

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

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

2014

Submission Identification
Number (SID)

20075220153320000614

Taxpayer's name
KARL R KENT

Social security number
881-02-0752

Spouse's name
KARA B BRYANT

Spouse's social security number
882-02-0752

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	78,650.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	1,640.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	5,603.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	5,804.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

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

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

Taxpayer's PIN: check one box only

I authorize KINNELON VOLUNTEER FIRE CO to enter or generate my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2014 electronically filed income tax return.

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

Your signature ▶ _____ Date ▶ 11/16/2015

Spouse's PIN: check one box only

I authorize KINNELON VOLUNTEER FIRE CO to enter or generate my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2014 electronically filed income tax return.

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

Spouse's signature ▶ _____ Date ▶ 11/16/2015

Practitioner PIN Method Returns Only-continue below

Part III Certification and Authentication-Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 20075298765
Do not enter all zeros

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

ERO's signature ▶ S24051405 KINNELON VOLUNTEER FIR Date ▶ 11/16/2015

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20

Your first name and initial **KARL R KENT** Last name _____

If a joint return, spouse's first name and initial **KARA B BRYANT** Last name _____

Home address (number and street). If you have a P.O. box, see instructions. **1068 RIVERMEADE DR** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **DENVILLE NJ 07834-**

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

See separate instructions.

Your social security number **881-02-0752**

Spouse's social security number **882-02-0752**

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

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

Filing Status

1 Single **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. ▶ _____

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

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

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b **Spouse**

Boxes checked on 6a and 6b **2**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)	No. of children on 6c who:
DAVID	THOMAS	884-02-0752	GRANDCHILD	<input checked="" type="checkbox"/>	lived with you 3
KENDRA	KENT	883-02-0752	DAUGHTER	<input type="checkbox"/>	did not live with you due to divorce or separation (see instructions) 0
CARMEN	BRYANT	880-02-0752	SISTER	<input type="checkbox"/>	Dependents on 6c not entered above 0

Add numbers on lines above **5**

d Total number of exemptions claimed **5**

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
7 Wages, salaries, tips, etc. Attach Form(s) W-2	41,951.																					
8a Taxable interest. Attach Schedule B if required		5,816.																				
b Tax-exempt interest. Do not include on line 8a			538.																			
9a Ordinary dividends. Attach Schedule B if required				232.																		
b Qualified dividends				125.																		
10 Taxable refunds, credits, or offsets of state and local income taxes						287.																
11 Alimony received																						
12 Business income or (loss). Attach Schedule C or C-EZ								2,371.														
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>								(2,068.)														
14 Other gains or (losses). Attach Form 4797																						
15a IRA distributions			12,593.								838.											
b Taxable amount												838.										
16a Pensions and annuities			19,825.																			
b Taxable amount																						
16b																						
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																						
17																						
18 Farm income or (loss). Attach Schedule F																						
18																						
19 Unemployment compensation																						
19																						
20a Social security benefits			13,682.																			
b Taxable amount																						
20b																						
21 Other income. List type and amount																						
21																						
22 Combine the amounts in the far right col for lines 7 through 21. This is your total income																						
22																						

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23 Educator expenses	240.														
24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ															
25 Health savings account deduction. Attach Form 8889															
26 Moving expenses. Attach Form 3903															
27 Deductible part of self-employment tax. Attach Schedule SE					168.										
28 Self-employed SEP, SIMPLE, and qualified plans															
29 Self-employed health insurance deduction															
30 Penalty on early withdrawal of savings								46.							
31a Alimony paid b Recipient's SSN ▶ 886-02-0752									3,600.						
32 IRA deduction										3,000.					
33 Student loan interest deduction											268.				
34 Tuition and fees. Attach Form 8917															
35 Domestic production activities deduction. Attach Form 8903															
36 Add lines 23 through 35														7,322.	
37 Subtract line 36 from line 22. This is your adjusted gross income															78,650.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for tax and credits.

Standard Deduction for-

People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$6,200. Married filing jointly or Qualifying widow(er), \$12,400. Head of household, \$9,100.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for payments.

