Form **1040A** Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return (99) 2014

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

OMB No. 1545-0074

Your first name and initial	Last name	Your social security number
John J	Kincade	[redacted] [redacted] 3073
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
PO Box 2144	

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Bloomington IN 47402

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

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing status

Check only one box.

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 (see instructions)

Exemptions

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

Boxes checked on 6a and 6b: 1

c **Dependents:**

If more than six dependents, see instructions.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
Elizabeth R	Kincade	[redacted]	Daughter	☒
Lynnda	Kincade	[redacted]	Niece	☒
Austin	Kincade	[redacted]	Nephew	☒
				☐
				☐
				☐

No. of children on 6c who:
• lived with you: 3
• did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above:

d Total number of exemptions claimed. Add numbers on lines above ▶ 4

Income

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

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	22,654.
8a	**Taxable** interest. Attach Schedule B if required.	8a	
b	**Tax-exempt** interest. **Do not** include on line 8a. 8b		
	Ordinary dividends. Attach Schedule B if required.	9a	
b	Qualified dividends (see instructions). 9b		
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions. 11a — **11b** Taxable amount (see instructions).	11b	
12a	Pensions and annuities. 12a — **12b** Taxable amount (see instructions).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits. 14a — **14b** Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your **total income.** ▶	15	22,654.

Adjusted gross income

16	Educator expenses (see instructions). 16		
17	IRA deduction (see instructions). 17		
18	Student loan interest deduction (see instructions). 18		
19	Tuition and fees. Attach Form 8917. 19		
20	Add lines 16 through 19. These are your **total adjustments.**	20	
21	Subtract line 20 from line 15. This is your **adjusted gross income.** ▶	21	22,654.

Tax, credits, and payments

22	Enter the amount from line 21 (adjusted gross income).			22	22,654.
23a	Check if: ☐ **You** were born before January 2, 1950, ☐ Blind; ☐ **Spouse** was born before January 2, 1950, ☐ Blind. **Total boxes checked** ▶ 23a ☐				
b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b ☐				
24	Enter your **standard deduction**.			24	9,100.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.			25	13,554.
26	**Exemptions.** Multiply $3,950 by the number on line 6d.			26	15,800.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income.** ▶			27	0.
28	**Tax,** including any alternative minimum tax (see instructions).	28	0.		
29	Excess advance premium tax credit repayment. Attach Form 8962.	29			
30	Add lines 28 and 29.			30	0.
31	Credit for child and dependent care expenses. Attach Form 2441.	31			
32	Credit for the elderly or the disabled. Attach Schedule R.	32			
33	Education credits from Form 8863, line 19.	33	0.		
34	Retirement savings contributions credit. Attach Form 8880.	34			
35	Child tax credit. Attach Schedule 8812, if required.	35	0.		
36	Add lines 31 through 35. These are your **total credits.**			36	0.
37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.			37	0.
38	Health care: individual responsibility (see instructions). Full-year coverage ☒			38	
39	Add line 37 and line 38. This is your **total tax.**			39	0.
40	Federal income tax withheld from Forms W-2 and 1099.	40	256.		
41	2014 estimated tax payments and amount applied from 2013 return.	41			
42a	**Earned income credit (EIC).**	42a	5,122.		
b	Nontaxable combat pay election. 42b				
43	Additional child tax credit. Attach Schedule 8812.	43	2,948.		
44	American opportunity credit from Form 8863, line 8.	44	669.		
45	Net premium tax credit. Attach Form 8962.	45			
46	Add lines 40, 41, 42a, 43, 44, and 45. These are your **total payments.** ▶			46	8,995.

Standard Deduction for—
- People who check any box on line 23a or 23b **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

If you have a qualifying child, attach Schedule EIC.

Refund

47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you **overpaid.**	47	8,995.
48a	Amount of line 47 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	48a	8,995.
▶ b	Routing number 0 7 4 0 1 4 2 1 3 ▶ **c** Type: ☒ Checking ☐ Savings		
▶ d	Account number [redacted]		
49	Amount of line 47 you want **applied to your 2015 estimated tax.**	49	

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Amount you owe

50	**Amount you owe.** Subtract line 46 from line 39. For details on how to pay, see instructions. ▶	50	
51	Estimated tax penalty (see instructions).	51	

Third party designee

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

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign here

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

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

Your signature	Date	Your occupation	Daytime phone number
		Labor	(812)391-1915
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid preparer use only

Print/type preparer's name	Preparer's signature	Date	Check ▶ ☐ if self-employed	PTIN
Firm's name ▶ Self-Prepared			Firm's EIN ▶	
Firm's address ▶			Phone no.	

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**

▶ **Information about Schedule EIC (Form 1040A or 1040) and its instructions is at** ***www.irs.gov/scheduleeic.***

OMB No. 1545-0074

2014

Attachment Sequence No. **43**

Name(s) shown on return	Your social security number
John J Kincade	[redacted]3073

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

CAUTION

- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name Elizabeth R Kincade	First name Last name Lynnda Kincade	First name Last name Austin Kincade
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	[redacted]	[redacted]	[redacted]
3 Child's year of birth	Year 2 0 0 6 *If born after 1995* ***and*** *the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year 1 9 9 9 *If born after 1995* ***and*** *the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year 2 0 0 2 *If born after 1995* ***and*** *the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4 a Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2014?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Daughter	Niece	Nephew
6 Number of months child lived with you in the United States during 2014 • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, enter "12."	12 months *Do not enter more than 12 months.*	12 months *Do not enter more than 12 months.*	11 months *Do not enter more than 12 months.*

SCHEDULE 8812
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Child Tax Credit

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Schedule 8812 and its separate instructions is at *www.irs.gov/schedule8812*.

1040 1040A 1040NR 8812

OMB No. 1545-0074

2014

Attachment Sequence No. 47

Name(s) shown on return: John J Kincade

Your social security number: [redacted]3073

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)

CAUTION

Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ **Yes** ☐ **No**

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ **Yes** ☐ **No**

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ **Yes** ☐ **No**

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ **Yes** ☐ **No**

Note. If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here . . . . . ▶ ☐

Part II Additional Child Tax Credit Filers

1	**1040 filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52). **1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). **1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			1	3,000.
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49			2	0.
3	Subtract line 2 from line 1. If zero, **stop;** you cannot take this credit			3	3,000.
4a	Earned income (see separate instructions)	4a	22,654.		
b	Nontaxable combat pay (see separate instructions)	4b			
5	Is the amount on line 4a more than $3,000? ☐ **No.** Leave line 5 blank and enter -0- on line 6. ☒ **Yes.** Subtract $3,000 from the amount on line 4a. Enter the result . . .	5	19,654.		
6	Multiply the amount on line 5 by 15% (.15) and enter the result			6	2,948.

Next. Do you have three or more qualifying children?

☐ **No.** If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the **smaller** of line 3 or line 6 on line 13.

☒ **Yes.** If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	1,736.		
8	**1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. **1040A filers:** Enter -0-. **1040NR filers:** Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	8	0.		
9	Add lines 7 and 8	9	1,736.		
10	**1040 filers:** Enter the total of the amounts from Form 1040, lines 66a and 71. **1040A filers:** Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). **1040NR filers:** Enter the amount from Form 1040NR, line 67.	10	5,122.		
11	Subtract line 10 from line 9. If zero or less, enter -0-			11	0.
12	Enter the **larger** of line 6 or line 11 **Next,** enter the **smaller** of line 3 or line 12 on line 13.			12	2,948.

Part IV Additional Child Tax Credit

13	**This is your additional child tax credit**	13	2,948.

1040
1040A
1040NR

Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.

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Form **8863**

Department of the Treasury
Internal Revenue Service (99)

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at *www.irs.gov/form8863.*

OMB No. 1545-0074

2014

Attachment Sequence No. **50**

Name(s) shown on return: John J Kincade

Your social security number: [redacted]3073

CAUTION

Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30			1	1,672.
2	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying widow(er)	2	90,000.		
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	22,654.		
4	Subtract line 3 from line 2. If zero or less, **stop**; you cannot take any education credit	4	67,346.		
5	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying widow(er)	5	10,000.		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)			6	1.000
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year **and** meet the conditions described in the instructions, you **cannot** take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ▶ ☐			7	1,672.
8	**Refundable American opportunity credit.** Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below.			8	669.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)			9	1,003.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	
11	Enter the smaller of line 10 or $10,000			11	
12	Multiply line 11 by 20% (.20)			12	
13	Enter: $128,000 if married filing jointly; $64,000 if single, head of household, or qualifying widow(er)	13			
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15			
16	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying widow(er)	16			
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)			17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶			18	
19	**Nonrefundable education credits.** Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33			19	0.

Name(s) shown on return: John J Kincade

Your social security number: [redacted]3073

Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.

CAUTION

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) John J Kincade	**21** Student social security number (as shown on page 1 of your tax return) [redacted]3073

22 Educational institution information (see instructions)

a. Name of first educational institution ivy tech community college	**b.** Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 50 W. Fall Creek Parkway N. Dr. Indianapolis IN 46208	**(1)** Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2014? ☒ Yes ☐ No	**(2)** Did the student receive Form 1098-T from this institution for 2014? ☐ Yes ☐ No
(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? ☐ Yes ☒ No	**(3)** Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? ☐ Yes ☐ No
If you checked "No" in **both (2) and (3)**, skip **(4)**.	If you checked "No" in **both (2) and (3)**, skip **(4)**.
(4) If you checked "Yes" in **(2) or (3)**, enter the institution's federal identification number (from Form 1098-T). 35-1180631	**(4)** If you checked "Yes" in **(2) or (3)**, enter the institution's federal identification number (from Form 1098-T).

23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014?	☐ Yes — **Stop!** Go to line 31 for this student.	☒ No — Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)	☒ Yes — Go to line 25.	☐ No — **Stop!** Go to line 31 for this student.
25	Did the student complete the first 4 years of post-secondary education before 2014?	☐ Yes — **Stop!** Go to line 31 for this student.	☒ No — Go to line 26.
26	Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?	☐ Yes — **Stop!** Go to line 31 for this student.	☒ No — Complete lines 27 through 30 for this student.

CAUTION *You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.*

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). **Do not enter more than $4,000**	**27**	1,672.
28	Subtract $2,000 from line 27. If zero or less, enter -0-	**28**	0.
29	Multiply line 28 by 25% (.25)	**29**	0.
30	If line 28 is zero, enter the amount from line 27. Otherwise, add $2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	**30**	1,672.

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	**31**	

Tax History Report

2014

► Keep for your records

Name(s) Shown on Return
John J Kincade

	Five Year Tax History:				
	2010	**2011**	**2012**	**2013**	**2014**
Filing status			HH	HH	HH
Total income			12,848.	18,257.	22,654.
Adjustments to income					
Adjusted gross income			12,848.	18,257.	22,654.
Tax expense			30.	227.	698.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/ standard deduction . .			8,700.	8,950.	9,100.
Exemption amount . .			7,600.	15,600.	15,800.
Taxable income			0.	0.	0.
Tax.					
Alternative min tax . .					
Total credits			0.	0.	0.
Other taxes					
Payments			4,403.	5,446.	8,995.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.			4,403.	5,446.	8,995.
Effective tax rate % . .			-32.45	-29.69	-38.58
**Tax bracket %. . . .					

**Tax bracket % is based on Taxable income.

Sunrise Banks N.A. Refund Processing Agreement ('Agreement')

Name John J Kincade

Social Security No. [redacted]3073

This Agreement contains important terms, conditions and disclosures about the processing of your refund by Sunrise Banks N.A. of St. Paul, Minnesota ('BANK'). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if the 2014 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK and Processor. The term 'Servicer' or 'Processor' refer to the third party processor, Santa Barbara Tax Products Group, LLC.

1. **NOTICE:** No Requirement To Have BANK Process Your Refund In Order To File Electronically.
IF YOU USE THE REFUND-PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. IF YOU DO NOT USE THE REFUND PROCESSING SERVICE, BUT DO FILE YOUR TAX RETURN ELECTRONICALLY, AND HAVE YOUR FEDERAL TAX REFUND DIRECTLY DEPOSITED INTO A BANK ACCOUNT, YOU CAN EXPECT TO RECEIVE YOUR REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. IF YOU ELECT TO RECEIVE YOUR FEDERAL TAX REFUND THROUGH THE MAIL, YOU CAN EXPECT TO RECEIVE YOUR REFUND IN 3 TO 4 WEEKS FROM WHEN THE IRS ACCEPTS YOUR RETURN. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the Internal Revenue Service ('IRS') to disclose any information to BANK and Processor related to the funding of your 2014 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and BANK to share your information with Intuit. Neither Intuit, BANK nor Processor will disclose or use your tax return information for any other purpose, except as permitted by law. BANK and Processor will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	$ 8,995.00
Less TurboTax Fees	$ 29.99
Less Additional Products and Services Purchased	$ 39.99
Expected Proceeds*	$ 8,925.02

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a returned item and other processing fee paid to Processor as set forth in paragraphs 4 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2014 federal tax refund from the IRS. BANK or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK or Processor to deduct from your Deposit Account the following amounts: (i) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and, (ii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct twenty dollars ($20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing information, as set forth in the Note below paragraph 7 below. This fee shall be paid by BANK to its Processor. You authorize BANK to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) You authorize Bank to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account or card in which you authorize BANK to deposit your Expected proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgments. (a) You understand that: (i) BANK cannot guarantee the amount of your tax year 2014 federal tax refund or the date it will be issued, and (ii) Neither BANK nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2014 federal tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of $20 if the refund cannot be delivered as directed in Section 4 of this application. An Account Research and Legal Processing fee of $25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by Bank to the Processor. Questions or concerns about the Deposit Account should be directed to: Sunrise Banks NA, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at http://cisc.sbtpg.com.

7. Disbursement Method: You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

a ____ Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. BANK will not be responsible for your funds once they have been deposited with the respective financial institution.**

b X Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE: X Checking ____ Savings

RTN #: 074014213 **ACCOUNT #:** [redacted]

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a $20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, its processor or Intuit is **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where the BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed $25. Processing fees will be paid by BANK to Processor.

You must notify BANK in writing 3 business days prior o the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford BANK a reasonable opportunity to act on your request. You may notify us in writing at: Sunrise Banks, N.A., c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES. The Federal Electronic Fund Transfer Act provides you with certain rights and obligations regarding the Federal and state income tax refund that will be electronically deposited into your Account established at Sunrise Banks N.A. for that purpose. If you believe that there is an error or if you have a question about your Account, write to Sunrise Banks N.A., c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide Sunrise Banks N.A. with your name, a description or explanation of the error and the dollar amount of the suspected error. Sunrise Banks N.A. will advise you of the results of its investigation within 10 business days.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant; or
- To comply with government agency or court orders; or
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. In addition to all other limitations of our liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.

9. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of South Dakota.

10. Arbitration Provision**.** This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, BANK or Processor agree to pay those fees for you. By agreeing to arbitration, you, BANK and Processor are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

11. USA Patriot Act Disclosure. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open a Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the **'I Agree'** button in TurboTax: (i) You authorize BANK to receive your 2014 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all Communications electronically in accordance with the 'Consent to Conduct Business Electronically' section of the License Agreement for Tax Year 2014 TurboTax Software and Services, as the term 'Communications' is defined therein, (iii) You consent to the release of your 2014 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting **'I Agree'** indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

John J Kincade [redacted]3073

Sunrise Banks, N.A. Tax Product Privacy

FACTS What does Sunrise Banks, N.A. do with your Personal Information?

Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information that we collect and share depend on the product or service you have with us. This can include: • Social Security Number and Date of Birth • Address of Residence • Government Issued Identification Card When you are *no longer* our customer, we continue to share your information as described in this notice
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons Financial Companies can share their customers' personal information; the reasons Sunrise Banks, N.A. chooses to share and whether you can limit the sharing.

