

Employee Reference Copy W-2 Wage and Tax Statement 2014

Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
000015 RQ/8SB			A 12

c Employer's name, address, and ZIP code
WERNER CONSULTING GROUP LLC
942 JACKSON STREET
DENVER, CO 80206

Batch #98702

e/f Employee's name, address, and ZIP code
MAX QUATTROMANI
7637 NUTHATCH CIRCLE
PARKER, CO 80134

b Employer's FED ID number 20-5844059	a Employee's SSA number 302-70-4723
1 Wages, tips, other comp. 38475.00	2 Federal income tax withheld 6835.10
3 Social security wages 38475.00	4 Social security tax withheld 2385.45
5 Medicare wages and tips 38475.00	6 Medicare tax withheld 557.89
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
15 State Employer's state ID no. CO 04244012	16 State wages, tips, etc. 38475.00
17 State income tax 1678.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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2014 W-2 and EARNINGS SUMMARY ADP

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2014 pay stub plus any adjustments submitted by your employer.

Gross Pay	38475.00	Social Security Tax Withheld Box 4 of W-2	2385.45	CO. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	1678.00
Fed. Income Tax Withheld Box 2 of W-2	6835.10	Medicare Tax Withheld Box 6 of W-2	557.89		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CO. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	38,475.00	38,475.00	38,475.00	38,475.00
Reported W-2 Wages	38,475.00	38,475.00	38,475.00	38,475.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

MAX QUATTROMANI
7637 NUTHATCH CIRCLE
PARKER, CO 80134

Social Security Number: 302-70-4723
Taxable Marital Status: **MARRIED**
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

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1 Wages, tips, other comp. 38475.00		2 Federal income tax withheld 6835.10	
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PARKER, CO 80134

15 State Employer's state ID no. CO 04244012	16 State wages, tips, etc. 38475.00
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Federal Filing Copy W-2 Wage and Tax Statement 2014

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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PARKER, CO 80134

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CO. State Reference Copy W-2 Wage and Tax Statement 2014

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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d Control number		Dept.	Corp.	Employer use only	
000015 RQ/8SB				A	12

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942 JACKSON STREET
DENVER, CO 80206

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7637 NUTHATCH CIRCLE
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CO. State Filing Copy W-2 Wage and Tax Statement 2014

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

2014 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2014
 Copy C for employer's records. OMB No. 1545-0048

d Control number	Dept.	Corp.	Employer use only
1180346 VSP			65021

c Employer's name, address, and ZIP code
TIME WARNER CABLE SERVICES LLC
AS AGENT FOR TWC ADMINISTRATION
7800 CRESCENT EXECUTIVE DRIVE
CHARLOTTE, NC 28217

e/f Employee's name, address, and ZIP code
MAX A QUATTROMANI
7637 NUTHATCH CIR
PARKER, CO 80134-5709

b Employer's FED ID number	a Employee's SSA number
61-1446887	302-70-4723
1 Wages, tips, other comp.	2 Federal income tax withheld
40944.81	8030.20
3 Social security wages	4 Social security tax withheld
46101.81	2858.31
5 Medicare wages and tips	6 Medicare tax withheld
46101.81	668.48
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C 105.72
14 Other	12b D 5157.00
	12c DD 8064.84
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X
15 State	16 State wages, tips, etc.
CO	40944.81
17 State income tax	18 Local wages, tips, etc.
1451.00	41253.51
19 Local income tax	20 Locality name
23.00	DENVER

BASED ON YOUR ANNUAL EARNINGS, YOU MAY BE ELIGIBLE TO RECEIVE THE EARNED INCOME TAX CREDIT FROM THE FEDERAL GOVERNMENT. THE EARNED INCOME TAX CREDIT IS A REFUNDABLE FEDERAL INCOME TAX CREDIT FOR LOW-INCOME WORKING INDIVIDUALS AND FAMILIES. THE EARNED INCOME TAX CREDIT HAS NO EFFECT ON CERTAIN WELFARE BENEFITS. IN MOST CASES, EARNED INCOME TAX CREDIT PAYMENTS WILL NOT BE USED TO DETERMINE ELIGIBILITY FOR MEDICAID, SUPPLEMENTAL SOCIAL SECURITY INCOME, FOOD STAMPS, LOW-INCOME HOUSING OR MOST TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PAYMENTS. EVEN IF YOU DO NOT OWE FEDERAL TAXES, YOU MUST FILE A TAX RETURN TO RECEIVE THE EARNED INCOME TAX CREDIT. BE SURE TO FILL OUT THE EARNED INCOME TAX CREDIT FORM IN THE FEDERAL INCOME TAX RETURN BOOKLET. FOR INFORMATION REGARDING YOUR ELIGIBILITY TO RECEIVE THE EARNED INCOME TAX CREDIT OR TO OBTAIN NECESSARY FORMS AND INSTRUCTIONS, CONTACT THE INTERNAL REVENUE SERVICE AT 1-800-829-3676 OR THROUGH ITS WEB SITE AT WWW.IRS.GOV.

MAX A QUATTROMANI
7637 NUTHATCH CIR
PARKER, CO 80134-5709

Social Security Number: 302-70-4723



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PAGE 01 OF 01

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1180346 VSP			65021

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TIME WARNER CABLE SERVICES LLC
AS AGENT FOR TWC ADMINISTRATION
7800 CRESCENT EXECUTIVE DRIVE
CHARLOTTE, NC 28217

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PARKER, CO 80134-5709

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Federal Filing Copy
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MAX A QUATTROMANI
7637 NUTHATCH CIR
PARKER, CO 80134-5709

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23.00	DENVER

CO. State Filing Copy
W-2 Wage and Tax Statement 2014
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

1 Wages, tips, other comp.	2 Federal income tax withheld		
40944.81	8030.20		
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23.00	DENVER

City or Local Filing Copy
W-2 Wage and Tax Statement 2014
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0048

a Employee's SSN 302-70-4723		b Employer identification number (EIN) 84-1452670			OMB No. 1545-0008	
c Employer's name, address, and ZIP code STATE OF THE ART RECRUITING, INC. 8101 SHAFFER PARKWAY SUITE 208 LITTLETON CO 80127		1 Wgs, tips, other compn 5128.75	2 Fed inc tax withheld 325.00	3 Social security wages 5128.75		
		4 SS tax withheld 317.98	5 Medicare wages & tips 5128.75	6 Medicare tax withheld 74.37		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. MAX A QUATTROMANI 7637 NUTHATCH CIRCLE PARKER CO 80134		13 Statutory employee <input type="checkbox"/>	14 Other	12b		
		Retirement plan <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
15 State CO	Employer's state ID number 28-12569	16 State wages, tips, etc 5128.75	17 State income tax 129.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2014

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

QBMW2B2C 10/27/14 FW2

Department of the Treasury — IRS

a Employee's SSN 302-70-4723		b Employer identification number (EIN) 84-1452670			OMB No. 1545-0008	
c Employer's name, address, and ZIP code STATE OF THE ART RECRUITING, INC. 8101 SHAFFER PARKWAY SUITE 208 LITTLETON CO 80127		1 Wgs, tips, other compn 5128.75	2 Fed inc tax withheld 325.00	3 Social security wages 5128.75		
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		Third-party sick pay <input type="checkbox"/>		12d		
15 State CO	Employer's state ID No. 28-12569	16 State wages, tips, etc 5128.75	17 State income tax 129.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2014

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

QBMW2B2C 10/27/14 FW2

QBMW2B2C 10/27/14 FW2

a Employee's SSN 302-70-4723		b Employer identification number (EIN) 84-1452670			OMB No. 1545-0008	
c Employer's name, address, and ZIP code STATE OF THE ART RECRUITING, INC. 8101 SHAFFER PARKWAY SUITE 208 LITTLETON CO 80127		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
		1 Wgs, tips, other compn 5128.75	2 Fed inc tax withheld 325.00	3 Social security wages 5128.75		
		4 SS tax withheld 317.98	5 Medicare wages & tips 5128.75	6 Medicare tax withheld 74.37		
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Third-party sick pay <input type="checkbox"/>	12d					
15 State CO	Employer's state ID No. 28-12569	16 State wages, tips, etc 5128.75	17 State income tax 129.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2014