Refund

Direct deposit? See instructions

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for amount you owe.

Third Party Designee

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

Sign Here

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

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

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, and Check if self-employed. Includes fields for firm's name, address, and phone number.

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

Interest. List all interest on Schedule B, regardless of the amount.
Unemployment and/or state tax refund. Fill out 1099-G worksheet.

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	13,682.		
Railroad tier 1 received this year			
Total	13,682.		13,682.
Medicare to Schedule A	1,985.		
Federal tax withheld	360.		

Married Filing Separately

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3

All others

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 67,288.
 + tax-exempt interest: 538. and excluded income from American Samoa (Form 4563) or Puerto Rico: _____ + 50% of the benefits received: 6,841.

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable.

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable	A	11,630.	
Modified AGI		74,667.	
\$34,000 (\$44,000)		44,000.	
Subtract		30,667.	
	X 85%=	26,067.	
Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly)		6,000.	
Add	B	32,067.	
Taxable social security and railroad retirement tier 1. Minimum of A or B.			11,630.

Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

	Taxpayer	Spouse	Total
Gross amount received attributable to 2014			
Using the above modified AGI, this is the taxable amount of the 2014 benefit			
Amounts taxable from previous years			
Taxable benefits using the lump-sum election method			

US Student Loan Interest, Coverdell ESA and QTP, Tuition and Fees 2014

Name: KARL R KENT & KARA B BRYANT SSN: 881-02-0752

Student Loan Interest (Postsecondary Education)	Taxpayer	Spouse	Total
1 Amount paid in 2014. See instructions for limitations and definition of qualified student loan interest. Total column is limited to \$2,500.....		268.	268.
Modified AGI for this computation including excluded income from Forms 2555 (EZ) and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839, line 30 <u>78,918.</u>			
Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$65,000 (\$130,000 married filing jointly) and is -0- when AGI exceeds \$80,000 (\$160,000 married filing jointly).			
2 Student loan interest deduction		268.	268.
Educator Expenses - Elementary and Secondary	Taxpayer	Spouse	Total
Amount of unreimbursed classroom expenses, such as books, supplies, computer equipment and related software, other equipment, and supplementary materials used by the eligible educator in the classroom, up to \$250. Amounts over \$250 should be listed on Schedule A, Job Expenses, subject to 2% of AGI		240.	240.
Education Savings Accounts (ESAs) and QTPs		Taxpayer	Spouse
1 Excess contributions			
2 Taxable distributions			

Tuition and Fees as an AGI Deduction

In most cases, tuition and fees will create a better income tax result by using Form 8863, Education Credits. The same rules for qualified tuition and fees apply to the credit and the deduction.

No deduction is allowed if filing Form 1040NR or married filing separately.

Some things to consider

Form 8863, Education Credits

- 40% of the American Opportunity Credit is refundable and is reduced once the AGI reaches \$80,000 single (\$160,000, married filing jointly), and is -0- when the AGI reaches \$90,000 single (\$180,000, married filing jointly).
- The nonrefundable education credits are reduced once the AGI reaches \$54,000, single (\$108,000, married filing jointly), and is -0- when the AGI reaches \$64,000, single (\$128,000, married filing jointly).
- The American Opportunity Credit, if not reduced, can be as much as \$2,500 credit per student.
- The Lifetime Learning Credit, if not reduced, is limited to \$2,000.

Tuition and Fees as an AGI Deduction

- The deduction is limited to \$4,000, if AGI does not exceed \$65,000, single (\$130,000 married filing jointly).
- The deduction is limited to \$2,000, if AGI exceeds \$65,000, single (\$130,000 married filing jointly).
- The deduction is -0- when AGI exceeds \$80,000, single (\$160,000 married filing jointly).