Reasons we can share your personal information	Does Sunrise Banks, N.A. share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes – to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness.	No	We Don't Share
For our affiliates to market to you.	No	We Don't Share
For non affiliates to market to you.	No	We Don't Share
Questions?	Toll Free 877-908-7228	

Who We Are	
Who is providing this notice?	Sunrise Banks, N.A.
What We Do	
How does Sunrise Banks, N.A. protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Your information is accessible only to employees who need the information in order to process your product request, answer your questions or determine the types of additional products or services that we think may interest you. We train our employees on their responsibility to maintain the privacy of your personal information.
How does Sunrise Banks, N.A. collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application and your tax return in each year that you applied for a tax-related bank product, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, such as payment histories, balances due, and tax information. We also collect your personal information from others, such as credit bureaus, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only: • Sharing for affiliates' everyday business purposes – information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you, • State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and non financial companies • *Our affiliates include financial companies such as University Financial Corp. dba Sunrise Banks.*
Non affiliates	Companies not related by common ownership or control. They can be financial or non financial companies. *Sunrise Banks, N.A. does not share with nonaffiliates so they can market to you.*
Joint Marketing	A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you. *We may disclose all of the Confidential Information that we collect as described above to companies that perform marketing services on our behalf or to other tax product providers with whom we have joint marketing agreements.*

Other Important Information

This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.

This Notice applies only to individuals who have applied for a tax-related bank product.

CUSTOMER SERVICE: 877-908-7228

The Citizens Banking Company Refund Processing Agreement ('Agreement')

Name	Social Security No.

This Agreement contains important terms, conditions and disclosures about the processing of your refund by The Citizens Banking Company of Sandusky, OH ("BANK"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if the 2014 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK. The term 'Servicer' or "Processor' refer to the third party processor, Santa Barbara Tax Products Group, LLC.

1. **NOTICE:** No Requirement To Have BANK Process Your Refund In Order To File Electronically.
IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. IF YOU DO NOT USE THE REFUND PROCESSING SERVICE, BUT DO FILE YOUR TAX RETURN ELECTRONICALLY, AND HAVE YOUR TAX REFUND DIRECTLY DEPOSITED INTO A BANK ACCOUNT, YOU CAN EXPECT TO RECEIVE YOUR REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. IF YOU ELECT TO RECEIVE YOUR FEDERAL TAX REFUND THROUGH THE MAIL, YOU CAN EXPECT EXPECT TO RECEIVE YOUR REFUND IN 3 TO 4 WEEKS FROM WHEN THE IRS ACCEPTS YOUR RETURN. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the Internal Revenue Service ('IRS') to disclose any information to BANK and Processor related to the funding of your 2014 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and BANK to share your information with Intuit. Neither Intuit, BANK nor Processor will disclose or use your tax return information for any other purpose, except as permitted by law. BANK and Processor will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	$______________
Less TurboTax Fees.	$______________
Less Additional Products and Services Purchased	$______________
Expected Proceeds*.	$______________

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a returned item and other processing fee paid to BANK's Processor as set forth in paragraphs 4 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2014 federal tax refund from the IRS. BANK or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK or Processor to deduct from your Deposit Account the following amounts: (i) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and, (ii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK or Processor to deduct twenty dollars ($20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing information, as set forth in the Note below paragraph 7 below. This fee shall be paid by BANK to its Processor. You authorize BANK and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) You authorize BANK to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account or card in which You authorized BANK to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) BANK cannot guarantee the amount of your tax year 2014 federal tax refund or the date it will be issued, and (ii) Neither BANK nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK and Processor.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2014 federal tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the funds on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of $20 if the refund cannot be delivered as directed in Section 4 of this application. an Account Research and Legal Processing fee of $25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by BANK to its Processor. Questions or concerns about the Deposit Account should be directed to: The Citizens Banking Company, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at http://cisc.sbtpg.com.

7. Disbursement Method: You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

a ☐ Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. BANK will not be responsible for your funds once they have been deposited with the respective financial institution.**

b ☐ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☐ Checking
☐ Savings

RTN # . . . . ____________
Account # . . . . ____________________

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a $20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, the processor or Intuit is **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. The BANK will make every effort to deliver your Deposit Account balance to you. In cases where BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed $25. Processing fees will be paid by BANK to Processor.

You must notify BANK in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford BANK a reasonable opportunity to act on your request. You may notify us in writing at: The Citizens Banking, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: The Federal Electronic Fund Transfer Act provides you with certain rights and obligations regarding the Federal and state income tax refund that will be electronically deposited into your Account established at The Citizens Banking Company for that purpose. If you believe that there is an error or if you have a question about your Account, write to The Citizens Banking Company, c/o Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide The Citizens Banking Company with your name, a description or explanation of the error and the dollar amount of the suspected error. The Citizens Banking Company will advise you of the results of its investigation within 10 business days.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant; or
- To comply with government agency or court orders; or
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. In addition to all other limitations of our liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.

9. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

10. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, Bank or Processor agrees to pay those fees for you. By agreeing to arbitration, you, Bank and Processor are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

11. USA Patriot Act Disclosure. To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open a Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

YOUR AGREEMENT

BANK and Processor agree to all of the terms of this Agreement. By selecting the **'I Agree'** button in TurboTax: (i) You authorize BANK to receive your 2014 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all Communications electronically in accordance with the 'Consent to Conduct Business Electronically' section of the License Agreement for Tax Year 2014 TurboTax(R) Software and Services, as the term 'Communications' is defined therein, (iii) You consent to the release of your 2014 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting **'I Agree'** indicates that both spouses agree to be bound by the terms and conditions of this Agreement.

CUSTOMER SERVICE 877-908-7228

The Citizens Banking Company's Tax Product Privacy Policy

FACTS What does The Citizens Banking Company do with your Personal Information?

Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information that we collect and share depend on the product or service you have with us. This can include: • Social Security number and account balances • payment history and transaction history • overdraft history and account transactions When you are no longer our customer, we continue to share your information as described in this notice.
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons The Citizens Banking Company chooses to share and whether you can limit the sharing.

Reasons we can share your personal information	Does The Citizens Banking Company Share?	Can you limit this sharing?
For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes – to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes – information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share

Questions?	Toll Free: 877-908-7228 or go to www.citizensbankco.com

Who we are	
Who is providing this notice?	The Citizens Banking Company
What we do	
How does The Citizens Banking Company protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does The Citizens Banking Company collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can’t I limit all sharing?	Federal law gives you the right to limit only: • Sharing for affiliates everyday business purposes – information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • The Citizens Banking Company does not share with our affiliates.
Non affiliates	Companies not related by common ownership or control. They can be financial or nonfinancial companies. • The Citizens Banking Company does not share with non affiliates so they can market to you.
Joint Marketing	A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you. • The Citizens Banking Company does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

Consent to Use of Tax Return Information

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

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

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

The following statements apply:

I authorize Intuit, the maker of TurboTax, to use the 2014 tax return information to determine if I am eligible for certain payment options and benefits beyond my refund.

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

John	Kincade
First Name	Last Name

01/22/2015
Date

Read and accept this Disclosure Consent

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

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

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

IRS regulations require the following statements:

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

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

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

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

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

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

First Name ____________ Last Name ____________

Please type the date below:

Date ____________

Read and accept this Disclosure Consent

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

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

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

IRS regulations require the following statements:

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

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

First Name ____________ Last Name ____________

Please type the date below:

Date ____________

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

This is an IRS requirement

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

IRS regulations require the following statements:

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

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

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

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

First Name	Last Name
John	Kincade

Please type the date below:

01/22/2015

Date

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

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

IRS regulations require the following statements:

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

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

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

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

Taxpayer's First Name	Taxpayer's Last Name
Spouse's First Name (if applicable)	Spouse's Last name (if applicable)

Please type the date below:

Date

We need your consent to process with this payment option

This is an IRS requirement

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

IRS regulations require the following statements:

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

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

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

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

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

John	Kincade
First Name	Last Name

Please type the date below:

01/22/2015

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Sunrise Banks N.A. of St. Paul, Minnesota ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'), the administrator and servicer of this payment option: your identifying information and your refund amount. We transmit this information using bank-level security for the sole purpose of providing you with this payment option. Both the BANK and SBTPG will protect your confidentiality and use your information only per the refund processing agreement and their privacy policies.

IRS regulations require the following statements:

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

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2014 tax return information that is necessary to enable BANK and SBTPG to process my refund and pay my fees.

Sign this agreement by entering your name:

John Kincade

Please type the date below:

01/28/2015

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to The Citizens Banking Company of Sandusky, OH (’BANK’) and to Santa Barbara Tax Products Group (’SBTPG’), the administrator and servicer of this payment option: your identifying information and your refund amount.

We transmit this information using bank-level security for the sole purpose of providing you with this payment option. Both the BANK and SBTPG will protect your confidentiality and use your information only per the refund processing agreement and their privacy policies.

IRS regulations require the following statements:

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

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my tax return information that is necessary to enable BANK and SBTPG to process my 2014 refund and pay my fees.

Sign this agreement by entering your name:

____________________ ____________________

Please type the date below:

____

Date

Form 8960
Lines 4b, 5b, 7, 9, 10

Form 8960 Worksheet

2014

Name(s) Shown on Return	Your SSN
John J Kincade	[redacted]3073

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

(a) Activity name	(b) Gain or loss

Enter additional adjustments not included above:

Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2013 for net investment tax purposes	0.

Enter additional adjustments not included above and check the box if a capital gain or loss:

	☐	
	☐	
Net gain or loss from disposition of property not subject to net investment tax		0.

Capital gain/loss not included in net investment income

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

Calculation of line 5b adjustment due to capital loss carryforward

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

Line 7 - Other modifications to investment income

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

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

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

Line 10 - Tax preparations fees allocable to net investment income

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

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income

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

Part II - Application of Section 67 Limitation to Specific Deductions

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

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

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

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

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

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

1) Former Passive Activity Suspended Losses

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

2) Former Passive Activity Suspended Losses - Schedule D

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

3) Former Passive Activity Suspended Losses - Form 4797

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

Form 8960
Line 7

Deduction Recoveries Worksheet

2014

Name(s) Shown on Return	Your SSN
John J Kincade	[redacted]3073

Was the recovery taken into account in computing a section 1411 net operating loss? YES [ ] NO [X]

1	Enter total amount of recovery included in gross income	0.	
	* *Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)* * *Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013* * *Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.*		
2	Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111	6,293.	
3	Total amount of the recovery (add lines 1 and 2)		6,293.
4	Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000)		
5	Enter the lesser of (a) line 3 mutiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68)		

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

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

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

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

Federal Information Worksheet 2014

► Keep for your records

Part I – Personal Information

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

	Taxpayer:	Spouse:
First name	John	
Middle initial	J	
Suffix		
Last name	Kincade	
Social security no.	[redacted]3073	
Occupation	Labor	
Date of birth (mm/dd/yyyy)	01/19/1978	
Age as of 1-1-2015	36	
Daytime phone	(812)391-1915 Ext	Ext
Legally blind	☐	☐
Date of death		

Dependent of Someone Else:

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

Credit for the Elderly or Disabled (Schedule R):

	Taxpayer	Spouse
Is the taxpayer/spouse retired on total and permanent disability?	☐ Yes ☐ No	☐ Yes ☐ No

Presidential Election Campaign Fund:

	Taxpayer	Spouse
Does the taxpayer/spouse want $3 to go to the Presidential Election Campaign Fund?	☐ Yes ☐ No	☐ Yes ☐ No

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

Address . . . . . . PO Box 2144 Apt no.. .

City. . . . . Bloomington State . . . . IN ZIP code . . 47402

Foreign code . . . Foreign country . . .

Foreign province/county Foreign postal code

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

Home phone . . .

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

Federal filing status:

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

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

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

First name / Last name	MI / Suff	Social security number / Relationship	Date of birth (mm/dd/yyyy) / Age	Code	**Not** qual for child tax cr	Date of death (mm/dd/yyyy) / Qualified child/dep care exps incurred and paid 2014	EIC	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* Dep
Elizabeth / Kincade	R	[redacted] / Daughter	11/29/2006 / 8	L	☐		E	12	☐	Yes
Lynnda / Kincade		[redacted] / Niece	08/20/1999 / 15	L	☐		E	12	☐	Yes
Austin / Kincade		[redacted] / Nephew	02/19/2002 / 12	L	☐		E	11	☐	Yes
					☐				☐	

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

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

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . ► [ ] Yes [X] No

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

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

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

Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? . . . . . ► [ ] Yes [X] No

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

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

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ► [X] Yes [ ] No

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

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

Name of Financial Institution (optional) . . . . . . ► Regions

Check the appropriate box . . . . ► Checking [X] Savings [ ]

Routing number . . . . . . ► 074014213 Account number . . . . . ► [redacted]

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

Enter the payment date to withdraw from the account above . . . . . ► ________

Balance-due amount from this return . . . . . ► ________

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

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

Check this box if you are married filing separately and your spouse itemized deductions . . . . . ► [ ]

Check this box to take the standard deduction even if less than itemized deductions . . . . . ► [ ]

Main Form Selection:

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

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? . . . . . ► [X] Yes [ ] No

Is the spouse a full-time student? . . . . . ► [ ] Yes [ ] No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 . . . . . ► [ ]

Resident country . . . . . ► USA

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

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands . . . . . ________

Excludable income from Puerto Rico . . . . . ________

Dual Status Alien Return:

Check this box if you are a dual-status alien . . . . . ► [ ]

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ► [ ] Yes [ ] No

If Yes, complete the following:

Third party designee name . . . . ► ________

Third party designee phone number . . ► ________

Personal Identification number (enter any 5 numbers) . . ► ________

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

Part VI — Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:
Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse . . . . ► ______

Part VII — State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . ► ______
If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . ► ______

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2014 . . . . ► IN
Check the appropriate box:
Taxpayer is a resident of the state above for the entire year . . . . ► X
Taxpayer is a resident of the state above for only part of year . . . . ► ☐
Date the taxpayer established residence in state above . . . . ► ______
In which state (or foreign country) did the taxpayer reside before this change? . . . . ► ______

Spouse:

Enter the spouse's state of residence as of December 31, 2014 . . . . ► ______
Check the appropriate box:
Spouse is a resident of the state above for the entire year . . . . ► ☐
Spouse is a resident of the state above for only part of year . . . . ► ☐
Date the spouse established residence in state above . . . . ► ______
In which state (or foreign country) did the spouse reside before this change? . . . . ► ______

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . ► ☐
If you checked the box on the line above, also check the appropriate box below:
Check if this is your individual federal return you are filing with the IRS . . . . ► ☐
Check if this is the joint return created to file joint state tax return (see Help) . . . . ► ☐

Check this box if you are in a same-sex marriage . . . . ► ☐
If you checked the box on the line above, also check the appropriate box below:
Check if this is your federal return to be filed. . . . . ► ☐
Check if this is your individual return for filing state return only (see Help) . . . . ► ☐

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

Electronic Filing PIN assigned to the taxpayer by the IRS ____________

Electronic Filing PIN assigned to the spouse by the IRS ____________

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

Taxpayer's PIN used to sign the return 17006

Spouse's PIN used to sign the return ___________

Personal Information Worksheet 2014
For the Taxpayer

► Keep for your records

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

Part I — Taxpayer's Personal Information

First name . . . John Middle initial . J Last name . . Kincade
Suffix . . . . .