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

PAYER'S name, street address, city, state, and ZIP code Statebridge Company, LLC 5680 Greenwood Plaza Blvd #100-S Greenwood Village, CO 80111 NA			1 Rents	OMB No. 1545-0115 2014 1099-MISC		Miscellaneous Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
			2 Royalties			
			3 Other Income	4 Fed income tax withheld		
PAYER'S Federal Tax ID 263233382			5 Fishing boat proceeds	6 Med & health care pmts		
RECIPIENT'S identification No. XXXXX9163			7 Nonemployee Compensation \$ 1800.00	8 Pmts in lieu of Div or Int		
RECIPIENT'S Name and Address QOPPA LLC 7637 NUTHATCH CIRCLE PARKER, CO 80134			9 Payer made direct sales of \$5000 or more of consumer products <input type="checkbox"/>	10 Crop Insurance proceeds		
			11	12		
			13 Excess Golden Par Pmts	14 Gross paid to an attorney		
Account Number 38721			16 State tax withheld	17 State/Payer's state no.		
15a Sec 409A deferrals	15b Sec 409A income	18 State income				

Form **1099-MISC** (Keep for your records.) Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code Statebridge Company, LLC 5680 Greenwood Plaza Blvd #100-S Greenwood Village, CO 80111 NA			1 Rents	OMB No. 1545-0115 2014 1099-MISC		Miscellaneous Income Copy 2 To be filed with recipient's state income tax return, when required.
			2 Royalties			
			3 Other Income	4 Fed income tax withheld		
PAYER'S Federal Tax ID 263233382			5 Fishing boat proceeds	6 Med & health care pmts		
RECIPIENT'S identification No. XXXXX9163			7 Nonemployee Compensation \$ 1800.00	8 Pmts in lieu of Div or Int		
RECIPIENT'S Name and Address QOPPA LLC 7637 NUTHATCH CIRCLE PARKER, CO 80134			9 Payer made direct sales of \$5000 or more of consumer products <input type="checkbox"/>	10 Crop Insurance proceeds		
			11	12		
			13 Excess Golden Par Pmts	14 Gross paid to an attorney		
Account Number 38721			16 State tax withheld	17 State/Payer's state no.		
15a Sec 409A deferrals	15b Sec 409A income	18 State income				

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES. Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

R390 Format(c)www.1099Express.com

Statebridge Company, LLC
5680 Greenwood Plaza Blvd #100-S
Greenwood Village, CO 80111

Important Tax Return Document Enclosed

D0123709 T-0052 P-0164

QOPPA LLC
7637 NUTHATCH CIR
PARKER, CO 80134-2705



COPY

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2014** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning _____, ending _____ See separate instructions.

Your first name MAX	M.I. A	Last name QUATTROMANI	Suffix	Your social security number 302-70-4723
If a joint return, spouse's first name PATRICIA	M.I. D	Last name QUATTROMANI	Suffix	Spouse's social security number 510-96-2958

Home address (number and street). If you have a P.O. box, see instructions.
7637 NUTHATCH CIRCLE Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
PARKER **CO** **80134**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

▲ Make sure the SSN(s) above and on line 6c are correct.

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.

First name _____ Last name _____ SSN _____

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: 2

No. of children on 6c who:

- lived with you: 0
- did not live with you due to divorce or separation (see instructions): 0
- Dependents on 6c not entered above: 0

Add numbers on lines above: 2

Income

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

8a Taxable interest. Attach Schedule B if required

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

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b 15

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

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15b Taxable amount

16a Pensions and annuities

16b Taxable amount

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20b Taxable amount

21 Other income. List type and amount

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

23 Educator expenses

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

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

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid

b Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

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

7	179,248
8a	5
9a	15
10	
11	
12	
13	586
14	
15b	
16b	
17	58,419
18	
19	
20b	0
21	
22	238,273
23	
24	
25	1,300
26	
27	
28	
29	
30	
31a	
32	
33	
34	
35	
36	1,300
37	236,973

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	236,973
39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was 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	12,400
41	Subtract line 40 from line 38	41	224,573
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	7,900
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	216,673
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	47,837
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	47,837
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	47,837

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	47,837

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	33,390
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	15,400
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	48,790

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	953
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	76a	
b	Routing number <input type="checkbox"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
77	Amount of line 75 you want applied to your 2015 estimated tax	77	760
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0
79	Estimated tax penalty (see instructions)	79	193

Third Party Designee

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

Designee's name **SCOTT CHERRY** Phone no. **(806) 747-2542** Personal identification number (PIN) **45017**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	Daytime phone number
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.)
		Manager	

Paid Preparer Use Only

Print/Type preparer's name SCOTT CHERRY	Preparer's signature SCOTT CHERRY	Date 9/10/2015	Check <input type="checkbox"/> if self-employed	PTIN P00118737
Firm's name CHERRY, LIGHT AND RIDLEY, LLC	Firm's EIN 75-2898506			
Firm's address 1117 65TH DRIVE, LUBBOCK, TX 79412	Phone no. (806) 747-2542			

Name(s) shown on return. Do not enter name and social security number if shown on other side.

MAX A and PATRICIA D QUATTROMANI

Your social security number

302-70-4723

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	QOPPA, LLC	S	<input type="checkbox"/>	46-5229163	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss				Nonpassive Income and Loss			
(f) Passive loss allowed (attach Form 8582 if required)		(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562		(j) Nonpassive income from Schedule K-1	
A						58,419	
B							
C							
D							
29 a Totals						58,419	
b Totals							
30	Add columns (g) and (j) of line 29a					30	58,419
31	Add columns (f), (h), and (i) of line 29b					31	()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below					32	58,419

Part III Income or Loss From Estates and Trusts

33		(a) Name				(b) Employer identification number									
A															
B															
Passive Income and Loss						Nonpassive Income and Loss									
(c) Passive deduction or loss allowed (attach Form 8582 if required)				(d) Passive income from Schedule K-1				(e) Deduction or loss from Schedule K-1				(f) Other income from Schedule K-1			
A															
B															
34 a Totals															
b Totals															
35 Add columns (d) and (f) of line 34a												35			
36 Add columns (c) and (e) of line 34b												36		(
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below												37		0	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39 0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	58,419
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Health Savings Accounts (HSAs)▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

MAX A QUATTROMANI

Social security number of HSA
beneficiary. If both spouses have
HSAs, see Instructions ▶

302-70-4723

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2014 (see instructions)	▶ <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2 1,300
3	If you were under age 55 at the end of 2014, and on the first day of every month during 2014, you were, or were considered, an eligible individual with the same coverage, enter \$3,300 (\$6,550 for family coverage). All others, see the instructions for the amount to enter	3 6,550
4	Enter the amount you and your employer contributed to your Archer MSAs for 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, also include any amount contributed to your spouse's Archer MSAs	4
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 6,550
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2014, see the instructions for the amount to enter	6 6,550
7	If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions)	7
8	Add lines 6 and 7	8 6,550
9	Employer contributions made to your HSAs for 2014	9
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 0
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 6,550
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13 1,300

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14 a	Total distributions you received in 2014 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b
c	Subtract line 14b from line 14a	14c 0
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16 0
17 a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HSA" and the amount	17b

Part III

Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20		0
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HDHP" and the amount	21		0

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- Do not send to the IRS. This is not a tax return.
► Keep this form for your records.