Student's name	Social security number	Qualified expenses
KARL KENT	881-02-0752	
KARA BRYANT	882-02-0752	
DAVID THOMAS	884-02-0752	
KENDRA KENT	883-02-0752	
CARMEN BRYANT	880-02-0752	
1 Total qualified expense		
2 Modified AGI		78,650.
3 Tuition and fees deduction..... (Spouse amount:)		

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2014

Name: **KARL R KENT & KARA B BRYANT**

SSN: **881-02-0752**

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="1"/> qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	78,650.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	110,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	4,031.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy	1,871.	

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		2,160.
11	Child tax credit		1,000.

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2014 to 2015

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2014 only, Form 1045 Amt. carried forward from 2013. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2014 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <td>50%</td> <td>30%</td> <td>30%</td> <td>20%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2014 only, Form 1116. Enter amount carried back, if any														
6	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <th>2012</th> <th>2013</th> <th>2014</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2012	2013	2014										
2012	2013	2014													
7	DC first-time homebuyer credit, Form 8859														
8	Prior year minimum tax credit, Form 8801, cumulative total														
9	AMT limited qualified electric vehicle credit from 2014 only														
10	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <th>2010</th> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2010	2011	2012	2013	2014								
2010	2011	2012	2013	2014											

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

	TSJ	Amount
1 Gambling winnings from Form W-2G		1,200.
2 Form 1099-MISC, lines 3, 7, and 8		
3 Taxable distributions from education savings accounts (ESAs) and QTPs		
4 Recovery of itemized deductions		
5 Foreign income exclusion from Form 2555, line 45		
6 Foreign income exclusion from Form 2555-EZ, line 18		
7 Income addition from Form 6478, line 2		
8 Income addition from Form 8814, line 12		
9 Taxable Archer MSA distributions from Form 8853, line 8		
10 Taxable Medicare Advantage MSA distributions from Form 8853, line 12		
11 Taxable long-term care insurance contract payments from Form 8853, line 26		
12 Taxable HSA distributions from Form 8889, line 16		
13 Income for failure to maintain HDHP coverage from Form 8889, line 20		
14 Jury duty pay	<input type="checkbox"/>	
15 NOL carried forward - enter as a negative amount	<input type="checkbox"/>	
16 Describe - 1099-C FROM DIS-CARD-ER	<input checked="" type="checkbox"/>	625.
17 Describe -	<input type="checkbox"/>	
18 Describe -	<input type="checkbox"/>	
19 Describe -	<input type="checkbox"/>	
20 Describe -	<input type="checkbox"/>	
21 Describe -	<input type="checkbox"/>	
22 Describe -	<input type="checkbox"/>	
23 Describe -	<input type="checkbox"/>	
24 Describe -	<input type="checkbox"/>	
25 Describe -	<input type="checkbox"/>	
26 Describe -	<input type="checkbox"/>	
27 Describe -	<input type="checkbox"/>	
28 Describe -	<input type="checkbox"/>	
29 Describe -	<input type="checkbox"/>	
30 Describe -	<input type="checkbox"/>	
31 Total other income		1,825.

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

If you or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 2014, use the Shared Responsibility Payment Worksheet, below, to figure your shared responsibility payment. For each individual, check the box in the column labeled "Full" if the individual had minimum essential coverage for the entire year, check the box labeled "None" if the individual did not have insurance all year, or check the box for each month that the individual did not have minimum essential coverage. If you are applying for an exemption or have been granted a full or partial exemption for an individual, check the box in the column labeled "Exm" and only check those months that are not covered by the exemption, if any. If you received insurance through the Marketplace, check the box labeled "Mkt".

	Full	None	Mkt	Exm	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
KARL R KENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KARA B BRYANT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAVID THOMAS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KENDRA KENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARMEN BRYANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1 Total number of boxes checked per month, maximum of 5.....	1	1	1									
2 Total number of boxes checked per month for individuals 18 or over	1	1	1									
3 One-half the number of boxes checked per month for individuals under 18 ..												
4 Add lines 3 and 4 for each month	1.0	1.0	1.0									
5 Multiply line 4 by \$95 for each month, maximum of \$285	95.0	95.0	95.0									

6 Sum of the number of boxes checked on line 1 above for the year	3
7 Household income	79,188.
Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero	
8 Filing threshold	21,500.
9 Subtract line 8 from line 7	57,688.
10 Multiply line 9 by 1%	577.
11 Is line 10 more than \$285? <input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero. <input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet	1,731.
12 Divide line 11 by 12	144.
13 Multiply line 6 by \$204	612.
14 Smaller of line 12 or line 13	144.