Social security no. . . [redacted]3073 Member of U.S. Armed Forces in 2014? . . [ ] Yes [X] No

Date of birth . . . . . . 01/19/1978 (mm/dd/yyyy) age as of 1-1-2015 36

Occupation . . . . Labor Daytime phone . . . . (812)391-1915 Ext

Marital status . . . Single
If widowed, check the appropriate box for the year your spouse died:
After 2014 ► [ ] 2014 . ► [ ] 2013 . ► [ ] 2012 . ► [ ] Before 2012 . ► [ ]

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . . ► [ ] Yes [ ] No
Check if this person is legally blind . . . . ► [ ]
If deceased, enter the date of death . . . . ► (mm/dd/yyyy)

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

Do you want $3 to go to Presidential Election Campaign Fund? . . . . ► [ ] Yes [ ] No

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

1 **Can** someone (such as your parent) claim you as a dependent? . . . . ► [ ] Yes [X] No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return?. . . . . ► [ ] Yes [ ] No
Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2014? . . . . . ► [X] Yes [ ] No
4 Did your earned income exceed one-half of your support? . . . . ► [ ] Yes [ ] No
5 Was at least one of your parents alive on December 31, 2014?. . . . . ► [ ] Yes [ ] No

Part III — Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2014 . . . . IN
Check the appropriate box:
This person is a resident of the state above for the entire year . . . . [X]
This person is a resident of the state above for only part of year . . . . [ ]
Date this person established residence in state above . . . . ►
In which state (or foreign country) did this person reside before this change? . . . . ►

Part IV — Dependent Care Expenses

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

Student Information Worksheet 2014

► Keep for your records

Name of Student	Social Security Number
John J Kincade	[redacted]3073

Part I — Student Status

1 Was this person a student during 2014? . . . [X] Yes [ ] No

2 What kind of school did the student attend during 2014? (Check all that apply.)

- a [ ] Elementary
- b [ ] High school (secondary)
- c [X] College (postsecondary)
- d [ ] Vocational school
- e [ ] Military academy
- f [ ] Not applicable

3 Did the student receive scholarships or other education assistance? . . . [ ] Yes [ ] No

Part II — College Student Information

		Yes	No	NA
1	Did the student complete the first 4 years of postsecondary education as of 1/1/2014?		X	
2	Was this student enrolled at an eligible education institution during 2014?	X		
3	Was this student enrolled in a program that leads to a degree, certificate, or credential?	X		
4	Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills?	X		
5	Did this student take at least one-half the normal full-time workload for one academic period?	X		
6	Has this student been convicted of a felony for possessing or distributing a controlled substance?		X	
7	Is this student an eligible dependent of the taxpayer?			X

8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ► ______

9 In how many prior years has a Hope Credit been claimed for this student . . . ► ______

Part III — Education Credit and Deduction Qualifications (Determined based entries in Part II)

1 Is this student qualified for the American Opportunity Credit? . . . [X] Yes [ ] No

2 Is this student qualified for the Lifetime Learning Credit? . . . [X] Yes [ ] No

3 Is this student qualified for the Tuition and Fees Deduction? . . . [X] Yes [ ] No

Part IV — Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar-ships or grants	On Form 1098-T	Received 2013 1098T with Box 2 filled and box 7 checked?
ivy tech community college 35-1180631	50 W. Fall Creek Parkway N. Dr. Indianapolis IN 46208 If a foreign address: foreign province/state: Postal code: Country:	3,484.	2,865.	Yes X No	Yes No X
	If a foreign address: foreign province/state: Postal code: Country:			Yes No	Yes No
Totals		3,484.	2,865.		

Part V ─ Education Assistance (Scholarships, Fellowships, Grants, etc.)

		Total	Taxable	Tax-free
1	Educational assistance that is always tax-free:			
a	Veteran or employer assistance from Form 1098-T Worksheets			
b	Other veteran assistance			
c	Other tax-free employer-provided assistance			
d	Total			
2	Scholarships, fellowships, and grants not reported on Form W-2:			
a	Scholarships and grants from Part IV above	2,865.		
b	Other scholarships, fellowships and grants			
c	Total	2,865.		
3	Scholarship reported in 2014 not allocable to 2014 expense			
4	Amount required to be used for other than qualified education expenses			
5	Subtract line 3 and 4 from line 2c	2,865.		
6	Total qualified education expenses from Part VI below	4,537.		
7	If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			2,865.
8	Subtract line 7 from line 5		0.	
9	Taxable part. Add lines 4 and 8.		0.	
10	Tax-free educational assistance. Add lines 1d and 7			2,865.

Part VI ─ Education Expenses

	Description	Total	Amount eligible for: American Opportunity Credit	Lifetime Learning Credit	Tuition and Fees Deduction	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA Not Applicable
	Expenses:								
1	Tuition paid from Part IV	3,484.	3,484.	3,484.	3,484.	3,484.	3,484.	3,484.	
	Paid to institution as a condition of enrollment:								
2	Fees								
3	Books, supplies, equipment	1,053.	1,053	1,053	1,053	1,053	1,053		
	Paid to other than institution or not a condition of enrollment:								
4	Books, supplies, equipment								
5	Other course-related								
6	Room and board								
7	Special needs expenses								
8	Computer expenses								
9	QTP or ESA contribution								
10	Academic tutoring								
11	Uniforms								
12	Transportation								
13	Total qualified expenses	4,537.	4,537.	4,537.	4,537.	4,537.	4,537.	3,484.	
	Adjustments:								
14	Refunds								
15	Tax-free assistance	2,865.	2,865.	2,865.	2,865.	2,865.	2,865.	2,865.	
16	Deducted on Sched A								
17	Used for credit or deduction								
18	Used for exclusion		0.	0.	0.				
	See tax help								
19	Total adjustments	2,865.	2,865.	2,865.	2,865.	2,865.	2,865.	2,865.	
20	Adjusted qualified expenses	1,672.	1,672.	1,672.	1,672.	1,672.	1,672.	619.	0.

Part VII — Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome	X
2	Elect the American Opportunity Credit	
3	Elect the Lifetime Learning Credit	
4	Elect the tuition and fees deduction	
5	Not applicable	

Part VIII — Qualified Tuition Program (Section 529 Plan)

		For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q		
2	Adjusted Qualified Higher Education Expenses		
3	Qualified Higher Education Expenses applied to QTP distributions		
4	Excess distributions. Subtract line 3 from line 1.		
	If line 4 is greater than zero, complete lines 5 through 8.		
5	Total distributed earnings from Form 1099-Q box 2		
6	Fraction. Divide line 3 by line 1.		
7	Multiply line 5 by line 6.		
8	Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX — Education Savings Account (ESA)

		For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q		
2	Qualified Elementary and Secondary Education Expenses		
3	Qualified Elementary and Secondary Education Expenses applied		
4	Subtract line 3 from line 1.		
5	Adjusted Qualified Higher Education Expenses		
6	Qualified Higher Education Expenses applied to ESA distributions		
7	Excess distributions. Subtract line 6 from line 4.		
8	Distributions taxable to recipient		

Part X — Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2014 for this student	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	

5 Name and address of eligible educational institution(s) attended:

Institution Name			Institution Name		
Street address			Street address		
City	State	Zip Code	City	State	Zip Code

Personal Information Worksheet For the Spouse 2014

► Keep for your records

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

Part I — Spouse's Personal Information

First name . . . ____________ Middle initial . ___ Last name . . ____________
Suffix . . . . . ______

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

Date of birth . . . . . . ____________ (mm/dd/yyyy) age as of 1-1-2015 . . . . ____

Occupation . . . . ____________ Daytime phone . . . . ____________ Ext ______

Marital status . . . ____________

If widowed, check the appropriate box for the year your spouse died:
After 2014 ► ☐ 2014 . ► ☐ 2013 . ► ☐ 2012 . ► ☐ Before 2012 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . . ► ☐ Yes ☐ No
Check if this person is legally blind . . . . ► ☐
If deceased, enter the date of death . . . . ► (mm/dd/yyyy) ____________

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

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

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

1 **Can** someone (such as your parent) claim you as a dependent? . . . . ► ☐ Yes ☐ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . ► ☐ Yes ☐ No

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

3 Were you a full-time student during any part of five months during 2014? . . . . . ► ☐ Yes ☐ No
4 Did your earned income exceed one-half of your support? . . . . ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2014? . . . . ► ☐ Yes ☐ No

Part III — Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2014 . . . . ____
Check the appropriate box:
This person is a resident of the state above for the entire year . . . . ☐
This person is a resident of the state above for only part of year . . . . ☐
Date this person established residence in state above . . . . ► ____________
In which state (or foreign country) did this person reside before this change? . . . . ► ____

Part IV — Dependent Care Expenses

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

Dependent and Nondependent Information Worksheet 2014

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet . . . . ►
QuickZoom to Federal Information Worksheet . . . . ►

Part I – Personal Information

First name . . . Elizabeth Middle initial . R Last name . . Kincade
Suffix . . . . .

Social security no. . . [redacted]

Date of birth . . . . . . 11/29/2006 (mm/dd/yyyy) age as of 12-31-2014 8
Did this person pass away in 2014 (deceased)? . . ☐ Yes ☐ No Date of death . . . .

Relationship to taxpayer or spouse . . . . Daughter
CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.
Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . ► X Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . X Yes ☐ No
Is this person a resident of Canada or Mexico? . . . . ☐ Yes ☐ No

This person is adopted and you are a U.S. citizen or U.S. national ☐
The adopted child lived with you all year ☐
*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . ☐ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit . . . . ☐ Yes ☐ No

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet
Months lived with taxpayer in the United States 12

Check if this person is **not** a qualifying child for the child tax credit . . . . ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2014 . . . .

Dependent and Nondependent Information Worksheet 2014

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet . . . . ►
QuickZoom to Federal Information Worksheet . . . . ►

Part I – Personal Information

First name . . . Lynnda Middle initial . ___ Last name . . Kincade
Suffix . . . . . ______

Social security no. . . [redacted]

Date of birth . . . . . . 08/20/1999 (mm/dd/yyyy) age as of 12-31-2014 15
Did this person pass away in 2014 (deceased)? . . [ ] Yes [X] No Date of death . . . . ____________

Relationship to taxpayer or spouse . . . . Niece
CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.
Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . ► [ ] Yes [X] No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . [ ]

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . [X] Yes [ ] No
Is this person a resident of Canada or Mexico? . . . . [ ] Yes [ ] No

This person is adopted and you are a U.S. citizen or U.S. national [ ]
The adopted child lived with you all year [ ]
*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . [ ] Yes [ ] No
Child is a nondependent, but may qualify for earned income credit . . . . [ ] Yes [ ] No

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet
Months lived with taxpayer in the United States 12

Check if this person is **not** a qualifying child for the child tax credit . . . . [ ]

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) [ ] Yes [ ] No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2014 . . . . ______________

Dependent and Nondependent Information Worksheet 2014

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet . . . . ►
QuickZoom to Federal Information Worksheet . . . . ►

Part I – Personal Information

First name . . . Austin   Middle initial . ___   Last name . . Kincade
Suffix . . . . . ______

Social security no. . . [redacted]

Date of birth . . . . . . 02/19/2002 (mm/dd/yyyy)   age as of 12-31-2014 12
Did this person pass away in 2014 (deceased)? . . ☐ Yes ☐ No   Date of death . . . . ________

Relationship to taxpayer or spouse . . . . Nephew
CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.
Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . ► X Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . X Yes ☐ No
Is this person a resident of Canada or Mexico? . . . . ☐ Yes ☐ No

This person is adopted and you are a U.S. citizen or U.S. national ☐
The adopted child lived with you all year ☐
*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . ☐ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit . . . . ☐ Yes ☐ No

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet
Months lived with taxpayer in the United States 11

Check if this person is **not** a qualifying child for the child tax credit . . . . ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2014 . . . . ________

Form 1040

Forms W-2 & W-2G Summary

2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C	22,654.		22,654.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages			
	Unreported tips			
2	Total federal tax withheld	256.		256.
3 & 7	Total social security wages/tips	22,690.		22,690.
4	Total social security tax withheld	1,407.		1,407.
5	Total Medicare wages and tips	22,690.		22,690.
6	Total Medicare tax withheld	329.		329.
8	Total allocated tips			
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	1,164.		1,164.
b	Elective deferrals to qualified plans	36.		36.
c	Roth contributions to 401(k) & 403(b) plans			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	1,128.		1,128.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
16	Total state wages and tips	22,654.		22,654.
17	Total state tax withheld	698.		698.
19	Total local tax withheld			

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

► Keep for your records

Name: John J Kincade

Social Security Number: [redacted]3073

☐ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**

Military: Complete **Part VI** on Page 2 below

a Employee's social security No . [redacted]3073
b Employer's ID number 84-0909680
c Employer's name, address, and ZIP code
Express Services, Inc.
EXPRESS SERVICES INC
Street 8516 NORTHWEST EXPRESSWAY
City OKLAHOMA CITY
State OK ZIP Code 73162
Foreign Country

d Control number .

X **Transfer employee information from the Federal Information Worksheet**

e Employee's name
First John M.I. J
Last Kincade Suff.
f Employee's address and ZIP code
Street PO Box 2144
City Bloomington
State IN ZIP Code 47402
Foreign Country

1 Wages, tips, other compensation: 19,919.92
2 Federal income tax withheld: 126.83
3 Social security wages: 19,919.92
4 Social security tax withheld: 1,235.04
5 Medicare wages and tips: 19,919.92
6 Medicare tax withheld: 288.84
7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
Distributions from sect. 457 and nonqualified plans *(Important, see Help)*
12 Enter box 12 below
13 ☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay
14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	**Box 12** Amount
DD	1,127.68

If Box 12 code is:
A: Enter amount attributable to RRTA Tier 2 tax
M: Enter amount attributable to RRTA Tier 2 tax
P: Double click to link to Form 3903, line 4. . .
R: Enter MSA contribution for Taxpayer . . .
Spouse . . . .
W: Enter HSA contribution for Taxpayer . . .
Spouse . . . .
G: ☐ Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	**Box 16** State wages, tips, etc.	**Box 17** State income tax
IN	005339219 001 3	19,919.92	617.10

Box 20 Locality name	**Box 18** Local wages, tips, etc.	**Box 19** Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Form **W-2** | **Wage and Tax Statement** ► Keep for your records | **2014**

Name: John J Kincade
Social Security Number: [redacted]3073

☐ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**

Military: Complete **Part VI** on Page 2 below

a Employee's social security No . [redacted]073
b Employer's ID number 35-1801761
c Employer's name, address, and ZIP code
PTS CORPORATION

Street 2000 LIBERTY DRIVE
City BLOOMINGTON
State IN ZIP Code 47403
Foreign Country

d Control number . 004212BOST/YE7

☐ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
First JOHN M.I.
Last KINCADE Suff.
f Employee's address and ZIP code
Street 1331 S ADAMS ST APT 7
City BLOOMINGTON
State IN ZIP Code 47403
Foreign Country

1 Wages, tips, other compensation: 2,733.55
2 Federal income tax withheld: 128.79
3 Social security wages: 2,769.89
4 Social security tax withheld: 171.73
5 Medicare wages and tips: 2,769.89
6 Medicare tax withheld: 40.16
7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
Distributions from sect. 457 and nonqualified plans *(Important, see Help)*
12 Enter box 12 below

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

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

Box 12 Code	**Box 12** Amount
D	36.34

If Box 12 code is:
A: Enter amount attributable to RRTA Tier 2 tax
M: Enter amount attributable to RRTA Tier 2 tax
P: Double click to link to Form 3903, line 4. . .
R: Enter MSA contribution for Taxpayer . . . / Spouse . . . .
W: Enter HSA contribution for Taxpayer . . . / Spouse . . . .
G: ☐ Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	**Box 16** State wages, tips, etc.	**Box 17** State income tax
IN	0004343190 001	2,733.55	81.17

Box 20 Locality name	**Box 18** Local wages, tips, etc.	**Box 19** Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Form **1095-OTH** **Health Insurance Coverage** **2014**

► Keep for your records

QuickZoom to Form 1095-A, Health Insurance Marketplace Statement . . . ►
QuickZoom to Form 1095-B, Health Coverage . . . ►
QuickZoom to Form 1095-C, Employer-Provided Health Insurance Offer and Coverage . . . ►
QuickZoom to Form 1095, Worksheet . . . ►
QuickZoom to Form 8962, Premium Tax Credit (PTC) . . . ►
QuickZoom to Form 8965, Health Coverage Exemptions . . . ►

Health Insurance Coverage for Individuals - This form may be used to report health insurance coverage information for each individual whose health coverage is NOT reported on a Form 1095-A. If reporting an individual's periods of coverage from Form 1095-B or Form 1095-C, that individual's health coverage information should not be reported below.