2014► Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID)

7593082015076ot3zpyo

Taxpayer's name

MAX A QUATTROMANI

Social security number

302-70-4723

Spouse's name

PATRICIA D QUATTROMANI

Spouse's social security number

510-96-2958

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	236,973
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	47,837
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	33,390
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	0
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	0

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

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

Taxpayer's PIN: check one box only

☐I authorize CHERRY, LIGHT AND RIDLEY, LLC
ERO firm name

to enter or generate my PIN

Enter five digits, but do
not enter all zeros

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

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

Your signature ►

Date ►

Spouse's PIN: check one box only

☐I authorize CHERRY, LIGHT AND RIDLEY, LLC
ERO firm name

to enter or generate my PIN

Enter five digits, but do
not enter all zeros

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

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

Spouse's signature ►

Date ►

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

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

759308

Do not enter all zeros

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

ERO's signature ►

Date ►

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

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Form **8879** (2014)



148453 11833

DR 8453 (08/07/14)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005
www.TaxColorado.com**State of Colorado**
Individual Income Tax Declaration for Electronic Filing**Do not mail this form to the IRS or the
Colorado Department of Revenue****Retain with your records**

Submission ID

7593082015104o7n5bmn

Taxpayer Last Name QUATTROMANI	Taxpayer First Name MAX	Middle Initial A	SSN 302-70-4723
Spouse Last Name (If Joint Return) QUATTROMANI	Spouse First Name (If Joint Return) PATRICIA	Middle Initial D	SSN 510-96-2958
Street Address 7637 NUTHATCH CIRCLE			Phone Number
City PARKER		State CO	Zip 80134

Part I — Tax Return Information

1. Total Income, line 22 from your federal form 1040, line 15 on form 1040A, or line 4 on form 1040EZ	1	238,273
2. Taxable Income, line 43 on federal form 1040, line 27 on form 1040A, line 6 on form 1040EZ	2	216,673
3. Colorado Tax, line 20 on Colorado form 104	3	10,032
4. Colorado Tax Withheld, line 27 on Colorado form 104	4	6,898
5. Refund, line 54 Colorado form 104	5	0
6. Amount You Owe, line 59 on Colorado form 104	6	0

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2014 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date (MM/DD/YY)	Spouse's Signature (If Joint Return, Both Must Sign)	Date (MM/DD/YY)
-----------	-----------------	--	-----------------

Part III — Declaration of ERO/Preparer/TransmitterIf the transmitter did not prepare the tax return, check here ☒

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2014 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2014 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
Check if also preparer <input checked="" type="checkbox"/>	Date (MM/DD/YY) 9/10/2015
	P00118737

Departmental Use Only

COPY



140104 11833

FORM 104 (10/21/14)
 COLORADO DEPARTMENT OF REVENUE
 Denver, CO 80261-0005
 www.TaxColorado.com

2014
(0013)

Colorado Individual Income Tax Form 104

☒ Full-Year
☐ Part-Year or Non-resident
 (or resident, part-year, non-
 resident combination)

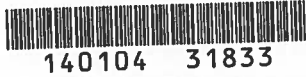
☐ Mark if Abroad on
 due date - see page 25

Last Name	First Name	Middle Initial	Deceased	Date of Birth (MM/DD/YYYY)	SSN
Yourselves			<input type="checkbox"/> Yes		
QUATTROMANI	MAX	A		09/29/1972	302-70-4723
Spouse, if joint			<input type="checkbox"/> Yes		
QUATTROMANI	PATRICIA	D		10/12/1974	510-96-2958
Mailing Address 7637 NUTHATCH CIRCLE			Phone number		
City PARKER	State CO	ZIP Code 80134	Foreign Country (if applicable)		
Round To The Next Dollar					
1. Enter Federal Taxable Income from your federal income tax form: 1040EZ line 6; 1040A line 27; 1040 line 43				• 1	216,673.00
Additions					
2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5 (see instructions)				• 2	0.00
3. Other Additions, explain (see instructions)				• 3	0.00
4. Subtotal, add lines 1 through 3				4	216,673.00
Subtractions					
5. State Income Tax Refund from federal income tax form 1040, line 10; enter \$0 if filing 1040A or 1040EZ				• 5	0.00
6. U.S. Government Interest				• 6	0.00
7. Primary Taxpayer Pension/Annuity income		Deceased SSN:		• 7	0.00
8. Spouse Pension/Annuity income		Deceased SSN:		• 8	0.00
9. Colorado Source Capital Gain; 5-year assets acquired on or after 5/9/1994				• 9	0.00
10. Tuition Program Contribution: (see instructions)		Owner's SSN: •		• 10	0.00
Total Contribution • 0	Owner's Name				
11. Qualifying Charitable Contribution		Total Contribution • \$ 0	• 11	0.00	
Staple W-2s and 1099s with CO withholding here. ◀		12. Qualified Reservation Income		• 12	0.00
13. PERA/DPSRS Subtraction, for PERA contributions made in 1984-1986 or DPSRS contributions made in 1986				• 13	0.00
14. Railroad Benefit Subtraction, tier I or II only				• 14	0.00
15. Wildfire Mitigation Measures Subtraction				• 15	0.00
16. Colorado Marijuana Business Deduction				• 16	0.00
17. Other Subtractions, explain below (see instructions)				• 17	0.00



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18. Subtotal, add lines 5 through 17	18	0	00
19. Colorado Taxable Income, line 4 minus line 18	• 19	216,673	00
Tax, Prepayments and Credits: full-year residents turn to page 21 and part-year and nonresidents go to 104PN			
20. Colorado Tax from tax table or 104PN line 36	• 20	10,032	00
21. Alternative Minimum Tax from Form 104AMT	• 21	0	00
22. Recapture of prior year credits	• 22		00
23. Subtotal, add lines 20 through 22	23	10,032	00
24. Nonrefundable Credits from 104CR line 33, cannot exceed the sum of lines 20 and 21	• 24	0	00
25. Total Enterprise Zone credits used – as calculated, or form DR 1366 line 77	• 25	0	00
26. Net Tax, subtract lines 24 and 25 from line 23	26	10,032	00
27. CO Income Tax Withheld from W-2s and 1099s.	• 27	6,898	00
28. Prior-year Estimated Tax Carryforward	• 28	0	00
29. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 29	0	00
30. Extension Payment remitted with form 158-I	• 30	3,400	00
31. Other Prepayments: • <input type="checkbox"/> 104BEP • <input type="checkbox"/> DR 0108 • <input type="checkbox"/> DR 1079	• 31	0	00
32. Innovative Motor Vehicle Credit from form DR 0617	• 32		00
33. Refundable Credits from 104CR line 3	• 33	0	00
34. Subtotal, add lines 27 through 33	34	10,298	00
35. Federal Adjusted Gross Income from your federal income tax form: 1040EZ line 4; 1040A line 21; 1040 line 37	• 35	236,973	00
36. Overpayment, if line 34 is greater than 26 then subtract line 26 from line 34	36	266	00
37. Estimated Tax Credit Carry Forward to 2015 first quarter, if any	• 37	266	00
Voluntary Contributions enter your donation amount, if any			
38. Nongame and Endangered Wildlife Cash Fund	• 38		00
39. Colorado Domestic Abuse Program Fund	• 39		00
40. Homeless Prevention Activities Program Fund	• 40		00
41. Western Slope Military Veterans Cemetery Fund	• 41		00
42. Pet Overpopulation Fund	• 42		00
43. Colorado Healthy Rivers Fund	• 43		00
44. Alzheimer's Association Fund	• 44		00



