1986.	2	
3	Depreciation because of differences in Georgia and federal law for tax years 1981 through 1986	3	
4	Income taxed at corporate level by other states because of non-recognition of S corporation status	4	
5	Dependents' unearned income included in parent's federal adjusted gross income	5	
6	Income tax refunds from other states included in federal adjusted gross income. Identify state: _____	6	
7	Income from any fund, program or system which is exempted from state tax by federal law or treaty	7	
8	Teachers retirement contributions already taxed by the state of Georgia	8	
9	Payments to certified minority subcontractors from state contracts (10% of payments or \$100,000, whichever is less)	9	
10	Depreciation Adjustment (if negative) for differences in federal and Georgia law . .	10	
11	Combat Zone Pay exclusion	11	
12	Expenses Related to Organ Donation	12	
13	Deduction of high deductible health plans	13	
14	Federally taxable interest received on Georgia municipal bonds designated as or considered "Build America Bonds"	14	
15	Other federally taxable interest exempt from Georgia tax	15	
16	Subtraction for physicians classified as "community based faculty physicians" (non-compensated physicians providing 3 or more core clerkships within the calendar year). Enter the number of qualifying clerkships provided . ▶ _____ times \$1,000 . . .	16	
17	Other: a _____ b _____ c _____	17	
18	Total other subtractions from federal adjusted gross income	18	

Section 179 Worksheet

2014

Name as Shown on Return
Jason M Doyle

Social Security Number
452-85-1187

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G)

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E)

Activity Worksheet

2014

Name as Shown on Return Jason M Doyle	Social Security Number 452-85-1187
--	---------------------------------------

Activity Description 3625 White Settlement Road
Form or Worksheet Type. . . Sch E Copy number. . . 1

- A** If this activity was operated by spouse, check this box ☐
- B** If this activity was operated jointly by taxpayer and spouse, check this box ☐
- C** Check this box if you completely disposed of the property in the current year ☐
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts) ☐
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts) ☐
- F** Did you materially participate in this activity? (Not for K-1's) Yes ☐ No ☐
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F) ☒
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp) ☐
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F) ☐

If this is a Schedule E, check the appropriate boxes:

- J** Rental property. ☒ **L** Commercial property ☐
- K** Royalty property ☐ **M** Other passive exceptions ☐

If this is a K-1, check the appropriate boxes:

- N** This is a K-1 with ordinary income with material participation ☐
- O** This is a K-1 with rental real estate with material participation ☐
- P** This is a publicly traded partnership ☐
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1 ☐
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership) ☐

- S** At-risk status All
- T** Passive status Active RE

Part I - Section 179 Adjustments

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Part II - Regular Income/Loss

	Income/Loss
1 Federal income/loss	2,165.
2 Adjustments:	
a 30%/50% Special Depreciation Allowance (Bonus Depreciation)	
b Other depreciation adjustment(s)	
c Section 179 adjustment	
d Other adjustments	
3 Total	2,165.
4 At-Risk adjustment. a Adjust amount b	
5 Total	2,165.
6 Passive carryover loss	
7 Passive disallowed loss (carryover to next year)	
8 Net profit or (loss) allowed	2,165.
9 Net federal profit or (loss) allowed	2,165.
10 Federal/State adjustment	0.

Activity Description 3625 White Settlement Road

Part III - Schedule K-1 Partnership and S Corporations		Section 179 Expense	Misc Income	Commercial Revitalization
1	Federal income/loss			
2	Adjustments			
3	Total			
4 a	At-Risk adjustment amount			
b	At-Risk adjustment.			
5	Total			
6	Passive carryover loss			
7	Passive disallowed loss (carryover to next year)			
8	Net profit or (loss) allowed			
9	Net federal profit or (loss) allowed			
10	Federal/State adjustment			

Part IV - Dispositions	Schedule D Short-Term	Schedule D Long-Term	Form 4797 Short-Term	Form 4797 Long-Term
1 Federal income/loss				
2 Adjustments:				
a Adjustments transferred from the federal return				
b Other adjustments				
c Total adjustments				
3 Total				
4 a At-Risk adjustment amount				
b At-Risk adjustment.				
5 Total				
6 Passive carryover loss				
7 Passive disallowed loss				
8 Net profit or (loss) allowed				
9 Net federal profit or (loss) allowed				
10 Federal/State adjustment				

Name(s) Shown on Return
Jason M DoyleYour Social Security Number
452-85-1187**Part I 2015 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2015 Estimates:**