☐ Check the box to populate the Name, SSN, and DOB for everyone listed on the return below.
Note: Checking this box again will repopulate the information below and overwrite existing entries.

	Covered Individual: **a.** Name of covered individual(s) / **b.** SSN	**c.** DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
17	John / [redacted]3073	01/19/78		X	X	X	X	X	X	X	X	X	X	X	X
18	Elizabeth Kincade / [redacted]	11/29/06		X	X	X	X	X	X	X	X	X	X	X	X
19	Lynnda Kincade / [redacted]	08/20/99		X	X	X	X	X	X	X	X	X	X	X	X
20	Austin Kincade / [redacted]	02/19/02		X	X	X	X	X	X	X	X	X	X	X	X
21															
22															

1098-T Worksheet

Tuition Statement

► Keep for your records

2014

Taxpayer's name	Social Security No.
John J Kincade	[redacted]3073

1098-T Information (Required):

A A Form 1098-T was received from this institution . . . . Yes [X] No [ ]

B A Form 1098-T was received from this institution for **2013** with Box 2 filled in and Box 7 checked . . . . Yes [ ] No [X]

Identify Student (Required):

A If student is John

Double-click** to link this 1098-T to the applicable **Taxpayer or Spouse Student Information Worksheet . . . . ► John

B If student is Elizabeth, Lynnda or Austin

Double-click** to link this 1098-T to the applicable **Dependent Student Information Worksheet . . . . ►

Filer's name: ivy tech community college Street address: 50 W. Fall Creek Parkway N. Dr. City: Indianapolis State: IN Zip Code: 46208 Foreign province/county: Foreign postal code: Foreign country:	**1** Payments received for qualified tuition and related expenses . . . . $ **2** Amounts billed for qualified tuition and related expenses . . . . $ 3,484. **3** If this box is checked, your educational institution has changed its reporting method for 2014 . . . . . . [ ]
Filer's Federal identification number: 35-1180631 Student's Social Security Number: [redacted]3073	**4** Adjustments made for a prior year $ **5** Scholarships or grants $ 2,865.
Student's name: John Street address: PO Box 2144 Apt. No.: City: Bloomington State: IN Zip Code: 47402	**6** Adjustments to scholarships or grants for a prior year $ **7** Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2015 . . . . ► [X]
Service Provider/ Acct No **8** Check if at least half-time student ► [X]	**9** Checked if a graduate student . . ► [ ] **10** Ins. contract reimb./refund $

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

A Enter box 1 amount **not** paid during 2014 . . . .

B Enter box 1 amount actually paid during 2014 . . . .

Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses

A Enter box 2 amount **not** paid during 2014 . . . . 0.

B Enter box 2 amount actually paid during 2014 . . . . 3,484.

Reconciliation of Box 5, Scholarships or Grants

A Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . .

B Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . .

C Portion of box 5 amount from scholarships or grants . . . . 2,865.

D Box 5 amount includes veteran- or employer-provided educational assistance . . . . [ ]

Form 1099-Q Summary

2014

► Keep for your records

Name(s) Shown on Return	Social Security No.
John J Kincade	[redacted]3073

	Coverdell Educational Savings Account (ESA) Distributions	Recipient Taxpayer	Recipient Spouse
1	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another ESA of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Return of 2014 contributions		
e	Less: Return of pre 2014 contributions. These are reported on the tax return in the year the contribution was made, not on the 2014 tax return		
2	Balance of gross Coverdell ESA distributions		
3	Education expenses not used as basis for credits		
4	Amount of ESA distributions after return of basis		
5	Earnings on return of 2014 contributions		
6	Earnings on non-family member transfer		
7	Taxable amount of ESA distributions on line 2		
8	Taxable amount included on Form 1040, line 21		
9	Non-taxable ESA distributions		
	Gross State Qualified Tuition Plan (QTP) Distributions		
10	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
11	Balance of gross state QTP distributions		
12	Earnings on state QTP distributions on line 11		
	Gross Private Qualified Tuition Plan (QTP) Distributions		
13	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
14	Balance of gross private QTP distributions		
15	Earnings on private QTP distributions on line 14		
	Taxable Qualified Tuition Plan (QTP) Distributions		
16	Balance of gross QTP distributions		
17	Earnings on QTP distributions on line 16		
18	Education expenses not used as basis for credits		
19	Non-taxable QTP distributions		
20	Taxable amount of earnings on line 17		
21	Earnings on non-family member transfer (state)		
22	Earnings on non-family member transfer (private)		
23	Taxable amount included on Form 1040, line 21		

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0	Total						

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0	Total				

Wages, Salaries, & Tips Worksheet 2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

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

		Taxpayer	Spouse	Total
1	Wages, from Form W-2	22,654.		22,654.
2	Miscellaneous income, from Form 8919			
3	Items from Form 1099-R:			
a	Disability before minimum retirement age			
b	Return of contributions			
4	Excess reimbursement, from Form 2106			
5 a	Taxable tips, from Form 4137			
b	Noncash tips			
6	Excess moving expense reimbursement, from Form 3903			
7	Wages earned as a household employee (if less than $1,800 and without a Form W-2)			
8	Items not on Form W-2 or Form 1099-R:			
a	Sick pay or disability payments			
b	Total foreign source income			
c	Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction ►	☐	☐	
d	Ordinary income from employer stock transactions not reported on Form W-2			
9	Other earned income			
10	**Subtotal. Add lines 1 through 9**	22,654.		22,654.
11	Taxable employer-provided dependent care benefits, from Form 2441			
12	Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13	Scholarship/fellowship income not on Form W-2	0.		0.
14	Other non-earned income			
15	**Total of lines 10 through 14**	22,654.		22,654.

Form 1040
Line 52

Child Tax Credit Worksheet

► Keep for your records

2014

Name as Shown on Return	Social Security No.
John J Kincade	[redacted]3073

Note:
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2014 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
- If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children: 3 X $1,000. Enter the result			1	3,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	22,654.		
3	**1040 filers:** enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. **1040A filers:** Enter -0-.	3	0.		
4	Add lines 2 and 3. Enter the total	4	22,654.		
5	Enter the amount shown below for your filing status. • Married filing jointly — $110,000 • Single, head of household, or qualifying widow(er) — $75,000 • Married filing separately — $55,000	5	75,000.		
6	Is the amount on line 4 more than the amount on line 5? [X] **No.** Leave line 6 blank. Enter -0- on line 7. [ ] **Yes.** Subtract line 5 from line 4. If the result is not a multiple of $1,000, increase it to the next multiple of $1,000. For example, increase $425 to $1,000, increase $1,025 to $2,000, etc.	6			
7	Multiply the amount on line 6 by 5% (.05). Enter the result			7	0.
8	Is the amount on line 1 more than the amount on line 7? [ ] **No. Stop.** You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. [X] **Yes.** Subtract line 7 from line 1. Enter the result. *Go to Part 2*			8	3,000.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30			9	0.
10	Add the amounts from —				
	Form 1040, line 48				
	Form 1040, line 49, or Form 1040A, line 31 +				
	Form 1040, line 50, or Form 1040A, line 33 +		0.		
	Form 1040, line 51, or Form 1040A, line 34 +				
	Form 5695, line 30 +				
	Form 8910, line 15 +				
	Form 8936, line 23 +				
	Schedule R, line 22 +				
	Enter the total	10	0.		
11	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 [X] **No.** Enter the amount from line 10. [ ] **Yes.** Complete the *Line 11 Worksheet* below to figure the amount to enter here			11	0.
12	Subtract line 11 from line 9. Enter the result.			12	0.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? [ ] **No.** Enter the amount from line 8 [X] **Yes.** Enter the amount from line 12. See the **TIP** below. — **This is your child tax credit**			13	0.

Enter this amount on Form 1040, line 52, or Form 1040A, line 35.

TIP: You may be able to take the **additional child tax credit** on Form 1040, line 67, **or** Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
- Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

► Keep for your records

2014

Name(s) Shown on Return: John J Kincade

Social Security Number: [redacted]3073

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1 If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the **smaller** of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1		
2 Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2		
3 Subtract line 2 from line 1	3		
4 Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4		
5 Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5		
6 Add lines 3 through 5	6		
7 Enter the **smaller** of line 6 or the gain from Form 4797, line 7	7		
8 Enter the amount, if any, from Form 4797, line 8	8		
9 Subtract line 8 from line 7. If zero or less, enter -0-	9		
10 Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10		
11 Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund			

Line 11	Regular	AMT
a On Form 1099-DIV		
b On Form 2439		
c On Schedule(s) K-1		
d On Form 1099-R		
e From Form 8814		
f Other.		

		Regular Tax	Alternative Minimum Tax
Total	11		
12 Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12		
13 Add lines 9 through 12.	13		
14 If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the **28% Rate Gain Worksheet**. Otherwise, enter -0-	14	0.	0.
15 Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.	0.
16 Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16		
a Enter your capital gain excess, if you are filing Form 2555.	a		0.
17 Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.	0.
18 **Unrecaptured section 1250 gain.** Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18		

Schedule D Line 18 | **28% Rate Gain Worksheet** | **2014**

▶ Keep for your records

Name(s) Shown on Return: John J Kincade

Social Security Number: [redacted]3073

			Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1		
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 60% of the gain, plus 1/3 of any section 1202 exlusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f) for which you excluded 75% of the gain.			

	50 % Exclusion	60 % Exclusion	75% Exclusion
a Schedule D			
b Form 8814			
c Schedule B			
d Form 6252			
e Form 2439			
f Other			

			Regular Tax	Alternative Minimum Tax
	Total	2		
3	Enter the total of all collectibles gain or (loss) from:			

	Regular	AMT
a Form 4684, line 4 (but only if line 15 is more than zero)		
b Form 6252		
c Form 6781, Part II		
d Form 8824		

			Regular Tax	Alternative Minimum Tax
	Total	3		
4	Enter the total of any collectibles gain reported to you on:			

	Regular	AMT
a Form 1099-DIV, box 2d		
b Form 2439, box 1d		
c Schedule K-1 from a partnership, S corporation, estate, or trust		
d Disposition of interest in partnership or S corporation		
e Other		

			Regular Tax	Alternative Minimum Tax
	Total	4		
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5		
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.	6		
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7		
8	Enter the amount of any capital gain excess	8		0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.	0.

Form 1040
Line 44

Schedule D Tax Worksheet

► Keep for your records

2014

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

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

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

39	Add lines 19, 20, 28, 31, and 37	**39**			
40	Subtract line 39 from line 1c	**40**			
41	Multiply line 40 by **28%** (.28)			**41**	
42	Figure the tax on the amount on **line 19**. If the amount on line 19 is less than $100,000, use the Tax Table to figure this tax. If the amount on line 19 is $100,000 or more, use the Tax Computation Worksheet			**42**	
43	Add lines 29, 32, 38, 41, and 42			**43**	0.
44	Figure the tax on the amount on **line 1c**. If the amount on line 1c is less than $100,000, use the Tax Table to figure this tax. If the amount on line 1c is $100,000 or more, use the Tax Computation Worksheet			**44**	
45	**Tax on all taxable income (including capital gains and qualified dividends).** Enter the **smaller** of line 43 or line 44. Also include this amount on Form 1040, line 44			**45**	

Form 1040 Line 44 **Qualified Dividends and Capital Gain Tax Worksheet** **2014**

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

1 Enter the amount from Form 1040, line 43 . . . . **1** ______

2 Enter the amount from Form 1040, line 9b . . . . **2** ______

3 Are you filing Schedule D?

☐ **Yes**. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . **3** ______

☐ **No**. Enter the amount from Form 1040, line 13.

4 Add lines 2 and 3 . . . . **4** ______

5 If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-. **5** ______

6 Subtract line 5 from line 4. If zero or less, enter -0- . . . . **6** ______

7 Subtract line 6 from line 1. If zero or less, enter -0- . . . . **7** ______

8 Enter:
$36,900 if single or married filing separately,
$73,800 if married filing jointly or qualifying widow(er),
$49,400 if head of household. **8** ______

9 Enter the smaller of line 1 or line 8 . . . . **9** ______

10 Enter the smaller of line 7 or line 9 . . . . **10** ______

11 Subtract line 10 from line 9 (this amount taxed at 0%) . . . . . . **11** ______

12 Enter the smaller of line 1 or line 6 . . . . **12** ______

13 Enter the amount from line 11 . . . . **13** ______

14 Subtract line 13 from line 12. . . . . **14** ______

15 Enter:
$406,750 if single,
$228,800 if married filing separately,
$457,600 if married filing jointly or qualifying widow(er),
$432,200 if head of household. **15** ______

16 Enter the smaller of line 1 or line 15 **16** ______

17 Add lines 7 and 11 **17** ______

18 Subtract line 17 from line 16. If zero or less, enter -0- **18** ______

19 Enter the smaller of line 14 or line 18 **19** ______

20 Multiply line 19 by 15**%** (.15) . . . . **20** ______

21 Add lines 11 and 19 . . . . **21** ______

22 Subtract line 21 from line 12 **22** ______

23 Multiply line 22 by 20% (.20) **23** ______

24 Figure the tax on the amount on line 7. If the amount on line 7 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 7 is $100,000 or more, use the Tax Computation Worksheet. . . . . **24** ______

25 Add lines 20, 23, and 24 . . . . **25** ______

26 Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure this tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet. . . . . **26** ______

27 **Tax on all taxable income.** Enter the **smaller** of line 25 or line 26 here and on Form 1040, line 44. . . . . **27** ______

Tax Payments Worksheet

2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Estimated Tax Payments for 2014 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:			Federal	State	Local
10 Forms W-2			256.	698.	
11 Forms W-2G					
12 Forms 1099-R					
13 Forms 1099-MISC and 1099-G					
14 Schedules K-1					
15 Forms 1099-INT, DIV and OID					
16 Social Security and Railroad Benefits					
17 Form 1099-B	St	Loc			
18 a Other withholding	St	Loc			
b Other withholding	St	Loc			
c Other withholding	St	Loc			
d Positive Adjustment . . .	St	Loc			
e Negative Adjustment . .	St	Loc			
f Additional Medicare Tax.					
19 **Total Withholding** Lines 10 through 18f			256.	698.	
20 **Total Tax Payments for 2014**			256.	698.	

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

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

► Keep for your records

2014

Name(s) Shown on Return: John J Kincade

Social Security Number: [redacted]3073

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38	22,654.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2013 refundable credits in excess of tax	2,315.
(4) **Enter** any additional nontaxable income	
(5) Total available income	24,969.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).
Colorado, Illinois, Louisiana, New Jersey, New York or South Carolina only:
Double-click in column (4) to select your locality for each state entered.

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

c Total general sales tax using tables

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

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

e Total sales tax deduction on specific items	
f Total general sales tax per tables plus sales tax on specific items	
g **Actual State and Local General Sales Tax:** Actual sales taxes (enter the total sales taxes paid during the year on all items)	
h **State and Local Income Taxes:** State and Local Income taxes	698.00
i **State and Local Tax Deduction to Schedule A, line 5:** Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5)	698.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:
Income Taxes [ ] Sales Taxes [ ] Greater amount [X]

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098 b Real estate taxes paid on principal residence entered on Form 1098 . . . . ______

c Real estate taxes paid on additional homes or land . . . . ______

Personal portion of real estate taxes from Schedule E Worksheet for:

d Principal residence . . . . ______

e Vacation home . . . . ______

f Less real estate taxes deducted on Form 8829 . . . . ______

g Add lines 2a through 2f (to Schedule A, line 6) . . . . ______

3 **Personal property taxes:**

a Auto registration fees based on the value of the vehicle.