7

Name		Account Number	
MAX and PATRICIA QUATTROMANI			
45. Military Family Relief Fund	• 45		00
46. Colorado Cancer Fund	• 46		00
47. Make-A-Wish Foundation of Colorado Fund	• 47		00
48. Unwanted Horse Fund	• 48		00
49. Colorado Multiple Sclerosis Fund	• 49		00
50. Public Education Fund	• 50		00
51. Round Up River Ranch Fund	• 51		00
52. 9Health Fair Fund	• 52		00
53. Subtotal, add lines 37 through 52	53	266	00
54. Refund, subtract line 53 from line 36 (see page 11)	• 54		0 00
Direct Deposit Routing Number <input type="text"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CollegeInvest 529 Account Number <input type="text"/>			
For questions regarding CollegeInvest direct deposit or to open an account call 800-448-2424 or visit CollegeInvest.org			
Amount You Owe			
55. Net Tax Due, subtract line 34 from line 26 (include the subtotal from line 53)	55		0 00
56. Delinquent Payment Penalty (see instructions)	• 56		0 00
57. Delinquent Payment Interest (see instructions)	• 57		0 00
58. Estimated Tax Penalty (see instructions)	• 58		0 00
59. Amount You Owe, add lines 55, 56, 57 and 58	• 59		0 00
<small>The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.</small>			
Third Party Designee			
Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Complete the following:			
Designee's Name		Phone Number	
• SCOTT CHERRY		(806) 747-2542	
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct, and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
CHERRY, LIGHT AND RIDLEY, LLC		(806) 747-2542	
Paid Preparer's Address		City	State Zip
1117 65TH DRIVE		LUBBOCK	TX 79412

OMB No. 1545-0048

d Control Number 3266200	1 Wages, tips, other compensation 94698.98	2 Federal income tax withheld 18200.13
b Employer identification number (EIN) 76-0689539	3 Social security wages 94698.98	4 Social security tax withheld 5871.35
a Employee's social security number 510-96-2958	5 Medicare wages and tips 94698.98	6 Medicare tax withheld 1373.07

c Employer's name, address and ZIP code
INSPIRITY PEO SERVICES, L.P.
19001 CRESCENT SPRINGS DR
KINGWOOD TX 77339

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 14816.09
12b Code	12c Code	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

e Employee's name, address and ZIP code
PATRICIA DIANE QUATTROMANI
7637 NUTHATCH CIR
PARKER CO 80134

2014 Form W-2	15 State CO Employer's state I.D. no. 02821679	16 State wages, tips, etc. 94698.98
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Wage and Tax Statement
 Copy C For EMPLOYEE'S
 RECORDS (See Notice to
 Employee on back of Copy B.)

This information is being furnished to the
 Internal Revenue Service. If you are required
 to file a tax return, a negligence penalty or
 other sanction may be imposed on you if this
 income is taxable and you fail to report it.

Department of the Treasury -
 Internal Revenue Service

OMB No. 1545-0048

d Control Number 3266200	1 Wages, tips, other compensation 94698.98	2 Federal income tax withheld 18200.13
b Employer identification number (EIN) 76-0689539	3 Social security wages 94698.98	4 Social security tax withheld 5871.35
a Employee's social security number 510-96-2958	5 Medicare wages and tips 94698.98	6 Medicare tax withheld 1373.07

c Employer's name, address and ZIP code
INSPIRITY PEO SERVICES, L.P.
19001 CRESCENT SPRINGS DR
KINGWOOD TX 77339

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 14816.09
12b Code	12c Code	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

e Employee's name, address and ZIP code
PATRICIA DIANE QUATTROMANI
7637 NUTHATCH CIR
PARKER CO 80134

2014 Form W-2	15 State CO Employer's state I.D. no. 02821679	16 State wages, tips, etc. 94698.98
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Wage and Tax Statement
 Copy 2 To Be Filed With
 Employee's State, City, or
 Local Income Tax Return

17 State income tax 3640.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Department of the Treasury -
 Internal Revenue Service

OMB No. 1545-0048

d Control Number 3266200	1 Wages, tips, other compensation 94698.98	2 Federal income tax withheld 18200.13
b Employer identification number (EIN) 76-0689539	3 Social security wages 94698.98	4 Social security tax withheld 5871.35
a Employee's social security number 510-96-2958	5 Medicare wages and tips 94698.98	6 Medicare tax withheld 1373.07

c Employer's name, address and ZIP code
INSPIRITY PEO SERVICES, L.P.
19001 CRESCENT SPRINGS DR
KINGWOOD TX 77339

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 14816.09
12b Code	12c Code	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

e Employee's name, address and ZIP code
PATRICIA DIANE QUATTROMANI
7637 NUTHATCH CIR
PARKER CO 80134

2014 Form W-2	15 State CO Employer's state I.D. no. 02821679	16 State wages, tips, etc. 94698.98
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Wage and Tax Statement
 Copy B To Be Filed With
 Employee's FEDERAL Tax
 Return.

This information is being furnished to the
 Internal Revenue Service.

Department of the Treasury -
 Internal Revenue Service

OMB No. 1545-0048

d Control Number 3266200	1 Wages, tips, other compensation 94698.98	2 Federal income tax withheld 18200.13
b Employer identification number (EIN) 76-0689539	3 Social security wages 94698.98	4 Social security tax withheld 5871.35
a Employee's social security number 510-96-2958	5 Medicare wages and tips 94698.98	6 Medicare tax withheld 1373.07

c Employer's name, address and ZIP code
INSPIRITY PEO SERVICES, L.P.
19001 CRESCENT SPRINGS DR
KINGWOOD TX 77339

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 14816.09
12b Code	12c Code	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

e Employee's name, address and ZIP code
PATRICIA DIANE QUATTROMANI
7637 NUTHATCH CIR
PARKER CO 80134

2014 Form W-2	15 State CO Employer's state I.D. no. 02821679	16 State wages, tips, etc. 94698.98
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Wage and Tax Statement
 Copy 2 To Be Filed With
 Employee's State, City, or
 Local Income Tax Return.

17 State income tax 3640.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Department of the Treasury -
 Internal Revenue Service



Account Number 196362523

Property Address
10920 FLAGLER DRIVE
PARKER, CO
80134

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

0010073 01 AV 0.378 **AUTO 2.1 3743 80134-270537 -C01-I -P10083

MAX A & MICHELLE QUATTROMANI
7637 NUTHATCH CIR
PARKER, CO 80134-2705

Instructions For Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS, and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a

"buydown" mortgage. Such amounts are deductible by you only in certain circumstances. **Caution:** If you prepaid interest in 2014 that accrued in full by January 15, 2015, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2014 even though it may be included in box 1. If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.

Box 2. Not all points are reportable to you. Box 2 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 2 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 3. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 3 amount on the "Other income" line of your 2014 Form 1040. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 4. The interest recipient may use this box to give you other information, such as the address of the property that secures the debt, real estate taxes, or insurance paid from escrow.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to irs.gov/form1098.

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number BANK OF AMERICA, N.A. CUSTOMER SERVICE PO BOX 5170 SIMI VALLEY, CA 93062-5170 (800) 669-6607		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2014 Form 1098	Mortgage Interest Statement
RECIPIENT'S federal identification no. 94-1687665	PAYER'S social security number XXX-XX-4723	1 Mortgage interest received from payer(s)/borrower(s)* \$ 0.00		Copy B For Payer/Borrower The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MAX A & MICHELLE QUATTROMANI 7637 NUTHATCH CIR PARKER, CO 80134-2705		2 Points paid on purchase of principal residence \$ 0.00		
		3 Refund of overpaid interest \$ 0.00		
		4 Mortgage insurance premiums \$ 312.56		
Account number (see instructions) 196362523		5		

Form 1098

(keep for your records)

irs.gov/form1098

Department of the Treasury - Internal Revenue Service

Crossroads Community Church
9900 S Twenty Mile Road
Parker, CO 80134
Federal ID #84-0743331



2014 CONTRIBUTION STATEMENT

Max and Patti Quattromani
7637 Nuthatch Cir
Parker, CO 80134-2705

Jesus did amazing things in 2014! Thank you for your generous giving, as we continue to experience lives transformed through loving relationships with God, Each Other, and the Lost. Yeah God for so many remarkable things that He is doing. Jesus said that "He would build His church and the gates of hell would not prevail against it". So glad to be part of His church and to be your pastor.

In Christ,

Pastor John

RECORD OF CONTRIBUTIONS				
Date	Fund	Contribution Type	Reference	Gift Amount
Dec 15	General Fund Giving	Check	05994	\$ 100.00
Grand Total:				\$ 100.00

CONTRIBUTION SUMMARY		
Fund	This Period	YTD
General Fund Giving	\$ 100.00	\$ 100.00
Grand Total:	\$ 100.00	\$ 100.00

No goods or services were provided in exchange for your generous financial donation(s), except intangible religious benefits.