1099 MISCELLANEOUS REPORT - 2014

Payer	ID number	Rent	Roy	Prizes	Fed With	Fish Boat	Med	Nonemp Comp	Sub Paymts	Crop Ins	EPP	Sect 409A	St	With	St	With
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MEDICAL TRANSCRIPTIO:

PRATT MEDICAL C 88-4990752

1637

1637

1099G DETAIL REPORT - 2014

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	2550		120	
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		2550		120	

1099-R DETAIL REPORT - 2014

Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
SAULK TRUST COMPANY	88-7990752	T	7	X		NJ	838	838		838		
YALE SECURITY IRA	88-3990752	T	G	X		NJ	11755		R 11755			
DEFENSE FINANCE & AC	11-2990752	T	7			NJ	1200			1200		
STILLMAN PENSION FUN	88-6990752	T	7		1715	NJ	18625		E 335	18290	5864	5194
					-----		-----	---	-----	-----	-----	-----
					1715		32418	838	12090	20328	5864	5194

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

1040
1040A
1040NR

2441

Name(s) shown on return **KARL R KENT & KARA B BRYANT** Your social security number **881-02-0752**

Part I **Persons or Organizations Who Provided the Care** - You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
MARYVILLE DAY CARE	128 MENIO ST DENVERVILLE NJ 07834-	88-0990752	1,100.

Did you receive dependent care benefits?

No → Complete only Part II below.

Yes → Complete Part III on page 2.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2014 for the person listed in column (a)
First	Last		
DAVID	THOMAS	884-02-0752	1,100.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,100.
4 Enter your earned income . See instructions	4	28,134.
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	16,020.
6 Enter the smallest of line 3, 4, or 5	6	1,100.
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	78,650.
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X . 0.20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2013 expenses in 2014, see the instructions	9	220.
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	4,027.
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	220.

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

Residential Energy Credits

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 5695 and its instructions is at www.irs.gov/form5695.

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **158**

Name(s) shown on return

KARL R KENT & KARA B BRYANT

Your social security number

881-02-0752

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note. Skip lines 1 through 11 if you only have a **credit carryforward from 2013**.

<p>1 Qualified solar electric property costs</p> <p>2 Qualified solar water heating property costs</p> <p>3 Qualified small wind energy property costs</p> <p>4 Qualified geothermal heat pump property costs</p> <p>5 Add lines 1 through 4</p> <p>6 Multiply line 5 by 30% (.30)</p> <p>7 a Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) ▶</p> <p style="margin-left: 20px;">Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.</p> <p>b Print the complete address of the main home where you installed the fuel cell property.</p> <p style="margin-left: 40px;">_____ Number and street Unit No.</p> <p style="margin-left: 40px;">_____ City, State, and ZIP code</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7a</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8 Qualified fuel cell property costs</p> <p>9 Multiply line 8 by 30% (.30)</p> <p>10 Kilowatt capacity of property on line 8 above ▶ <u>0.0</u> X \$1,000</p> <p>11 Enter the smaller of line 9 or line 10</p> <p>12 Credit carryforward from 2013. Enter the amount, if any, from your 2013 Form 5695, line 16</p> <p>13 Add lines 6, 11, and 12</p> <p>14 Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)</p> <p>15 Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53, or Form 1040NR, line 50</p> <p>16 Credit carryforward to 2015. If line 15 is less than line 13, subtract line 15 from line 13</p>	<p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p>	<p>0</p>