2013 Amount	Enter 2014 description:	
______	______	______
______	______	______
______	______	______
______	______	______

b Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . . . ______

c Other personal property taxes . . . . ______

d Add lines 3a through 3c (to Schedule A, line 7) . . . . ______

4 **Other taxes:**

a Other taxes from Schedule(s) K-1 . . . . ______

b Foreign taxes from interest and dividends . . . . ______

c Foreign taxes from Schedule(s) K-1 . . . . ______

d Other foreign taxes (not used to claim a foreign tax credit). . . . . ______

e Other taxes.

2013 Amount	Enter 2014 description:	
______	______	______
______	______	______
______	______	______
______	______	______

f Add lines 4a through 4e (to Schedule A, line 8) . . . . ______

Interest Deductions

5 **Home mortgage interest and points reported on Form 1098:**

a Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . ______

b Qualified mortgage interest from Schedule E Worksheet . . . . ______

c Less home mortgage interest/points deducted on Form 8829 . . . . ______

d Less home mortgage interest from Form 8396, line 3 . . . . ______

e Add lines 5a through 5d (to Sch A, line 10) or line A2 from above . . . . ______

6 **Home mortgage interest not reported on Form 1098:**

a Mortgage interest from the Home Mortgage Interest Worksheet. . . . . ______

b Less home mortgage interest deducted on Form 8829 . . . . ______

c Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . ______

7 **Points not reported on Form 1098:**

a Amortizable points from the Home Mortgage Interest Worksheet . . . . ______

b Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . . . ______

c Less points deducted on Form 8829 . . . . ______

d Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . ______

Schedule A
Line 5

State and Local Tax Deduction Worksheet

► Keep for your records

2014

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

State and Local Income Taxes

	State income taxes:		
1	State income tax withheld	**1**	698.
2	2014 state estimated taxes paid in 2014	**2**	
3	2013 state estimated taxes paid in 2014	**3**	
4	Amount paid with 2013 state application for extension	**4**	
5	Amount paid with 2013 state income tax return	**5**	
6	Overpayment on 2013 state income tax return applied to 2014 tax	**6**	
7	Other amounts paid in 2014 (amended returns, installment payments, etc.)	**7**	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	**8**	
	Local income taxes:		
9	Local income tax withheld	**9**	
10	2014 local estimated taxes paid in 2014	**10**	
11	2013 local estimated taxes paid in 2014	**11**	
12	Amount paid with 2013 local application for extension	**12**	
13	Amount paid with 2013 local income tax return	**13**	
14	Overpayment on 2013 local income tax return applied to 2014 tax	**14**	
15	Other amounts paid in 2014 (amended returns, installment payments, etc.)	**15**	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	**16**	
	Other:		
17		**17**	
18	**Total** Add lines 1 through 17	**18**	698.
19	State and local refund allocated to 2014	**19**	0.
20	Nondeductible state income tax from line 28	**20**	
21	**Total reductions** Add lines 19 and 20.	**21**	0.
22	**Total state and local income tax deduction** Line 18 less line 21	**22**	698.

Nondeductible State Income Tax (Hawaii Only)

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

Charitable Deduction Limits Worksheet For Current Year Contributions

2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

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

1	**RESERVED** for future use	

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

2	Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.	
3	Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value	
4	Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations	
5	Enter your contributions "for the use" of any qualified organization	
6	Add lines 4 and 5	
7	Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2)	

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

8	Enter your adjusted gross income	22,654.
9	Multiply line 8 by 0.5. This is your 50% limit	11,327.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
	Contributions to 50% limit organizations						
10	Enter the smaller of line 2 or line 9					0.	
11	Subtract line 10 from line 2						0.
12	Subtract line 10 from line 9			11,327.			
	Contributions not to 50% limit organizations						
13	Add lines 2 and 3						
14	Multiply line 8 by 0.3. This is your 30% limit.		6,796.	6,796.			
15	Subtract line 13 from line 9		11,327.				
16	Enter the smallest of line 6, 14, or 15					0.	
17	Subtract line 16 from line 6						0.
18	Subtract line 16 from line 14				6,796.		
	Capital gain property to 50% limit organizations						
19	Enter the smallest of line 3, 12, or 14					0.	
20	Subtract line 19 from line 3						0.
21	Subtract line 16 from line 15				11,327.		
22	Subtract line 19 from line 14				6,796.		
	Capital gain property not to 50% limit organizations						
23	Multiply line 8 by 0.2. This is your 20% limit.				4,531.		
24	Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25	Subtract line 24 from line 7						0.
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27	Reserved for future use						
28	Reserved for future use						
29	Reserved for future use						
30	Add lines 11, 17, 20, and 25. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2014

► Keep for your records

Name(s) Shown on Return: John J Kincade

Social Security Number: [redacted]3073

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

1	**RESERVED** for future use	

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

2	Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.	
3	Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value	
4	Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations	
5	Enter your contributions "for the use" of any qualified organization	
6	Add lines 4 and 5	
7	Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2)	

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

8	Enter your adjusted gross income	22,654.
9	Multiply line 8 by 0.5. This is your 50% limit. 11,327. less 0.	11,327.

		Limits: Cash and Other – 50% Org	Limits: Cash and Other – Other	Limits: Capital gain – 50% Org	Limits: Capital gain – Other	Deduct this year	Carryover to next year
	Contributions to 50% limit organizations						
10	Enter the smaller of line 2 or line 9					0.	
11	Subtract line 10 from line 2						0.
12	Subtract line 10 from line 9			11,327.			
	Contributions not to 50% limit organizations						
13	Add lines 2 and 3		0.				
14	Multiply line 8 by 0.3. This is your 30% limit.		6,796.	6,796.			
15	Subtract line 13 from line 9		11,327.				
16	Enter the smallest of line 6, 14, or 15					0.	
17	Subtract line 16 from line 6						0.
18	Subtract line 16 from line 14				6,796.		
	Capital gain property to 50% limit organizations						
19	Enter the smallest of line 3, 12, or 14					0.	
20	Subtract line 19 from line 3						0.
21	Subtract line 16 from line 15				11,327.		
22	Subtract line 19 from line 14				6,796.		
	Capital gain property not to 50% limit organizations						
23	Multiply line 8 by 0.2. This is your 20% limit.				4,531.		
24	Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25	Subtract line 24 from line 7						0.
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27	Reserved for future use						
28	Reserved for future use						
29	Reserved for future use						
30	Add lines 11, 17, 20, and 25. Carry to next year.						0.

Charitable Contributions Summary 2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Part I Cash Contributions Summary

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

Part II Non-Cash Contributions Summary

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

Part III Contribution Carryovers to 2015

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

Part IV Special Situations in Your Return for Current Year Donations

		Yes	No
1	Was the **entire interest** given for all property donated to all charities?	X	
2	Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? . . . . ►		X
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . . ►		X
4	Was any charity other than a 50% charity?		X

Schedule A Line 29	**Itemized Deductions Worksheet** ► Keep for your records	2014

Name(s) Shown on Return: John J Kincade
Social Security Number: [redacted]3073

1	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28			**1**	698.
2	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 **CAUTION:** Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.			**2**	
3	Is the amount on line 2 less than the amount on line 1? ☐ **No.** **STOP**. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. ☒ **Yes.** Subtract line 2 from line 1			**3**	698.
4	Multiply line 3 by 80% (.80)	**4**	558.		
5	Enter the amount from Form 1040, line 38	**5**	22,654.		
6	Enter $254,200 if single; $305,050 if married filing jointly or qualifying widow(er); $279,650 if head of household, $152,525 if married filing separately	**6**	279,650.		
7	Is the amount on line 6 less than the amount on line 5? ☒ **No.** **STOP**. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. ☐ **Yes.** Subtract line 6 from line 5	**7**			
8	Multiply line 7 by 3% (.03).	**8**			
9	Enter the **smaller** of line 4 or line 8			**9**	
10	**Total itemized deductions.** Subtract line 9 from line 1. (to Schedule A, line 29)			**10**	

Form 1040 Line 40	**Standard Deduction Worksheet for Dependents** ► Keep for your records	**2014**

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

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

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

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

Form 1040
Line 42

Deduction for Exemptions Worksheet

2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

1	Multiply $3,950 by the total number of exemptions claimed on Form 1040, line 6d	**1**	15,800.
2	Enter the amount from Form 1040, line 38	**2**	22,654.
3	Enter the amount shown below for your filing status: • Single, enter $254,200 • Married filing jointly or qualifying widow(er), enter $305,050 • Married filing separately, enter $152,525 • Head of household, enter $279,650	**3**	279,650.
4	Subtract line 3 from line 2. If zero or less, **stop**; enter the amount from line 1 above on Form 1040, line 42	**4**	-256,996.
5	Is line 4 more than $122,500 ($61,250 if married filing separately)? ☐ **Yes.** You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. **Do not** complete the rest of this worksheet. ☐ **No.** Divide line 4 by $2,500 ($1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	**5**	
6	Multiply line 5 by 2% (.02) and enter the result as a decimal	**6**	
7	Multiply line 1 by line 6	**7**	
8	**Deduction for exemptions**. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42	**8**	

Earned Income Worksheet 2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

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

Part II — Form 2441 and Standard Deduction Worksheet Computations	Taxpayer	Spouse	Total
5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	22,654.		22,654.
7 Taxable employer-provided adoption benefits			
8 Add lines 5 through 7. To Form 2441, lines 19 and 20	22,654.		22,654.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a and 9b . To Form 2441, lines 4 and 5	22,654.		22,654.
11 Scholarship or fellowship income not on W-2	0.		0.
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	22,654.		22,654.

Part III — IRA Deduction Worksheet Computation	Taxpayer	Spouse	Total
15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	22,654.		22,654.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2	22,654.		22,654.

Part IV — Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations	Taxpayer	Spouse	Total
23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	22,654.		22,654.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 Combine lines 23 through 26. To Schedule 8812, line 4a & Line 11 Wks, line 2	22,654.		22,654.

Form 4952 | # Investment Interest Expense Worksheet | **2014**

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Investment Interest Expense (Form 4952, line 1)

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

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

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

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

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

Investment Expenses (Form 4952, line 5)

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

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

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

Form 1040 **Line 66**

Earned Income Credit Worksheet

► Keep for your records

2014

Name(s) Shown on Return: John J Kincade

Social Security Number: [redacted]3073

QuickZoom to Schedule EIC . . . . ►
QuickZoom to Dependent Information Worksheet to enter qualifying children information. . . . . ►
QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

1	Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered **not** earned for EIC purposes	1	22,654.
2	Adjustments to line 1 amount:		
a	Income reported as wages **and** as self-employment income	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	22,654.
4 a	Taxpayer's nontaxable combat pay election for EIC — 4 a		
b	Spouse's nontaxable combat pay election for EIC — b		
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed **or** used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	**Earned income.** Add lines 3, 4c, and 5	6	22,654.
7	Enter the credit, from the **EIC Table**, for the amount on line 6. Be sure to use the correct column for filing status and number of children	7	5,122.
	If line 7 is zero, **stop**. You **cannot** take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.		
8	Enter your **AGI** from Form 1040, line 38	8	22,654.
9	If you have: ● No qualifying children, is the amount on line 8 less than $8,150 ($13,550 if married filing jointly)? ● 1 or more qualifying children, is the amount on line 8 less than $17,850 ($23,300 if married filing jointly)? [ ] **Yes.** Go to line 10 now. [X] **No.** Enter the credit, from the **EIC Table,** for the amount on line **8**. Be sure to use the correct column for filing status and number of children	9	5,122.
10	**Earned income credit.** ● If 'Yes' on line 9, enter the amount from line 7 ● If 'No' on line 9, enter the **smaller** of line 7 or line 9	10	5,122.

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

Compliance and Due Diligence Information

1 Is the info about your income correct?
- I've entered all of my income.
- If I had any investment income, the total was under $3,350.
- I had no foreign earned income.

☐ **Yes**, all of the above is correct.
☐ **No**, I'll go to Wages & Income and review what I entered.

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

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

☐ **Yes**, all of the above is correct.
☐ **No**, I'll go to Personal Info and review what I entered.

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

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

☐ **Yes**, all of the above is correct.
☐ **No**, I'll go to Personal Info and review my dependent info.

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

Compliance and Due Diligence Indicator . . . . ☐

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

Education Tuition and Fees Summary — 2014

► Keep for your records

Name(s) Shown on Return	Your Social Security No.
John J Kincade	[redacted]3073

Part I - Qualified Education Expense Summary

(a) Student's name: First Name / MI; Last Name / Suffix; Social Security Number	(b) Qualified Education Expenses	(c) Qualified for:	Yes	No	(d) Elected Credit or Deduction if **manual**	(e) Elected Credit or Deduction if **automatic**
John J	1,672.	Amer Opp Cr ►	X			X
Kincade	1,672.	Lifetime Cr ►	X			
[redacted]3073	1,672.	Tuition Ded ►	X			
	1,672.	Total Qualified Expenses				
		Amer Opp Cr ►				
		Lifetime Cr ►				
		Tuition Ded ►				
		Total Qualified Expenses				
		Amer Opp Cr ►				
		Lifetime Cr ►				
		Tuition Ded ►				
		Total Qualified Expenses				
Total qualified expenses	1,672.	Amer Opp Cr				
	1,672.	Lifetime Cr				
	1,672.	Tuition Ded				

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ► [ ]

2 **Automatic** - Check to use the Credit choices calculated in Part I, column (e) above ► [X]

or

3 **Manual** - Check to use the Credit choices you entered in Part I, column (d) above ► [ ]

Part III - Summary of Deduction and Credits

Tuition and Fees Deduction Summary

1	Total 2014 tuition and fees paid for purposes of deduction	1	
2	Modified adjusted gross income	2	
3	Maximum deduction allowed	3	
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 3)	4	0.

American Opportunity, Lifetime Learning Credits Summary

5	Tentative American Opportunity Credit	5	1,672.
6	Tentative Lifetime Learning Credit	6	
7	Total Education Credits (after limitations)	7	669.