Please note that our software report uses the word "Pledge", but Crossroads considers that to refer to your "Gift Intention and/or Faith Promise" over the life of the Capital Campaign, which is October 2016.

If you have any questions or concerns, please call the Accounting office at 303-841-3785 x211.

2014 TAX REPORTING STATEMENT

National Financial Services LLC

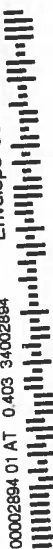
MML INVESTORS SERVICES, LLC
1295 STATE STREET, W122
SPRINGFIELD, MA 01111-0001

MAX QUATTROMANI

Account No. JAV-634442 Customer Service: 800-542-6767
Recipient ID No. ***-**-4723 Payer's Fed ID Number: 04-3523567

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
499 WASHINGTON BLVD
JERSEY CITY, NJ 07310

00002894 01 AT 0.403 34002894 Envelope 9066 260601 06



MAX QUATTROMANI
PATRICIA QUATTROMANI
7637 NUTHATCH CIR
PARKER CO 80134-2705

Copy B for Recipient
(OMB No. 1545-0110)

2014 Dividends and Distributions

Form 1099-DIV*

1a Total Ordinary Dividends	14.91	6 Foreign Tax Paid	0.00
1b Qualified Dividends	14.82	7 Foreign Country or U.S. Possession	0.00
2a Total Capital Gain Distributions (Includes 2b - 2d)	586.13	8 Cash Liquidation Distributions	0.00
2b Unrecap. Sec 1250 Gain	0.00	9 Non-Cash Liquidation Distributions	0.00
2c Section 1202 Gain	0.00	10 Exempt Interest Dividends	0.00
2d Collectibles (28%) Gain	0.00	11 Specified Private Activity Bond Interest Dividends	0.00
3 Nondividend Distributions	0.00	12 State	0.00
4 Federal Income Tax Withheld	0.00	13 State Identification No.	0.00
5 Investment Expenses	0.00	14 State Tax Withheld	0.00

Copy B for Recipient
(OMB No. 1545-0112)

2014 Interest Income

Form 1099-INT*

1 Interest Income	0.00	8 Tax-Exempt Interest	0.00
2 Early Withdrawal Penalty	0.00	9 Specified Private Activity Bond Interest	0.00
3 Interest on U.S. Savings Bonds and Treas. Obligations	0.00	10 Market Discount	0.00
4 Federal Income Tax Withheld	0.00	11 Bond Premium	0.00
5 Investment Expenses	0.00	12 Tax-Exempt Bond CUSIP no.	14 State Identification No
6 Foreign Tax Paid	0.00	13 State	0.00
7 Foreign Country or U.S. Possession	0.00	15 State Tax Withheld	0.00

* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Note: This information is not reported to the IRS. It may assist you in tax return preparation.

To see an interactive guide to your National Financial Tax Statement visit mybrokerageinfo.com.

Details of 1099-DIV Transactions

Total Ordinary Dividends and Distributions Detail

Description, Symbol, CUSIP	1a Total Ordinary Dividends (includes 1b)	Dividend Distributions	Short-Term Capital Gain	1b Qualified Dividends	10 Exempt Interest Dividends	11 Specified Private Activity Bond Interest Dividends	6 Foreign Tax Paid
IVY ASSET STRATEGY CL A, WASAX, 466000759							
12/11/14	14.82			14.82			
PRIME FUND DAILY MONEY CLASS, FDAXX, 233809102							
08/29/14	0.01	0.01					
09/30/14	0.02	0.02					
10/31/14	0.03	0.03					
11/28/14	0.02	0.02					
12/31/14	0.01	0.01					
Subtotals	0.09	0.09					
TOTALS	14.91	0.09	0.00	14.82	0.00	0.00	0.00

Short-term capital gain distributions reported on monthly/quarterly account statements are included in 1a Total Ordinary Dividends on Form 1099-DIV.

Total Capital Gains Distributions Detail

Description, Symbol, CUSIP	2a Total Capital Gain Distr. (m)	Capital Gain Distributions Subject to 15% Rate Gain (m)	2b Unrecaptured Section 1250 Gain	2c Section 1202 Gain	2d Collectibles (28%) Gain
IVY ASSET STRATEGY CL A, WASAX, 466000759					
12/11/14	586.13	586.13			
TOTALS	586.13	586.13	0.00	0.00	0.00

(m) 2a Total Capital Gain includes 2b, 2c and 2d. The portion of Capital Gain Distributions subject to 15% Rate Gain is equal to 2a less amounts shown on 2b-2d.

Important Tax Return Document Enclosed.

2014 Tax Reporting Statement Instructions

Information to Help You Understand Your Tax Forms

Here are instructions and line item descriptions for the information reported to the IRS on tax forms 1099-DIV, 1099-MISC, 1099-INT, 1099-B, and 1099-OID. These are IRS instructions that we are required to provide to you.

RECIPIENT'S IDENTIFICATION NUMBER AND ACCOUNT NUMBER

Identification number—For your protection, this form may show only the last four digits of your Social Security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number—Shows an account number the payer assigned to distinguish your account.

1099-DIV: DIVIDENDS AND DISTRIBUTIONS (OMB NO. 1545-0110)

- 1a. **Total Ordinary Dividends**—Shows total ordinary dividends that are taxable. Include this amount on line 9a of Form 1040 or 1040A. Also report it on Schedule B (1040A or 1040), if required.
- 1b. **Qualified Dividends**—Shows the portion of the amount in line 1a that may be eligible for the reduced capital gains rates. See Form 1040/1040A instructions for how to determine this amount. Report the eligible amount on line 9b, Form 1040 or 1040A. The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040/1040A but treat it as a plan distribution, not as investment income, for any other purpose.
- 2a. **Total Capital Gain Distributions**—Shows total capital gain distributions from a regulated investment company or real estate investment trust. Report the amounts shown on line 2a on Schedule D (Form 1040), line 13. But, if **no amount** is shown on lines 2c–2d and your **only** capital gains and losses are capital gain distributions, you may be able to report the amounts shown in line 2a on line 13 of Form 1040 (line 10 of Form 1040A), rather than Schedule D. See the Form 1040/1040A instructions.
- 2b. **Unrecap. Sec. 1250 Gain**—Shows the portion of the amount in line 2a that is unrecaptured Section 1250 gain from certain depreciable real property. Report this amount on the **Unrecaptured Section 1250 Gain Worksheet—Line 19** in the Schedule D instructions (Form 1040).
- 2c. **Section 1202 Gain**—Shows the portion of the amount in line 2a that is Section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.
- 2d. **Collectibles –(28%) Gain**—Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the **28% Rate Gain Worksheet—Line 18** in the instructions for Schedule D (Form 1040).
3. **Nondividend Distributions**—Shows the part of the distribution that is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all your cost (or other basis), report future distributions as capital gains. See **Pub. 550, Investment Income and Expenses**.
4. **Federal Income Tax Withheld**—Shows backup withholding. A payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See **Form W-9, Request for Taxpayer Identification Number and Certification**, for information on backup withholding. **Include this amount on your income tax return as tax withheld.**
5. **Investment Expenses**—Shows your share of expenses of a nonpublicly offered regulated investment company, generally a nonpublicly offered mutual fund. If you file Form 1040, you may deduct these expenses on the "Other expenses" line on Schedule A (Form 1040) subject to the 2% limit. This amount is included in line 1a.
6. **Foreign Tax Paid**—Shows the foreign tax you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.
7. **Foreign Country or U.S. Possession**—This line should be left blank if a regulated investment company reported the foreign tax shown in line 6. Generally completed as various.
8. and 9. **Liquidation Distributions**—Shows cash and noncash liquidation distributions.
10. **Exempt-Interest Dividends**—Shows exempt-interest dividends from a mutual fund or other regulated investment company paid to you during the calendar year. Include this amount on line 8b of Form 1040 or 1040A as tax-exempt interest. This amount may be subject to backup withholding. See line 4.
11. **Specified Private Activity Bond Interest Dividends**—Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in line 10. See the **Instructions for Form 6251, Alternative Minimum Tax—Individuals**.
- 12.–14. **State income tax withheld reporting lines**

Nominees: Please read the note at the end of all the instructions.