- a 100% of **2014** taxes (default, see Tax Help) ☒ 5,099.
- b 100% of tax on **2015** estimated taxable income ☐ 5,102.
- c 90% of tax on **2015** estimated taxable income ☐ 4,592.
- d 66-2/3% of tax on **2015** estimated taxable income (farmers and fishermen) ☐ 3,402.
- e Equal to 100% of overpayment (no vouchers) ☐ 895.
- f Enter total amount you want to use for estimates and check box ☐ _____

2 Selected estimated tax amount:

- a 2015 Required Annual Payment based on your choice above 5,099.
- b Estimated amount of 2015 state income tax withholding 5,994.
- c **Total of estimated tax payments required for 2015** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available (Form 500, line 24 less lines 26-33) 895.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐ _____
- f Amount applied to 2015 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 895.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 4/15/2015	2 6/15/2015	3 9/15/2015	4 1/15/2016	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2015, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2015

2014 income and deductions are shown in the '2014 Actual' column below.

***Caution:** For each line in the '2015 Estimated' column, enter the estimated 2015 amount **if different** from 2014. Otherwise, the '2014 Actual' amount will be used. If zero, you **must** enter zero.

	2014 Actual	*2015 Estimated
1 Adjusted gross income	112,418.	
2 Adjustments and Deductions	21,520.	
3 Applicable retirement exclusion (See Tax Help)		
4 Georgia tax withholding	5,994.	
5 Other credits		

Part VI Filing Status and Personal Exemptions for 2015

1 Choose 2015 filing status: (Default = last year's filing status)

☒

Single

☐

Married filing jointly

☐

Married filing separately

☐

Head of household

☐

Qualifying Widow(er)

2 Enter the number of exemptions in 2015. 1

3 Enter the number of dependents in 2015

Part VII 2015 Estimated Taxable Income and Tax

1	Adjusted gross income expected during the current year	1	112,418.
2	Less: Adjustments and Deductions.	2	21,520.
3	Balance (line 1 less line 2)	3	90,898.
4	Less: Deduction for exemptions/dependents	4	2,700.
5	Balance (line 3 less line 4)	5	88,198.
6	Applicable retirement exclusion (see worksheet)	6	
7	Taxable income (line 5 less line 6)	7	88,198.
8	Tax on amount on line 7 (see tax rate schedule)	8	5,102.
9	Less: Credits	9	
10	Line 8 less line 9. This is your 2015 tax based on your estimate of 2015 income	10	5,102.

Tax Payments Worksheet

2014

► Keep for your records

Name Jason M Doyle	Social Security Number 452-85-1187
-----------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	5,994.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
13	Other state tax withholding	13	
14	Total income tax withheld	14	5,994.
15	Date return will be filed and balance paid	15	

Tax Summary
► Keep for your records

2014

Name(s) Jason M Doyle	
Federal adjusted gross income	112,418.
Adjustments to income	
Georgia adjusted gross income	112,418.
Deductions and exemptions	24,220.
Taxable income	88,198.
Total Georgia tax	5,099.
Total prepayments and credits	5,994.
Amount due	
Amount of overpayment	895.
Amount applied to ES	0.
Contributions	
Amount of penalty	
Balance due	
Refund	895.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning

, 2014, ending

, 20

See separate instructions.

Your first name and initial

Jason M

Last name

Doyle

Your social security number

452-85-1187

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.

151 Lakemont Drive

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).

Augusta GA 30904

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

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

☐ You
 ☐ Spouse

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

1

Boxes checked on 6a and 6b

1

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

1

Income

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

7 109,236.

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

10 1,017.

11 Alimony received

11

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

12

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

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

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

17 2,165.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

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

22 112,418.

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

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

27

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

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

37 112,418.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA

REV 05/19/15 Intuit.cpf.sp

Form 1040 (2014)

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	112,418.
39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> 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	21,520.
41	Subtract line 40 from line 38	41	90,898.
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	86,948.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	17,588.
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	17,588.
48	Foreign tax credit. Attach Form 1116 if required	48	
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	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	17,588.

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	17,588.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	16,909.
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
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 type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	16,909.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																					
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a																					
b	Routing number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
77	Amount of line 75 you want applied to your 2015 estimated tax	77																					

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	679.
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 type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
Designee's name ▶	Phone no. ▶	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	Daytime phone number
		Director of Digital Opera	(817) 658-3482
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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**

Name(s) shown on Form 1040

Jason M Doyle

Your social security number

452-85-1187

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2				
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	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	5,994.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	6,433.		
7	Personal property taxes	7			
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9		12,427.	
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	9,093.
Note. Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	9,093.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	
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.) ►		21	
		22 Tax preparation fees		22	
		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		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?		29	21,520.
		<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			

Smart Worksheets from your 2014 Georgia Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax 17,588.
	Check if from:
1	Tax table <input checked="checked" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Tax. Add lines A through F. Enter the result here and on line 44 17,588.