Form 6251
Line 37

Schedule D Tax Worksheet as refigured for the Alternative Minimum Tax

► Keep for your records

2014

Name(s) Shown on Return: John J Kincade

Social Security Number: [redacted]3073

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

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

Form 6251 | **Form 1040A Worksheet** | **2014**

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

1	Enter the amount from Form 1040A, line 22	**1**	22,654.
2	Enter the amount shown below for your filing status. ● Single or Head of Household, enter $52,800 ● Married Filing Joint or Qualifying widow(er), enter $82,100 ● Married Filing Separately, enter $41,050	**2**	52,800.
3	Subtract line 2 from line 1. If zero or less, **stop here**; you don't owe this tax	**3**	-30,146.
4	Enter the amount shown below for your filing status. ● Single or Head of Household, enter $117,300 ● Married Filing Joint or Qualifying widow(er), enter $156,500 ● Married Filing Separately, enter $78,250	**4**	
5	Subtract line 4 from line 1. If zero or less, enter -0- here and on line 6, and go to line 7	**5**	
6	Multiply line 5 by 25% (.25)	**6**	
7	Add lines 3 and 6	**7**	
8	If line 7 is $182,500 or less ($91,250 or less if married filing separately) multiply line 7 by 26% (.26). Otherwise, multiply line 7 by 28% (.28) and subtract $3,650 ($1,825 if married filing separately) from the result	**8**	
9	Did you use the **Qualified Dividends and Capital Gain Tax Worksheet** to figure the tax on the amount on Form 1040A, line 27? ☐ **No.** Skip lines 9 through 19 enter the amount from line 8 on line 20 and go to line 21, ☐ **Yes.** Enter the amount from line 6 of that worksheet	**9**	
10	Enter the **smaller** of line 7 or line 9	**10**	
11	Subtract line 10 from line 7	**11**	
12	If line 11 is $182,500 or less ($91,250 or less if married filing separately), multiply line 11 by 26% (.26). Otherwise, multiply line 11 by 28% (.28) and subtract $3,650 ($1,825 if married filing separately) from the result	**12**	
13	Enter the amount shown below for your filing status: ● Single or married filing separately- $36,900 ● Married filing jointly or qualifying widow(er) - $73,800 ● Head of household- $49,400	**13**	
14	Enter the amount from line 7 of **Qualified Dividends and Capital Gain Tax Wkst**	**14**	
15	Subtract line 14 from line 13. If zero or less, enter -0-	**15**	
16	Enter the **smaller** of line 10 or line 15	**16**	
17	Subtract line 16 from line 10	**17**	
18	Multiply line 17 by 15% (.15)	**18**	
19	Add lines 12 and 18	**19**	
20	Enter the **smaller** of line 8 or line 19	**20**	
21	Enter the amount you would enter on Form 1040A, line 30, if you do not owe this tax	**21**	
22	**Alternative Minimum Tax.** Is the amount on line 20 more than the amount on line 21? ☐ **No.** You do not owe this tax. ☐ **Yes.** Subtract line 21 from line 20. Also include this amount in the total on Form 1040A, line 28. Enter "AMT" and show the amount in the space to the left of ln 28	**22**	

Form 6251 **Alternative Minimum Tax Worksheet** **2014**

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Taxable Income — Line 1

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	22,654.
2	Additions to income	2	
3	Add lines 1 and 2	3	22,654.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	22,654.

Taxes — Line 3

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

Home Mortgage Interest Adjustment — Line 4

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

Refund of Taxes — Line 7

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	0.

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	22,654.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	22,654.
5	ATNOLD limitation. Multiply line 4 by 90%	5	20,389.
6	Enter ATNOL carried to 2013 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options — Line 14

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

Alternative Minimum Taxable Income — Line 28

If married filing separately and Form 6251, line 28, is more than $242,450:

1	Alternative minimum taxable income, Form 6251	1	
2	Threshold amount	2	
3	Subtract line 2 from line 1	3	
4	Multiply line 3 by 25% (.25)	4	
5	**Smaller** of line 4 or $41,050	5	
6	Add line 1 and line 5. Enter on Form 6251, line 28	6	

Exemption — Line 29

1	Enter $52,800 if single or head of household, $82,100 if married filing jointly or qualifying widow(er), $41,050 if married filing separately	1	52,800.
2	Enter your alternative minimum taxable income from Form 6251, line 28	2	22,654.
3	Enter $117,300 if single or head of household, $156,500 if married filing jointly or qualifying widow(er), $78,250 if married filing separately	3	117,300.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0- If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.	6	52,800.
7	Minimum exemption amount for certain children under age 24	7	
8 a	Enter the **child's earned income,** if any	8 a	
b	Enter any adjustments	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29	10	

Form 6251
Line 31

Foreign Earned Income
Alternative Minimum Tax Worksheet

2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

1	Enter amount from Form 6251, line 30	1	
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a	
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4	**Tax on amount on line 3** ● If you reported capital gain distributions directly on Form 1040, line 13; **or** you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. ● **All Others:** If line 3 is $182,500 or less ($91,250 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract $3,650 ($1,825 if married filing separately) from the result.	4	
5	**Tax on amount on line 2c.** If line 2c is $182,500 or less ($91,250 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract $3,650 ($1,825 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	6	

Federal Carryover Worksheet 2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

2013 State and Local Income Tax Information (See Tax Help)

	(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With-held/Pmts	(e) Paid With Return	(f) Total Over-payment	(g) Applied Amount
	AZ			0.		100.	
	IN			227.		66.	
Totals . .				227.		166.	

Other Tax and Income Information		**2013**	**2014**
1 Filing status	**1**	4 HH	4 HH
2 Number of exemptions for blind or over 65 (0 - 4)	**2**		
3 Itemized deductions	**3**	227.	698.
4 Check box if required to itemize deductions	**4**	☐	☐
5 Adjusted gross income	**5**	18,257.	22,654.
6 Tax liability for Form 2210 or Form 2210-F	**6**	0.	0.
7 Alternative minimum tax	**7**		
8 Federal overpayment applied to next year estimated tax	**8**		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

Loss and Expense Carryovers Note**:** Enter all entries as a positive amount		**2013**	**2014**
12 a Short-term capital loss	**12 a**		
b AMT Short-term capital loss	**b**		
13 a Long-term capital loss	**13 a**		
b AMT Long-term capital loss	**b**		
14 a Net operating loss available to carry forward	**14 a**		
b AMT Net operating loss available to carry forward	**b**		
15 a Investment interest expense disallowed	**15 a**		
b AMT Investment interest expense disallowed	**b**		
16 Nonrecaptured net Section 1231 losses from: **a** 2014	**16 a**		
b 2013	**b**		
c 2012	**c**		
d 2011	**d**		
e 2010	**e**		
f 2009	**f**		

John J Kincade [redacted]3073

Loss and Expense Carryovers (cont'd)

				2013	2014
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2014	17 a		
		b	2013	b		
		c	2012	c		
		d	2011	d		
		e	2010	e		
		f	2013	f		

Credit Carryovers

					2013	2014
18	General business credit			18		
19	Adoption credit from:	a	2014	19 a		
		b	2013	b		
		c	2012	c		
20	Mortgage interest credit from:	a	2014	20 a		
		b	2013	b		
		c	2012	c		
		d	2011	d		
21	Credit for prior year minimum tax			21		
22	District of Columbia first-time homebuyer credit			22		
23	Residential energy efficient property credit			23		

Other Carryovers

					2013	2014
24	Section 179 expense deduction disallowed			24		
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a		
		b	Taxpayer (Form 2555, line 48)	b		
		c	Spouse (Form 2555, line 46)	c		
		d	Spouse (Form 2555, line 48)	d		

Charitable Contribution Carryovers

26 **2013** Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	**(b)** 30%	**(c)** 30%	**(d)** 20%
a 2013				
b 2012				
c 2011				
d 2010				
e 2009				

27 **2014** Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	**(b)** 30%	**(c)** 30%	**(d)** 20%
a 2014				
b 2013				
c 2012				
d 2011				
e 2010				

28	Amount overpaid less earned income credit	2,315.

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

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

Form 8582 Line 7 | **Modified Adjusted Gross Income Worksheet** | **2014**

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Description	Amount
Income	
Wages	22,654.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	22,654.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	22,654.

Two-Year Comparison 2014

Name(s) Shown on Return	Social Security Number
John J Kincade	

Income	2013	2014	Difference	%
Wages, salaries, tips, etc	18,257.	22,654.	4,397.	24.08
Interest and dividend income				
State tax refund	0.	0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	18,257.	22,654.	4,397.	24.08
Adjustments to Income				
Adjusted Gross Income	18,257.	22,654.	4,397.	24.08
Itemized Deductions				
Medical and dental				
Income or sales tax	227.	698.	471.	207.49
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions				
Total Itemized Deductions	227.	698.	471.	207.49
Standard or Itemized Deduction	8,950.	9,100.	150.	1.68
Exemption Amount	15,600.	15,800.	200.	1.28
Taxable Income	0.	0.	0.	
Income tax	0.	0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	0.	0.	0.	
Nonbusiness credits	0.	0.	0.	
Business credits				
Total Credits	0.	0.	0.	
Self-employment tax				
Other taxes				
Total Tax After Credits	0.	0.	0.	
Withholding	26.	256.	230.	884.62
Estimated and extension payments				
Earned income credit	3,131.	5,122.	1,991.	63.59
Additional child tax credit	2,289.	2,948.	659.	28.79
Other payments		669.	669.	
Total Payments	5,446.	8,995.	3,549.	65.17
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	5,446.	8,995.	3,549.	65.17
Balance Due				

Current year effective tax rate . . . . . -38.58 %

Tax Summary 2014

► Keep for your records

Name (s)
John J Kincade

Total income	22,654.
Adjustments to income	
Adjusted gross income	22,654.
Itemized/standard deduction	9,100.
Exemption amount	15,800.
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	0.
Other taxes	
Total tax	0.
Total payments	8,995.
Estimated tax penalty	
Amount Overpaid	8,995.
Refund	8,995.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040A or Form 1040 because your filing status is head of household.

Compare to U. S. Averages

2014

► Keep for your records

Name(s) Shown on Return: John J Kincade

Social Security No: [redacted]3073

Your 2014 adjusted gross income (AGI) . . . . 22,654.

National adjusted gross income range used below . . . . from 15,000. to 29,999.

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

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	22,654.	21,462.
Taxable interest		930.
Tax-exempt interest		5,822.
Dividends		2,863.
Business net income		13,270.
Business net loss		8,619.
Net capital gain		3,355.
Net capital loss		2,375.
Taxable IRA		7,772.
Taxable pensions and annuities		12,987.
Rent and royalty net income		6,518.
Rent and royalty net loss		8,178.
Partnership and S corporation net income		11,648.
Partnership and S corporation net loss		9,456.
Taxable social security benefits		2,383.
Medical and dental expenses deduction		7,995.
Taxes paid deduction	698.	3,442.
Interest paid deduction		7,477.
Charitable contributions deduction		2,271.
Total itemized deductions	698.	15,652.
Child care credit		458.
Education tax credits	0.	775.
Child tax credit	0.	472.
Retirement savings contributions credit		175.
Earned income credit	5,122.	3,603.

Other Information	Actual Per Return	National Average
Adjusted gross income	22,654.	22,824.
Taxable income	0.	9,636.
Income tax	0.	1,228.
Alternative minimum tax		2,871.
Total tax liability	0.	1,346.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: John J Kincade
Primary SSN: [redacted]3073

Federal Return Submitted: January 28, 2015 06:10 PM PST
Federal Return Acceptance Date: ___________

Your return was electronically transmitted on 01/28/2015

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

There are two important aspects of the Intuit Electronic Postmark:

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

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

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

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

Smart Worksheets from your 2014 Federal Tax Return

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet

A	Tax	0.
	Check if from:	
1	Tax table	X
2	Qualified Dividends and Capital Gain Tax Worksheet	
3	Form 8615	
B	Recapture tax from Form 8863	
C	Alternative minimum tax	
D	**Tax**. Add lines A through C. Enter the result here and on line **28**	0.

SMART WORKSHEET FOR: Schedule 8812: Additional Child Tax Credit

Line 7 Smart Worksheet

If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.

Social security tax, Medicare tax, and Additional Medicare Tax on Wages.

A	Enter the social security tax withheld (Form(s) W-2, box 4)	1,407.
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld	329.
C	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7)	0.
D	Add line A, B, and C	1,736.
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22)	0.
F	Subtract line E from line D	1,736.

Additional Medicare Tax on Self-Employment Income.

G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13)	

Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) **or employee representative** (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.

H	Enter the Tier 1 tax (Form(s) W-2, box 14)	0.
I	Enter the Medicare Tax (Form(s) W-2, box 14)	0.
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N.	
K	Add lines H, I, and J	0.
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2014)	
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2014)	
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the the same amount from Form 8959, line 17 for this line N and line J	
0	Add line L, M, and N	

Line 7 Amount

P	Add line F, G, K and O. Enter here and on Schedule 8812, line 7	1,736.

SMART WORKSHEET FOR: Form 8863: Education Credits

Nonrefundable Credit -- Form 8863, Line 19

1	Enter amount from line 18, Form 8863	**1**	
2	Enter amount from line 9, Form 8863	**2**	1,003.
3	Add lines 1 and 2	**3**	1,003.
4	Enter the amount from Form 1040, line 47; or Form 1040A, line 30	**4**	0.
5	Enter the amount from either: Form 1040, lines 48 and 49 and the amount from Schedule R, line 22; or Form 1040A, lines 31 and 32	**5**	
6	Subtract line 5 from line 4	**6**	0.
7	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	**7**	0.

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet

A	Prior year Form 8960, line 13, modified adjusted gross income	18,257.
B	Prior year Form 8960, line 14, threshold based on filing status	200,000.
C	Prior year Form 8960, line 15, Subtract line B from A, not less than zero	0.
D	Smaller of line 8 or line C	0.
E	Recomputed net investment income tax. Multiply line D by 3.8% (.038)	0.

SMART WORKSHEET FOR: Dependent Information Worksheet (Elizabeth)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A	How many months did this person live with you? **Note:** if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more . . . . ►	The whole year
B	Who are the parents of this person? To determine if additional questions are necessary for children of divorced parents.	
	Both Taxpayer and spouse . . . . ►	[ ]
	Taxpayer . . . . ►	[X]
	Spouse . . . . ►	[ ]
C	Did this person provide more than 1/2 their own support? . . ►	[ ] Yes [X] No
D	Was this person married on December 31, 2014 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . ►	[ ] Yes [ ] No
E	Is this person a Full time student? . . . . ►	[ ] Yes [ ] No
F	Is this person's gross income less than $3,950? . . . . ►	[ ] Yes [ ] No
	1 Did you provide over 1/2 the support for this person? or Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return?	[ ] Yes [ ] No
G	Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . . ►	[X] Yes [ ] No
	Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child	
H	Who will be claiming this person as a dependent as a result of an agreement between the parents or as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?	
	Taxpayer (includes spouse if married filing joint) in this return? . . . . ►	[X]
	Other parent in different return? . . . . ►	[ ]
	Someone else in different return? . . . . ►	[ ]

SMART WORKSHEET FOR: Dependent Information Worksheet (Lynnda)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more . . . . ► The whole year

B Who are the parents of this person?
To determine if additional questions are necessary for children of divorced parents.
- Both Taxpayer and spouse . . . . ► [ ]
- Taxpayer . . . . ► [ ]
- Spouse . . . . ► [ ]

C Did this person provide more than 1/2 their own support? . . ► [ ] Yes [X] No

D Was this person married on December 31, 2014 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . ► [ ] Yes [X] No

E Is this person a Full time student? . . . . ► [ ] Yes [ ] No

F Is this person's gross income less than $3,950? . . . . ► [ ] Yes [ ] No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? [ ] Yes [ ] No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . . ► [ ] Yes [ ] No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

H Who will be claiming this person as a dependent as a result of
an agreement between the parents
or
as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
- Taxpayer (includes spouse if married filing joint) in this return? . . . . ► [X]
- Other parent in different return? . . . . ► [ ]
- Someone else in different return? . . . . ► [ ]

SMART WORKSHEET FOR: Dependent Information Worksheet (Austin)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more . . . . ► 11

B Who are the parents of this person?
To determine if additional questions are necessary for children of divorced parents.
- Both Taxpayer and spouse . . . . ► [ ]
- Taxpayer . . . . ► [ ]
- Spouse . . . . ► [ ]

C Did this person provide more than 1/2 their own support? . . ► [ ] Yes [X] No

D Was this person married on December 31, 2014 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . ► [ ] Yes [ ] No

E Is this person a Full time student? . . . . ► [ ] Yes [ ] No

F Is this person's gross income less than $3,950? . . . . ► [X] Yes [ ] No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? [X] Yes [ ] No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . . ► [ ] Yes [ ] No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

H Who will be claiming this person as a dependent as a result of
an agreement between the parents
or
as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
- Taxpayer (includes spouse if married filing joint) in this return? . . . . ► [X]
- Other parent in different return? . . . . ► [ ]
- Someone else in different return? . . . . ► [ ]

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 . . . . ►

A Taxpayer:

1 Taxpayer, nontaxable combat pay . . . . ______

2 Election for earned income credit (EIC):
Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . ► ☐ **Yes** ☐ **No**

3 Election for dependent care benefits (DCB):
Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . ► ☐ **Yes** ☐ **No**

4 Election for child and dependent care credit:
Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? . . . . ► ☐ **Yes** ☐ **No**

B Spouse:

1 Spouse, nontaxable combat pay . . . . ______

2 Election for earned income credit (EIC):
Elect spouse's nontaxable combat pay as earned income for EIC? . . . . . ► ☐ **Yes** ☐ **No**

3 Election for dependent care benefits (DCB):
Elect spouse's nontaxable combat pay as earned income for DCB? . . . . . ► ☐ **Yes** ☐ **No**

4 Election for child and dependent care credit:
Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? . . . . ► ☐ **Yes** ☐ **No**

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

Overpayment 8,995. Amount due ______

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A	Taxable and tax exempt interest	
B	Dividend income	
C	Capital gain net **income**	
D	Royalty and rental of personal property net **income**	
E	Passive activity net **income**:	
1	Rental real estate net income or loss	
2	Farm rental net income or loss	
3	Partnerships and S corporations net income or loss	
4	Estates and trusts net income or loss	
5	Total of lines 1 through 4	
6	Total passive activity net **income**, line 5 if greater than zero	
F	Interest and dividends from Forms 8814	
G	Adjustments	
H	**Total investment income,** add lines A through G	0.