1099-INT: INTEREST INCOME (OMB NO. 1545-0112)

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations Section 1.6045-1(n)(5) that you did not want to amortize the premium under Section 171, your payer may report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization for the year or (2) a gross amount for both the interest paid to you and the premium amortization for the year. If you did notify your payer that you did not want to amortize the premium on a covered security, then your payer will report only the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is required to report only the gross amount of interest paid to you.

1. **Interest Income**—Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown

in line 3. May also show the total amount of the credits from clean renewable energy bonds, Gulf tax credit bonds, qualified forestry conservation bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and Build America Bonds that must be included in your interest income. These amounts were treated as paid to you during 2014 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see **Form 8912, Credit to Holders of Tax Credit Bonds**. See the instructions above for a covered security acquired at a premium.

2. **Early Withdrawal Penalty**—Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

1099-B: PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (OMB NO. 1545-0715)

- 1e. **Cost or Other Basis**—Shows the cost or other basis of securities sold. If the securities were acquired through the exercise of a non-compensatory option granted or acquired on or after January 1, 2014, the basis has been adjusted to reflect your option premium. If the securities were acquired through the exercise of a non-compensatory option granted or acquired before January 1, 2014, your broker is permitted, but not required, to adjust the basis to reflect your option premium. If the securities were acquired through the exercise of a compensatory option, the basis has not been adjusted to include any amount related to the option that was reported to you on a Form W-2. If the security is noncovered, the amount in column 1e may be blank. See the Instructions for Form 8949, Instructions for Schedule D, or Pub. 550 for details.
- 1f. **Code, If Any**—Shows W for wash sale, C for collectibles, or D for market discount.
- 1g. **Adjustments**—Shows the amount of nondeductible loss in a wash sale transaction or the amount of accrued market discount. For details on wash sales and market discount, see Schedule D (Form 1040) instructions and Pub. 550.
2. **Type of Gain or Loss**, 3. **Basis Reported to IRS**, 5. **Noncovered security**, and 6. **Reported to the IRS: Gross proceeds or Net proceeds**—The heading at the beginning of each section of this Form 1099-B shows whether the transactions listed within the section report short-term or long-term gain or loss, and whether or not the basis, shown in column 1e, is reported to the IRS. If the heading from Form 1099-B shows that basis is reported to the IRS and NO adjustment is required, see instructions for your Schedule D, as you may be able to report your transaction directly on Schedule D.

If the basis of the securities sold was not reported to the IRS, the securities were noncovered and 1b (Date Acquired) and 1e (Cost or Other Basis) may be blank, and 2 (Type of Gain or Loss: Short-Term or Long-Term) may be labeled as Unknown. Generally, a noncovered security means stock purchased before 2011, stock in most mutual funds purchased before 2012, stock purchased in

or transferred to a dividend reinvestment plan before 2012, debt acquired before 2014, options granted or acquired before 2014, and securities futures contracts entered into before 2014. If the exercise of a non-compensatory option resulted in a sale of a security, the amount in column 1d [Please review.] adjusted for premium (see footnote (a))2b.

4. **Federal Income Tax Withheld**—Shows backup withholding. Generally a payer must backup withhold if you did not furnish your taxpayer identification number to the payer. See Form W-9, *Request for Taxpayer Identification Number and Certification*, for information on backup withholding. **Include this amount on your income tax return as tax withheld**
7. **Loss based on the 1d. amount above**—If stated, you cannot take a loss on your tax return based on gross proceeds from a reportable change in control or capital structure reported in column 1d. See the Form 8949 and Schedule D instructions. The broker should advise you of any losses on a separate statement.

Section 1256 Option Contracts (Columns 8 through 11)

8. **Profit or (loss) realized in 2014 on closed contracts**—Shows the profit or (loss) realized on Section 1256 option contracts closed during 2014.
9. **Unrealized profit or (loss) on open contracts—12/31/2013**—Shows any year-end adjustment to the profit or (loss) shown in column 8 due to open contracts on December 31, 2013.
10. **Unrealized profit or (loss) on open contracts—12/31/2014**—Shows the unrealized profit or (loss) on open contracts held in your account on December 31, 2014. These are considered closed out as of that date. This will become an adjustment reported as unrealized profit or (loss) on open contracts—12/31/2014 in 2015.
11. **Aggregate profit or (loss) on contracts**—Columns 8, 9, and 10 are all used to figure the aggregate profit or (loss) on Section 1256 option contracts for the year. Include this amount on your 2014 Form 6781.
- 14.–16. Shows state(s) income tax information.

1099-OID: ORIGINAL ISSUE DISCOUNT (OMB NO. 1545-0117)

Original issue discount (OID) is the excess of an obligation's stated redemption price at maturity over its issue price (acquisition price for a stripped bond or coupon). OID is taxable as interest over the life of the obligation. If you are the holder of an OID obligation, generally you must include an amount of OID in your gross income each year you hold the obligation. Obligations that may have OID include a bond, debenture, note, certificate, or other evidence of indebtedness having a term of more than one year. For example, the OID rules may apply to certificates of deposit (CDs), time deposits, bonus savings plans, and other deposit arrangements, especially if the payment of interest is deferred until maturity. In addition, the OID rules apply to Treasury inflation-protected securities. See **Pub. 550, *Investment Income and Expenses***, for more information. If you bought or sold an obligation during the year, and you are the owner of that obligation, but you did not receive a Form 1099-OID, you are not required to issue or file Form 1099-OID showing the OID or stated interest allocable to the seller/ buyer of the obligation.

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a covered security acquired with acquisition premium, your payer may report either (1) a net amount of OID that reflects the offset of OID by the amount of acquisition premium amortization for the year, or (2) a gross amount for both the OID and the acquisition premium amortization for the year. For a noncovered security acquired with acquisition premium, your payer is required to report only the gross amount of OID.

1. **Original Issue Discount for 2014**—Shows the OID on the obligation for the part of the year you owned it. Report the amount on line 1 as interest income on your income tax return. However, depending on the type of debt instrument, the issue or acquisition date, and other factors (for example, if you paid acquisition or bond premium, or the obligation is a stripped bond or coupon), you may have to figure the correct amount of OID to report on your return. See **Pub. 1212, *Guide to Original Issue Discount (OID) Instruments***, for details on how to figure the correct OID.

See the instructions above for a covered security acquired with acquisition premium.

2. **Other Periodic Interest**—Shows other interest on this obligation for the year, which is an amount separate from the OID. If you held the obligation the entire year, report this amount as interest income on your tax return. If you disposed of the obligation or acquired it from another holder during the year, see Pub. 550 for reporting instructions. If there is an amount in both columns 2 and 8, the amount in column 2 is interest on a U.S. Treasury obligation and is exempt from state and local income taxes.
5. **Market Discount**—For a covered security, if you made an election under Section 1278(b) to include market discount in income as it accrues and you notified your payer of the election, shows the market discount that accrued on the debt instrument during the year while held by you. Report this amount on your income tax return as directed in the instructions for Form 1040 or 1040A.
6. **Acquisition Premium**—For a covered security, shows the amount of acquisition premium amortization for the year that reduces the amount of OID that is included as interest on your income tax return. If an amount is reported in this column, see the instructions for Form 1040 (Schedule B). If an amount is not reported in this column for a covered security acquired with acquisition premium, the payer has reported a net amount of OID that reflects the offset of OID that is included in income. See the instructions above for a covered security acquired with acquisition premium.
7. **Description**—Shows the identification number (CUSIP number) or description of the obligation (may include the stock exchange, issuer, coupon rate, and year of maturity).
8. **Original Issue Discount on U.S. Treasury Obligations**—Shows OID on a U.S. Treasury obligation for the part of the year you owned it. Report this amount as interest income on your federal income tax return, and see Pub. 1212 to file any appropriate adjustments to this amount. This OID is exempt from state and local income taxes and is not included in column 1. See the instructions above for a covered security acquired with acquisition premium.

Nominees: Please read the note at the end of all the instructions.



OppenheimerFunds®

RPSS TR ROTH SINGLE K
QOPPA LLC
FBO MAX QUATTROMANI
7637 NUTHATCH CIR
PARKER CO 80134-2705

Annual Statement

January 1, 2014 - December 31, 2014

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Your Financial Advisor:

MMLFA M ECHOLS
MML INVESTORS SERVICES LLC
6010 82ND ST STE 100
LUBBOCK, TX 79424-0822
(806) 795-9393

Total Portfolio Value

Market Value on December 31, 2014	\$7,954.09
--	-------------------

Portfolio Summary

Retirement

Portfolio Series: Active Allocation Fund A

Account Number 00550 5502540164

Market Value on January 1, 2014 \$0.00

+ Additions \$8,000.00

- Withdrawals (\$15.00)

+/- Change in Value (\$30.91)

Market Value on December 31, 2014 **\$7,954.09**

Dividends \$78.92

Tax Form Update: 1099-DIVs and 1099-Bs will be mailed together by February 17, 2015. Supplemental tax tables will be posted to our online Tax Center towards the end of January at oppenheimerfunds.com/taxcenter.

*****IMPORTANT***** Please retain this 2014 annual account statement for your records. You will generally not receive a Form 1099-DIV if you have a retirement account, or if your account earned less than \$10.00 in dividends in 2014.

News & Resources

A Better Website for Investors

We've redesigned the OppenheimerFunds investor site to help you find the information and services you need—quickly.

Whether you want to:

- Review your account
- Download a form
- Explore a new fund
- Plan for retirement
- Save for higher education
- Explore our market insights

It's all right there, easy to find and access from the home page.

Visit the new oppenheimerfunds.com/investors today.



Scan the code with your smartphone, or visit oppenheimerfunds.com/investors to see how well the site will work for you.

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Questions?

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Annual Statement

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Retirement - Account Details

Oppenheimer Portfolio Series: Active Allocation Fund Class A(OAAAX)
RPSS TR SINGLE K QOPPA LLC FBO MAX
QUATTROMANI

Account Number: 00550 5502540164

Fund Category: Multi Asset

Transaction Date	Transaction Description	Dollar Amount	Share Price	Number of Shares	Total Shares Owned
10/17/14	Purchase (Employer Contribution)	\$8,000.00	\$12.45	642.570	642.570
	Sales Charge at 5.78%	\$462.65			
12/12/14	2014 Annual Fee	\$15.00	\$12.17	(1.233)	641.337
12/23/14	Dividend Reinvested at .123050 per Share	\$78.92	\$12.35	6.390	647.727
12/31/14	Ending Value	\$7,954.09	\$12.28		647.727

Sales Charge Information

Depending on the class of shares you own, you may pay a contingent deferred sales charge. For the contingent deferred sales charge and other fees, see the prospectus.



OppenheimerFunds®

Annual Statement

January 1, 2014 - December 31, 2014

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Summary of Plan and Individual Expenses

The following is a summary of certain fees that may be assessed from your retirement account. Fees are only charged for services you actually use, and will appear on your statement when applicable. See the "Account Details" section of this statement for the specific dollar amount charged, if any.

Fee	Description	Fee Range
Annual Maintenance Fee	The Annual Maintenance Fee is a fixed charge that is assessed, per participant, on OppenheimerFunds-sponsored retirement plan accounts. The fee is assessed once per year per plan account, regardless of how many Oppenheimer funds you invest in through the account.	\$10, \$15 or \$30, depending on your plan type and/or the total value of your Oppenheimer fund accounts. Please consult your plan account material for more information.
Contingent Deferred Sales Charge	A sales charge assessed when shares are redeemed from an account purchased with no Front-End Sales Load (see description below). This charge can potentially apply to Class B, C and R ¹ shares of Oppenheimer funds.	Ranges from 0% to 6%, depending on the share class and the length of time each purchase of the share is held in the account. Please consult the prospectus for more information.
Front-End Sales Load	A sales charge assessed on Class A share Oppenheimer fund purchases, at the time of purchase.	Class A sales charge rate varies from 0.00% to 5.75%, depending upon the amount of your purchase. Please consult the prospectus for more information.
Processing Fees	Expedited Delivery Fees for loan or distribution check (upon participant request):	
	◆ Overnight via UPS	\$20.00-\$25.50
	◆ Post Office Express	\$20.00
	◆ Federal Bank Wire	\$10.00
	Loan Initiation ²	\$75.00

If you have any questions, please contact your plan sponsor, financial advisor or OppenheimerFunds at **800.835.7305**.

1. Effective as of July 1, 2014, Class N shares were renamed Class R shares. Beginning July 1, 2014, new purchases of Class R shares will no longer be subject to a contingent deferred sales charge (CDSC) upon redemption (any CDSC will remain in effect for purchases prior to July 1, 2014).
2. Applicable only to Single KSM and 403(b) (non-Portfolio Builder accounts). For 403(b) plans in the state of Texas, the loan initiation fee is \$50.



OppenheimerFunds®

How to Contact Us

800.CALL OPP (225.5677)
24-hour automated information and transactions.
Fax 303.768.1500

To Add to Your Account by Check

To Add to Your Account by Check Write a check made payable to your fund (minimum \$50) and note your account number on the check. If available, include an investment coupon from a recent Confirmation of Fund Activity. Mail your check to:

Regular Mail
OppenheimerFunds Distributor, Inc.
P.O. Box 5270
Denver, CO 80217-5270

Overnight Delivery
OppenheimerFunds Distributor, Inc.
12100 East Iliff Avenue
Suite 300
Aurora, CO 80014-1250

oppenheimerfunds.com

Information you need right at your fingertips—Fund performance, fund documents, daily and historical fund prices and market commentary.

Log in to—Review your balance, transaction history and account statements or to make a quick purchase, exchange or redemption.

Retirement Account Contributions

If your statement includes a Contribution Summary, please keep in mind that this does not represent a tax form. IRS Form 5498, mailed in May, contains final contributions for tax purposes. Please note, account details will not appear on this statement for prior year contributions unless the contribution was made between January 1 and April 15 of the current year. For details on these transactions, please refer to your last Annual Account Statement.

Sales Charge Information

You may be eligible for breakpoint discounts based on the size of your purchase, current holdings or future purchases. The sales charge you paid may differ slightly from the Prospectus disclosed rate due to rounding calculations. Please refer to the Prospectus or contact your financial advisor for further information.

PLEASE NOTE: Your mutual fund shares may be transferred to the appropriate state if no activity occurs, or if statements of your account activity prove undeliverable, within the time period specified by state law.

OppenheimerFunds Services (OFS)

OppenheimerFunds Services confirms transactions in your account as agent for the fund and for your investment dealer.

For transactions which are purchases of shares, OFS acts as the agent for OppenheimerFunds Distributor, Inc. (OFDI), the distributor of the fund, in issuing this statement. The distributor sold the shares to your dealer, and your dealer sold them to you. Your dealer acted as principal in the transaction and will receive as compensation that part of the sales charge, if any, that is set forth in the fund's current prospectus. If you bought shares directly, through an agency transaction or through a broker, dealer or other intermediary, OFDI acted as agent in placing the trade.

Additional information about your fund account may be found in the fund's current prospectus, including information about how to redeem shares. Please consult your prospectus, or write or call us at the addresses and telephone numbers listed on this statement.