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

☒ **No.** You may take the credit.

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

Form **IT-40**
State Form 154
(R13 / 9-14)

2014

Indiana Full-Year Resident Individual Income Tax Return

Due April 15, 2015

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

from   to:

Your Social Security Number [redacted] [redacted] 3073

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name: JOHN   Initial: J   Last name: KINCADE   Suffix

If filing a joint return, spouse's first name   Initial   Last name   Suffix

Present address (number and street or rural route)

PO BOX 2144

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

City: BLOOMINGTON   State: IN   Zip/Postal code: 47402

Foreign country 2-character code (see instructions)

School corporation number (see instructions): 5705

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

County where **you** lived: 53   County where **you** worked: 53   County where **spouse** lived   County where **spouse** worked

Round all entries

1.	Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4) **Federal AGI**		1	22654.00
2.	Enter amount from Schedule 1, line 8, and enclose Schedule 1 **Indiana Add-Backs**		2	.00
3.	Add line 1 and line 2		3	22654.00
4.	Enter amount from Schedule 2, line 12, and enclose Schedule 2 **Indiana Deductions**		4	2545.00
5.	Subtract line 4 from line 3 **Indiana Adjusted Income**		5	20109.00
6.	You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3 **Indiana Exemptions**		6	5500.00
7.	Subtract line 6 from line 5 **State Taxable Income**		7	14609.00
8.	State adjusted gross income tax: multiply line 7 by 3.4% (.034) (if answer is less than zero, leave blank) 8	497.00		
9.	County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) 9	155.00		
10.	Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) 10	.00		
11.	Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes**		11	652.00

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12. Enter credits from Schedule 5, line 9 (enclose schedule)	12	1098.00		
13. Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	.00		
14. Add lines 12 and 13 **Indiana Credits**			14	1098.00
15. Enter amount from line 11 **Indiana Taxes**			15	652.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)			16	446.00
17. Amount from line 16 to be donated to the Indiana Nongame Wildlife Fund			17	.00
18. Subtract line 17 from line 16 **Overpayment**			18	446.00
19. Amount from line 18 to be applied to your 2015 estimated tax account (see instructions).				
Enter your county code county tax to be applied $	a	.00		
Spouse's county code county tax to be applied $	b	.00		
Indiana adjusted gross income tax to be applied $	c	.00		
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)			19d	.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.)			20	.00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 **Your Refund**			21	446.00

22. Direct Deposit (see instructions)

a. Routing Number 074014213

b. Account Number [redacted]

c. Type: ✕ Checking Savings Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions)	23	.00
24. Penalty if filed after due date (see instructions)	24	.00
25. Interest if filed after due date (see instructions)	25	.00
26. Amount Due: Add lines 23, 24 and 25 **Amount You Owe**	26	.00

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

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

Your Signature Date Spouse's Signature Date

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

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Schedule 2
Form IT-40, State Form 53996
(R5 / 9-14)

Schedule 2: Deductions

2014

Enclosure
Sequence No. **02**

Name(s) shown on Form IT-40: JOHN J KINCADE

Your Social Security Number: [redacted] [redacted] 3073

1. Renter's deduction
   Address where rented if different from the one on the front page (enter below)
   1331 S ADAMS ST APT 7, BLOOMINGTON IN
   Amount of rent paid $ 2545.00
   Landlord's name and address (enter below)
   BLOOM APARTMENTS, 1051 SOUTH ADAMS STR

Round all entries

Number of months rented 5 — Enter the lesser of $3,000 or amount of rent paid	1	2545.00
2. Homeowner's residential property tax deduction Address where property tax was paid if different from front page (enter below) Number of months lived there — Amount of property tax paid $ .00		
Enter the lesser of $2,500 or the amount of property tax paid	2	.00
3. State tax refund reported on federal return	3	.00
4. Interest on U.S. government obligations	4	.00
5. Taxable Social Security benefits	5	.00
6. Taxable railroad retirement benefits	6	.00
7. Military service deduction: $5,000 maximum for qualifying person	7	.00
8. Non-Indiana locality earnings deduction: $2,000 maximum per qualifying person	8	.00
9. Insulation deduction: $1,000 maximum	9	.00
10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp. Worksheet)	10	.00
11. Other Deductions: See instructions (attach additional sheets if necessary)		
a. Enter deduction name — code no.	11a	.00
b. Enter deduction name — code no.	11b	.00
c. Enter deduction name — code no.	11c	.00
12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40. **Total Deductions**	12	2545.00

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Schedules 3 & 4
Form IT-40, State Form 53997
(R5 / 9-14)

Schedule 3: Exemptions

(Schedule 4 begins after line 5 below)

2014

Enclosure
Sequence No. **03**

Name(s) shown on Form IT-40: JOHN J KINCADE

Your Social Security Number: [redacted] [redacted] 3073

Round all entries

1. Number of exemptions claimed on your federal return 4 x $1,000 ____ 1 4000.00
   - If you did not claim an exemption on your federal return, enter "1" in the box above.
   - See instructions if you did not file a federal return.

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

   Enter number you are eligible to claim 1 x $1500: you **MUST** enclose Schedule IN-DEP __ 2 1500.00

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

   You were age 65 or older and/or blind

   Spouse was 65 or older and/or blind

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

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

   You were age 65 or older

   Spouse was 65 or older

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

5. Add lines 1, 2, 3 and 4. Enter here and on Form IT-40, line 6. **Total Exemptions** 5 5500.00

Schedule 4: Other Taxes

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

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Schedule 5
Form IT-40, State Form 53998
(R5 / 9-14)

Schedule 5: Credits

2014

Enclosure
Sequence No. **04**

Name(s) shown on Form IT-40: JOHN J KINCADE

Your Social Security Number: [redacted] [redacted] 3073

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts	1	698.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts	2	.00
3. Estimated tax paid for 2014: include any extension payment made with Form IT-9	3	.00
4. Unified tax credit for the elderly	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line **A-3**	5	400.00
6. Lake County residential income tax credit	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule)	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule)	8	.00
9. Add lines 1 through 8. Enter total here and on Form IT-40, line 12 **Total Credits**	9	1098.00

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Schedule 7
Form IT-40, State Form 54000
(R5 / 9-14)

Schedule 7: Additional Required Information

2014

Enclosure
Sequence No. **06**

Name(s) shown on Form IT-40 | Your Social Security Number

JOHN J KINCADE [redacted] 3073

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

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

State where you worked	Your income	State where spouse worked	Spouse's income
	$ .00		$ .00

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

4. Farm / Fishing income
Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

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

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

Authorization Sign Form IT-40 after reading the following statement.
Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number 8123911915 **Your email address**

I authorize the Department to discuss my return with my personal representative.	**Paid Preparer: Firm's Name** (or yours if self-employed)
Yes No If yes, complete the information below.	SELF-PREPARED
Personal Representative's Name (please print)	IN-OPT on file with paid preparer if not filing electronically
	PTIN
Telephone number	Address
Address	City
City	State Zip Code
State Zip Code	Preparer's signature ______

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Schedule CT-40
Form IT-40, State Form 47907
(R13 / 9-14)

County Tax Schedule for Full-Year Indiana Residents

2014

Enclosure
Sequence No. **07**

Name(s) shown on Form IT-40: JOHN J KINCADE

Your Social Security Number: [redacted] [redacted] 3073

		Column A - Yourself		Column B - Spouse's
1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions	1A	14609.00	1B	.00
2. If you claimed a non-Indiana locality earnings deduction on Schedule 2, line 8, enter the amount here. If not, leave blank	2A	.00	2B	.00
3. Add lines 1 and 2 (if less than zero, leave blank)	3A	14609.00	3B	.00
4. Enter the resident rate from the county tax chart on the back of this schedule for the county where you lived on Jan. 1, 2014	4A	.0106125	4B	.
5. Multiply line 3 by the rate on line 4	5A	155.00	5B	.00

6. Add lines 5A and 5B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 7 and 8.** Otherwise, enter the total here and on line 9 below (see instructions)	6	155.00
7. Enter the amount of income that was taxed by any of the Kentucky counties listed on line 6 above	7	.00
8. Multiply line 7 by .0106 and enter total here	8	.00
9. Enter total of line 6 minus line 8. Enter this amount on line 9 of Form IT-40	9	155.00

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Schedule IN-EIC
Form IT-40/IT-40PNR
State Form 49469
(R14 / 9-14)

Schedule IN-EIC: Indiana's Earned Income Credit

You must enclose if claiming this credit on Forms IT-40 or IT-40PNR

2014

Enclosure
Sequence No. **9**

Name(s) shown on Form IT-40/IT-40PNR: JOHN J KINCADE

Your Social Security Number: [redacted] 3073

Section A: Figure Your Indiana Earned Income Credit

A-1	Enter the earned income credit from your federal income tax return Form 1040 line 66a, Form 1040A line 42a, or Form 1040EZ line 8a	**A-1**	5122.00
A-2	Enter your earned income (see instructions)	**A-2**	22654.00
A-3	Enter your Indiana earned income credit (see instructions). Carry this total to Form IT-40, Schedule 5, line 5, or Form IT-40PNR, Schedule F, line 5, Box A **Indiana Earned Income Credit**	**A-3**	400.00

Section B: Complete if you claimed one or more children on your federal Schedule EIC. See instructions.

Enter each child's information

	Child 1	**Child 2**
First name	ELIZABETH	LYNNDA
Last name	KINCADE	KINCADE
Child's Social Security Number(s)	[redacted]	[redacted]

Enter letter (e.g. **A**, **B**, **C**, etc.) in boxes below that describes each child's relationship, age and location to you.

	Child 1	**Child 2**
B-1 Relationship: **A** Your Child **B** Grandchild **C** Stepchild **D** Foster Child (not related) **E** Other (related foster child, or other related child - see instructions)	A	E
B-2 Age: **A** Under age 18 **B** Age 18 **C** Age 19 - 24 and full-time student **D** Age 19 or older and totally disabled	A	A
B-3 Location: **A** Child lived with you at least ½ of the year **B** Child was born or died in 2014, and lived with you while alive in 2014.	A	A

Important: You must complete and attach this schedule to your Form IT-40 or IT-40PNR when claiming the earned income credit.

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Schedule IN-DEP
Form IT-40/IT-40PNR
State Form 54815
(R3 / 9-14)

Schedule IN-DEP: Additional Dependent Child Information
2014

Enclosure
Sequence No. **06A**

Name(s) shown on Form IT-40/IT-40PNR: JOHN J KINCADE

Your Social Security Number: [redacted] [redacted] 3073

Report on this schedule the first and last name and Social Security number for each dependent child claimed as an additional exemption on line 2 of Schedule 3 (from Form IT-40) or Schedule D (from Form IT-40PNR).

	Child's First Name	Child's Last Name	Child's Social Security Number
1.	ELIZABETH	KINCADE	[redacted]
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Schedule IN-BAR
State Form 54083
(R5 / 9-14)

Schedule IN-BAR: Barcode

2014

Enclosure
Sequence No. **20**

Name(s) shown on Form IT-40, IT-40EZ, IT-40PNR or IT-40RNR

JOHN J KINCADE

Your Social Security Number

[redacted] 3073

Designate the form with which Schedule IN-BAR is being filed:

1. IT-40 ×
2. IT-40EZ
3. IT-40PNR
4. IT-40RNR

2014 INDIANA
Barcode Datasheet

Enclose Schedule IN-BAR as the last schedule.

Example. If filing an IT-40, Schedule 2, Schedule 3 and Schedule 7, place Schedule IN-BAR behind Schedule 7.

Do **NOT** file this page alone.

Form **IT-8453OL**
State Form 46201
(R15 / 9-14)

Indiana Individual Income Tax

DECLARATION OF ELECTRONIC FILING

For the tax year January 1 - December 31, 2014

Do Not Mail This Form To IDOR

Submission ID ______ – ______ – ______

First Name(s) and Middle Initial(s)	Last Name	Your Social Security Number	Spouse's Social Security Number
JOHN J	KINCADE	[redacted] 3073	

Spouse's First Name(s) and Middle Initial(s)	Spouse's Last Name	Street Address
		PO BOX 2144

City	State	Zip Code	Daytime Telephone Number
BLOOMINGTON	IN	47402	8123911915

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

1. Federal Adjusted Gross Income	1.	22654.
2. Indiana Taxable Income	2.	14609.
3. Total Indiana Tax	3.	652.
4. Total State Tax Withheld	4.	698.
5. Total County Tax Withheld	5.	
6. Total Indiana Tax Credits	6.	1098.
7. Refund	7.	446.
8. Amount You Owe	8.	

Part II Direct Deposit

▶ Attach W-2 Forms Here ▶

9. Routing number 0 7 4 0 1 4 2 1 3 ***Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.***

10. Account number [redacted]

11. Type of account: ☒ Checking ☐ Savings ☐ Hoosier Works MC

12. Place an "X" in the box if refund will go to an account outside the United States. ☐

Do Not Mail This Form To IDOR

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

Part III Declaration of Taxpayer

If I have filed a balance due return, I understand that if the IDOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2014 income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent to allow my transmitter to send my return, this declaration, and accompanying schedules and statements to the IDOR. I also consent to the IDOR sending an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection.

Please sign here ▶ ______ Taxpayer's Signature ______ Date ______ Spouse's Signature ______ Date

INDIANA

Federal/State Adjustment Summary 2014

Name as Shown on Return: John J Kincade

Social Security Number: [redacted]3073

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) . . . . ______

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) . . . . ______

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) . . . . ______

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) . . . . ______

Federal/State Adjustment Summary 2014

Name as Shown on Return
John J Kincade

Social Security Number
[redacted]3073

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . .

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) . . . . .

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) . . . .

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) . . . .
Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income . . . . . .
Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation . . . . . .
Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation . . . .

Federal/State Adjustment Summary 2014

Name as Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E) . . . .

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income . . . .
Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation . . . .
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation . . . .

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
		Form 6252		**(1)** State	**(F)** Other Adjustments	
Date Acq	Date Sold	Form 8824		**(2)** Federal		
		6252				
		8824				
		6252				
		8824				
		6252				
		8824				
		6252				
		8824				

Passive/At-Risk/Other Adjustments . . . .
Total Sale of Asset Adjustment . . . .

spassive.SCR 04/30/15

Section 179 Worksheet 2014

Name as Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Section 179 Limitation

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

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

QuickZoom to Activity Worksheet ➡

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

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

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

Schedule A

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

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

Indiana Information Worksheet 2014

► Keep for your records — **Do not file**

Part I – Personal Information

Taxpayer:

Last name	KINCADE
Middle initial	J
Suffix	
First name	JOHN
Social security no.	[redacted]3073
Date of birth	01/19/1978
Age as of 12-31-2014 or as of date of death	36
Date of death	
Daytime phone	(812)391-1915 * [X]
Home phone	* [ ]

Spouse:

Last name	
Middle initial	
Suffix	
First name	
Social security no.	
Date of birth	
Age as of 12-31-2014 or as of date of death	
Date of death	
Daytime phone	* [ ]

** Check a box to print phone number on the return*

Address	PO BOX 2144
Apartment number	
City	BLOOMINGTON
State	IN
ZIP/Postal code	47402
Foreign code	
Foreign country	
E-mail address where Indiana Dept. of Revenue can reach you (optional)	

County Information

	Taxpayer	Spouse
County of **residence** on January 1, 2014 ►	MONROE	
County of **employment** on January 1, 2014 ►	MONROE	

» Put in county of residence if you were retired, unemployed or a homemaker on January 1, 2014

School District (School Corporation Number)

School district where the primary taxpayer lived on January 1, 2014 ► 5705

Part II – Main Form

[X] **Form IT-40 -** Full-Year Resident ►

[ ] **Form IT-40EZ -** Full-Year Resident with No Dependents ►

[ ] **Form IT-40PNR -** Part-Year Resident ►

[ ] **Form IT-40PNR -** Nonresident ►

IT-40PNR filers	Taxpayer From	Taxpayer To	Spouse From	Spouse To
• Enter IN residency dates ►				
• Other state residency dates ►				
• Other state of residence ►				
Nonresidents only				
• Enter state of residence ►				

[ ] **Form IT-40RNR -** Reciprocal Nonresident **(KY, MI, OH, PA, WI only)** ►

State of residence ► KY [ ] MI [ ] OH [ ] PA [ ] WI [ ]

File IT-40RNR if your state of residence is KY, MI, OH, PA or WI **and** the only Indiana income is from wages, salaries, or tips **and** your Indiana credits are from state or county taxes withheld.

Important Do not use IT-40RNR if you had Indiana riverboat winnings. You must file Form IT-40PNR.

Part III – Filing Status

[X] Single or widowed

[ ] Married filing joint return

[ ] Married filing separate returns

[ ] Taxpayer did not live with spouse **at any time** during the year.

Part IV — Farmer/Fisherman Information

- [ ] 2/3 of 2013 or 2014 gross income is from farming and fishing.
- [ ] You checked the box above and will file the return and pay all tax due by March 2, 2015.

Part V — Miscellaneous Information

Form WH-18 Recipient (Nonresident Partner or Shareholder)

- [ ] Check this box if you received Form WH-18, Miscellaneous Withholding Tax Statement.

QuickZoom to Form WH-18 . . . . ►

Unified Tax Credit for the Elderly

- [ ] File Form SC-40 to claim the elderly credit. *Box is automatically checked if the taxpayer qualifie*s
- [ ] File Form IT-40 or IT-40PNR instead of Form SC-40 to claim the elderly credit.

Yes	No	
X		I am filing a federal income tax return for 2014
		I authorize the Indiana Dept of Revenue to discuss the return with my personal representative
		If yes, complete information below.

Personal Representative

	First name	M.I.	Last name	Suffix
Name				
Address				
City, state and zip code				
Phone number				

Part VI — Electronic Filing Information

Yes	No	
X		Do you want to use Federal PIN(s) to sign your Indiana electronic return?

Date Post Filing Coupon was given to client . . . . ______

Part VII — Direct Deposit Information

Yes	No	
X		Use **direct deposit** for **state tax refund**

Financial Institution name (optional) . Regions

Account type . . . . Checking [X] Savings [ ]

Routing number 074014213

Account number . . . . [redacted]

- [ ] Deposit Indiana tax refund to Hoosier Works MasterCard account. Account number . . . ______

International ACH Transactions

Yes	No	
	X	Will the funds for this refund go to an account outside the U.S.?

Part VIII — Payment by Credit Card or Electronic Check (eCheck)

☐ Balance due will be paid by credit card
Date of credit card payment . . . . ______
☐ Balance due will be paid by eCheck
Date of eCheck payment . . . . ______

Part IX — Extension Status

Yes	No	
	X	Has the tax return due date been extended by filing Indiana Form IT-9?
	X	Has the tax return due date been extended by filing federal Form 4868?

Extended due date . . . . ______

QuickZoom to Form IT-9, Application for Automatic Extension of Time to File . . . . ► ______

Part X — Amended Return

☐ You are filing an **Indiana amended return** (Form IT-40X)
Tax year you are amending . . . . ______
Previous Indiana payment made . . . . ______
Previous Indiana refund received . . . . ______

QuickZoom to Form IT-40X, Amended Individual Income Tax Return . . . . ► ______

Indiana Earned Income Credit Worksheet 2014

► Keep for your records

Name(s) Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Part I — Dependent Information

First name / Last name	Social security number / Relationship	Age	Months lived with taxpayer in the U.S.	Dependent is a qualifying child of another person in different return		Taxpayer's modified AGI is higher than the other person's modified AGI		Indiana EIC code
				Yes	No	Yes	No	
Elizabeth Kincade	[redacted] Daughter	8	12		X	X		E
Lynnda Kincade	[redacted] Niece	15	12	X		X		E
Austin Kincade	[redacted] Nephew	12	11	X				N

Part II — Indiana Earned Income Credit Calculation

1	Did you claim an EIC on your 2014 federal tax return? [X] **Yes. Continue to line 2.** [ ] **No. Stop.** You **cannot** take the credit.		
2	Total modified adjusted gross income	2	22,654.
3	Total number of qualifying children from Part I ► 2		
4	**Is line 2 less than —** • $14,500 if you do not have a qualifying child? • $38,500 if you have one qualifying child? • $43,750 if you have more than one qualifying child? [X] **Yes. Go to line 5.** [ ] **No. Stop.** You **cannot** take the credit.		
5	Is the total investment income over $3,350? [X] **No. Continue to line 6.** [ ] **Yes. Stop.** You **cannot** take the credit.		
6	Earned income from federal EIC Worksheet, line 6	6	22,654.
7	**Is line 6 less than —** • $14,500 if you do not have a qualifying child? • $38,500 if you have one qualifying child? • $43,750 if you have more than one qualifying child? [ ] **No. Stop.** You **cannot** take the credit. [X] **Yes.** Enter the credit from the **EIC Table**, for the amount on line 6	7	400.
8	Modified adjusted gross income from line 2 above	8	22,654.
9	**Is line 8 less than —** • $8,110 if you do not have a qualifying child? • $17,830 if you have at least one qualifying child? [ ] **Yes. Go to line 10.** [X] **No.** Enter the credit, from the **EIC Table,** for the amount on line 8	9	400.
10	Credit from line 7 or line 9: • If 'Yes' on line 9, enter the amount from line 7. • If 'No' on line 9, enter the **smaller** of line 7 or line 9	10	400.
11	Alternative Minimum Tax from federal Form 1040, line 45, or included in the total on federal Form 1040A, line 28, multiplied by 9% (.09)	11	0.
12	Subtract line 11 from line 10	12	400.
13	Federal earned income credit multiplied by 9% (.09)	13	461.
14	**Indiana earned income credit.** Enter the smaller of line 12 or line 13. Enter line 14 amount on Schedule IN-EIC, line 3.	14	400.

Tax Payments Worksheet 2014

► Keep for your records

Name as Shown on Return	Social Security Number
John J Kincade	[redacted]3073

Tax Payments for the Current Year	Date	Payment
1 First payment		
2 Second payment		
3 Third payment		
4 Fourth payment		
Additional Payments		
5 a Payment		
b Payment		
c Payment		
d Payment		
e Payment		
6 Overpayment from previous year applied to current year	6	
7 Amount paid with current year extension	7	
8 **Total tax payments**	8	

Income Taxes Withheld for the Current Year	State	County
9 Withholding on Forms W-2	698.	
10 Withholding on Forms W-2G		
11 Withholding on Forms 1099-R		
12 a Withholding on Forms 1099-MISC		
b Withholding on Forms 1099-G		
13 Other tax withholding		
14 **Total income tax withheld**	698.	
15 Date return will be filed and balance paid	15	

Form **IT-40ES**	**Estimated Tax Worksheet** ► Keep for your records	**2015**

Name(s) Shown on Return	Your Social Security Number
John J Kincade	[redacted]3073

Part I 2015 Estimated Tax Amount Options

1	**Select One of Six Ways to Calculate the Required Annual Payment for 2015 Estimates:**		
a	100% (110%) of **2014** taxes (default, see Tax Help)	X	652.
b	100% of tax on **2015** estimated taxable income		637.
c	90% of tax on **2015** estimated taxable income		574.
d	66-2/3% of tax on **2015** estimated taxable income (farmers and fishermen)		425.
e	Equal to 100% of overpayment (no vouchers)		446.
f	Enter total amount you want to use for estimates and check box ►		
2	**Selected estimated tax amount:**		
a	2015 Required Annual Payment based on your choice above		652.
b	Estimated 2015 credits PLUS state and county income tax withholding		1,098.
c	**Total of estimated tax payments required for 2015** (line 2a less line 2b)		0.
3	**Select Estimated Tax Payment option:**		
a	Calculate estimates if $1,000 or more (default)	X	
b	Calculate estimates if ________ (specify amount) or more		
c	Calculate estimates regardless of amount		
d	Do **not** calculate estimates		

Part II Overpayment Application Options

1	Amount of overpayment available			446.
2	**Select Overpayment Application Amount Option:**			
a	Apply none (refund entire overpayment)		X	
b	Apply all (increase estimate if required)			
c	Apply to extent of total estimated tax and refund excess			
d	Apply to extent of first quarter amount and refund excess			
e	Enter amount you want to apply ►			
f	Amount applied to 2015 estimated tax			0.
g	Overpayment to be refunded (line 1 less line 2f)			446.

Part III Rounding and Printing Options

1 Select rounding option:

a [X] ◄ Round up to next $1   b [ ] ◄ Round up to next $10   c [ ] ◄ Round up to next $100   d [ ] ◄ Round to nearest $1

2 Select voucher printing option:

a [ ] ◄ Print (per Part I, lines 3a - c)   b [ ] ◄ Print only name, etc.   c [X] ◄ Do **not** print vouchers

3 Select first quarter payment option:

[X] ◄ Form IT-40ES voucher (default)   [ ] ◄ Form IT-40 or IT-40PNR (if Part II, Box 2d is checked)

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2015	**2** Jun 15, 2015	**3** Sep 15, 2015	**4** Jan 15, 2016	**Total**
1 If you have already made payments, enter amounts					
2 Payment due next (e.g., if it's now May 1, 2015, check col. 2)	X				
3 Required payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					
QuickZoom to voucher ►					

Part V Changes to Income, Deductions and Withholding for 2015

- 2014 income and deductions are shown in the '2014 Actual' column below.
- For each line in '2015 Estimated' column, enter estimated 2015 amount **if different** from 2014. Otherwise, the '2014 Actual' amount will be used for that line.

		2014 Actual	2015 Estimated
1	Federal adjusted gross income	22,654.	
2	Additions to federal adjusted gross income		
3	Deductions from federal adjusted gross income	2,545.	
4	Indiana adjusted gross income	20,109.	
5 a	State tax withheld	698.	
b	County tax withheld		
c	Total state and county tax withholding (line 5a plus line 5b)	698.	
6	Indiana credits	400.	

Part VI Filing Status, Residency and Personal Exemptions for 2015

1 2015 filing status:
- [ ] Single
- [ ] Married filing separately
- [ ] Married filing jointly
- [X] Head of Household
- [ ] Qualifying widow(er)

2 2015 residency status:
- Taxpayer [X] Resident [ ] Nonresident
- Spouse [ ] Resident [ ] Nonresident

3 Enter county of residence as of Jan 1, 2015 (if the resident box is marked on line 2) or enter county of employment as of Jan 1, 2015 (if the nonresident box is marked on line 2):
- Taxpayer 53-MONROE
- Spouse

4 Total number of exemptions claimed on federal return . . . 4

5 Total number of additional exemptions for certain dependent children . . . 1

6 Check box(es) below if, by December 31, 2015
- Taxpayer is [ ] 65 or older and/or [ ] Blind
- Spouse is [ ] 65 or older and/or [ ] Blind

Number of exemptions for 65 or older, or blind . . .

7 Check box(es) below if
- Taxpayer is [ ] 65 or older and 2015 federal adjusted gross income less than $40,000
- Spouse is [ ] 65 or older and 2015 federal adjusted gross income less than $40,000

Number of exemptions for 65 or older with federal adjusted gross income less than $40,000 . . .

Part VII Estimated Taxable Income and Tax for 2015

[ ] Check if filing a joint return in 2015 and on January 1, 2015 taxpayer and spouse anticipate living in different counties (or working in different counties if both are nonresidents). **Be sure to complete Column A if this box is checked.**

		Column A Spouse	Column B Taxpayer or Joint
1	Estimated Indiana adjusted gross income		20,109.
2	Total exemption amount		5,500.
3	Amount subject to Indiana income tax (line 1 minus line 2)		14,609.
4 a	County tax rate		0.0106125
b	County income tax due (line 3 times county tax rate above)		155.
5	State income tax due (line 3 times .033)		482.
6	Total state and county tax due for 2015 (line 4c plus line 5)		637.
7	Total anticipated credits (including 2015 state and county income tax withheld)		1,098.
8	Total estimated tax due (line 6 minus line 7)		0.

Tax Summary **2014**

► Keep for your records

Name(s)
John J Kincade

Indiana total income	22,654.
Indiana deductions	2,545.
Indiana adjusted gross income	20,109.
Exemptions	5,500.
Indiana taxable income	14,609.
State tax	497.
County tax	155.
Other taxes	
Total tax	652.
State tax withheld	698.
County tax withheld	
Estimated tax paid for 2014	
Total Indiana payments and credits	1,098.
Overpayment	446.
Contributions	
Amount applied to 2015 estimated tax	
Penalties and interest	
Refund	446.
Amount due	

Smart Worksheets from your 2014 Indiana Tax Return

SMART WORKSHEET FOR: Indiana Earned Income Credit Worksheet

Modified AGI Smart Worksheet

Enter losses as positive amounts.

A	Adjusted gross income from federal Form 1040, line 37		22,654.
B	Net capital losses		
C	Net losses from estates and trusts		
D	Net losses from royalties and rental of personal property		
E	Tax exempt interest		
F 1	Net loss from federal Schedules C		
2	Net loss from Schedules F		
3	Net loss from rental real estate, partnerships, S corporations and Forms 4835		
G	**Total** of lines F1, F2 and F3		
H	Multiply line G by 75%		
I	Nontaxable distributions from IRAs, pensions and annuities		
J	**Total Modified AGI**. Add lines in the right hand column		22,654.

SMART WORKSHEET FOR: Indiana Earned Income Credit Worksheet

Investment Income Smart Worksheet

A	Taxable and tax exempt interest		
B	Dividend income		
C	Capital gain net **income**		
D	Royalty and rental of personal property net **income**		
E	Passive activity net **income**:		
1	Rental real estate net income or loss		
2	Farm rental net income or loss		
3	Partnerships and S corporations net income or loss		
4	Estates and trusts net income or loss		
	Total of lines E1, E2, E3 and E4		
	Total passive activity net **income**, if greater than zero		
F	Interest and dividends from federal Forms 8814		
G	Adjustments		
H	**Total investment income,** add lines A through G		0.