This account statement reflects a purchase, redemption or other financial transaction. Please review all of the information carefully to verify the accuracy of the transactions. You should promptly notify OppenheimerFunds Distributor, Inc.

Information on Cost Basis Tax Reporting Methods

Average Cost

Shares are redeemed at the average cost of all covered shares in the account at the time of the redemption. *Average Cost is the default method on your account(s) with OppenheimerFunds, unless you specify otherwise, with the exception of Oppenheimer SteelPath funds, where the default method is First-In First-Out (FIFO).* On each account held with us, you have until the time of the first redemption of covered shares to change your cost basis tax reporting method.

First-In First-Out (FIFO)

Shares purchased first are redeemed first.

Highest-In First-Out (HIFO)

Shares with the highest cost are redeemed first.

Last-In First-Out (LIFO)

Shares purchased last are redeemed first.

Low Cost

Shares with the lowest cost are redeemed first.

Specific Share Identification

Shares are redeemed in the order specified at the time of the redemption. We can provide transactional reporting on this method but specific share identification *cannot* be used as a standing method on your account(s).

Covered Shares

For covered shares purchased on or after January 1, 2012 (except for Oppenheimer SteelPath funds, where the covered shares period begins January 1, 2011), and subsequently redeemed, OppenheimerFunds will report the redemption transaction(s) and the gain or loss of those shares to the IRS on Form 1099-B. The gain or loss may vary based upon the cost basis method selected at the time of the transaction. We are unable to change the cost basis tax reporting method after your trade settles.

Uncovered Shares

For uncovered shares purchased prior to January 1, 2012 (except for Oppenheimer SteelPath funds, where the uncovered shares period begins prior to January 1, 2011), and subsequently redeemed, OppenheimerFunds will report the proceeds from the redemption transaction(s) on Form 1099-B; however, cost basis and the gain or loss of those shares *will not be calculated or reported to the IRS*. OppenheimerFunds will continue to provide shareholders with the average cost of these shares as a courtesy. We are not able to provide alternate cost basis tax reporting methods for these shares.

You may change your cost basis tax reporting method(s) by logging into your account at oppenheimerfunds.com. Specific restrictions may apply. Please consult your financial or tax advisor regarding your specific tax situation.

Immediately if there is an error, inaccuracy or discrepancy. You can make such report to OppenheimerFunds, Distributor, Inc. at 800.225.5677. Any oral report should also be re-confirmed in writing to OppenheimerFunds Distributor, Inc. P.O. Box 5270, Denver, CO 80217-5270. It is important that you report any discrepancy promptly to help protect your rights, including your rights under the Securities Investor Protection Act. If you do not notify us of an error within 60 days of receipt of this statement, you will be deemed to have ratified each transaction, and we may not be able to adjust your account.

This statement is only a record of the rights of the shareholder-of-record at the date of its issue. This statement is neither a negotiable instrument nor a security. Delivery of this statement confers no rights of the recipient.

OppenheimerFunds Distributor, Inc. is a member of SIPC. You may obtain information about SIPC, including the SIPC brochure, by contacting SIPC at 202.371.8300, or online at www.sipc.org.

For any written correspondence, please send to: OppenheimerFunds Services, P.O. Box 5270, Denver, CO 80217-5270.

PAYER'S name, street address, city, state, and ZIP code
Statebridge Company, LLC
5680 Greenwood Plaza Blvd #100-S
Greenwood Village, CO 80111
NA

PAYER'S Federal Tax ID
263233382
RECIPIENT'S Name and Address

RECIPIENT'S identification No
XXXXXX5743

ALEXANDRA SPALDING
7637 NUTHATCH CIRCLE
Parker, CO 80134

Account Number
38684

Form 1099-MISC

15a Sec 409A deferrals 15b Sec 409A income

1 Rents

2 Royalties

3 Other Income

5 Fishing boat proceeds

7 Nonemployee Compensation

\$ 2447.40

9 Payer made direct sales of \$5000 or more of consumer products

11

13 Excess Golden Par Pmts

OMB No. 1545-0115

2014

1099-MISC

4 Fed income tax withheld

6 Med & health care pmts

8 Pmts in lieu of Div or Int

10 Crop Insurance proceeds

12

14 Gross paid to an attorney

17 State/Payer's state no.

Miscellaneous Income

Copy B For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code
Statebridge Company, LLC
5680 Greenwood Plaza Blvd #100-S
Greenwood Village, CO 80111
NA

PAYER'S Federal Tax ID
263233382
RECIPIENT'S Name and Address

RECIPIENT'S identification No
XXXXXX5743

ALEXANDRA SPALDING
7637 NUTHATCH CIRCLE
Parker, CO 80134

Account Number
38684

Form 1099-MISC

15a Sec 409A deferrals 15b Sec 409A income

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6 Med & health care pmts

8 Pmts in lieu of Div or Int

10 Crop Insurance proceeds

12

14 Gross paid to an attorney

17 State/Payer's state no.

Miscellaneous Income

Copy 2 To be filed with recipient's state income tax return, when required.

Department of the Treasury - Internal Revenue Service

Statebridge Company, LLC
5680 Greenwood Plaza Blvd #100-S
Greenwood Village, CO 80111

Important Tax Return Document Enclosed

Instructions for Recipient

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES. Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).


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D0123709 T-0052 P-0165

ALEXANDRA SPALDING
7637 NUTHATCH CIR
PARKER, CO 80134-2705



☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number (303) 315-1800 REGENTS OF THE UNIV OF COLO PO BOX 173364, CB 131 DENVER CO 80217-3364		1 Payments received for qualified tuition and related expenses \$ 2 Amounts billed for qualified tuition and related expenses \$ 5821.25	OMB No. 1545-1574 2014 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.
FILER'S federal identification no. 84-6000555	STUDENT'S social security number XXX-XX-5743	3 If this box is checked, your educational institution has changed its reporting method for 2014 <input type="checkbox"/>		
STUDENT'S name Street address (including apt. no.) City or town, province or state, country, and ZIP or foreign postal code SPALDING ALEXANDRA PAIGE 7637 NUTHATCH CIR PARKER CO 80134-2705 		4 Adjustments made for a prior year \$ 0.00	5 Scholarships or grants \$ 0.00	
Service Provider/Accl. No. (see instr.) 103990412		8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/> 10 Ins. contract reimb./refund \$ 0.00	

Form 1098-T (keep for your records) www.irs.gov/form1098t Department of the Treasury - Internal Revenue Service

Instructions for Student

An eligible educational institution, such as a college or university in which you are enrolled, and an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you must furnish this statement to you. You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040A only for the qualified tuition and related expenses that were actually paid in 2014. To see if you qualify for the credit, and for help in calculating the amount of your credit, see Pub. 970, Tax Benefits for Education; Form 8863, Education Credits; and the Form 1040 or 1040A instructions.

Institutions may report either payments received during the calendar year in box 1 or amounts billed during the calendar year in box 2. The amount shown in box 1 or 2 may represent an amount other than the amount actually paid in 2014. Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

Student's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the filer assigned to distinguish your account.

Box 1. Shows the total payments received in 2014 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2014 that relate to those payments received during 2014.

Box 2. Shows the total amounts billed in 2014 for qualified tuition and related expenses less any reductions in charges made during 2014 that relate to those amounts billed during 2014.

Box 3. Shows whether your institution changed its method of reporting for 2014. It has changed its method of reporting if the method (payments received or amounts billed)

used for 2014 is different than the reporting method used for 2013. You should be aware of this change in figuring your education credits. The credits are allowable only for amounts actually paid during the year and not amounts reported as billed, but not paid, during the year.

Box 4. Shows any adjustment made for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

Box 5. Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040X) for the prior year.

Box 7. Shows whether the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2015. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

Future developments. For the latest information about developments related to Form 1098-T and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1098t.

- SUPPLEMENTAL INFORMATION -

The amount in Box 1, "Payments received for qualified tuition and related expenses" is empty because University of Colorado is reporting to the IRS amounts for Box 2, "Amounts billed for qualified tuition and related expenses."