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

Part II Nonbusiness Energy Property Credit

<p>17 a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶</p> <p>Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p> <p>b Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.</p> <p style="margin-left: 40px;">1068 RIVERMEADE DR <small>Number and street</small> <small>Unit No.</small></p> <p style="margin-left: 40px;">DENVER NJ 07834- <small>City, State, and ZIP code</small></p>	17a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>c Were any of these improvements related to the construction of this main home? ▶</p> <p>Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	17c	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)</p>	18		305.
<p>19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p> <p>a Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC</p>	19a		175.
<p>b Exterior doors that meet or exceed the Energy Star program requirements</p>	19b		
<p>c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home</p>	19c		
<p>d Exterior windows and skylights that meet or exceed the Energy Star program requirements</p>	19d		7,450.
<p>e Maximum amount of cost on which the credit can be figured</p>	19e		\$2,000
<p>f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, 2011, 2012, or 2013, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-</p>	19f		
<p>g Subtract line 19f from line 19e. If zero or less, enter -0-</p>	19g		2,000.
<p>h Enter the smaller of line 19d or line 19g</p>	19h		2,000.
<p>20 Add lines 19a, 19b, 19c, and 19h</p>	20		2,175.
<p>21 Multiply line 20 by 10% (.10)</p>	21		218.
<p>22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p> <p>a Energy-efficient building property. Do not enter more than \$300</p>	22a		
<p>b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150</p>	22b		
<p>c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50</p>	22c		
<p>23 Add lines 22a through 22c</p>	23		
<p>24 Add lines 21 and 23</p>	24		218.
<p>25 Maximum credit amount. (If you jointly occupied the home, see instructions)</p>	25		500.
<p>26 Enter the amount, if any, from line 18</p>	26		305.
<p>27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit</p>	27		195.
<p>28 Enter the smaller of line 24 or line 27</p>	28		195.
<p>29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)</p>	29		2,355.
<p>30 Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53, or Form 1040NR, line 50</p>	30		195.

Alternative Minimum Tax - Individuals

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR
KARL R KENT & KARA B BRYANT

Your social security number
881-02-0752

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)			
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38 and go to line 7. (If less than zero, enter as a negative amount.)	1	52,782.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	1,966.
3	Taxes from Schedule A (Form 1040), line 9	3	10,021.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$152,525 or less, enter -0-. Otherwise, see instructions	6	
7	Tax refund from Form 1040, line 10 or line 21	7	(287.)
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	22.
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$242,450, see instructions.)	28	64,504.

Part II Alternative Minimum Tax (AMT)																	
29	Exemption. (If you were under age 24 at the end of 2014, see instructions.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If your filing status is...</th> <th style="width: 20%;">AND line 28 is not over...</th> <th style="width: 20%;">THEN enter on line 29...</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Single or head of household</td> <td>\$117,300</td> <td>\$52,800</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">} ▶</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>156,500</td> <td>82,100</td> </tr> <tr> <td>Married filing separately</td> <td>78,250</td> <td>41,050</td> </tr> </tbody> </table> If line 28 is over the amount shown above for your filing status, see instructions.	If your filing status is...	AND line 28 is not over...	THEN enter on line 29...		Single or head of household	\$117,300	\$52,800	} ▶	Married filing jointly or qualifying widow(er)	156,500	82,100	Married filing separately	78,250	41,050	29	82,100.
If your filing status is...	AND line 28 is not over...	THEN enter on line 29...															
Single or head of household	\$117,300	\$52,800	} ▶														
Married filing jointly or qualifying widow(er)	156,500	82,100															
Married filing separately	78,250	41,050															
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30															
31	<ul style="list-style-type: none"> • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result. 	31															
32	Alternative minimum tax foreign tax credit (see instructions)	32	4.														
33	Tentative minimum tax. Subtract line 32 from line 31	33															
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions).	34	4,027.														
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35															

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.

2014

Attachment
 Sequence No. **50**

Name(s) shown on return
KARL R KENT & KARA B BRYANT

Your social security number
881-02-0752



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		2,313.
2 Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180,000.	
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	78,650.	
4 Subtract line 3 from line 2. If zero or less, stop you cannot take any education credit	4	101,350.	
5 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000.	
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 <input type="checkbox"/>	7		2,313.
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		925.

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		1,388.
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		318.
11 Enter the smaller of line 10 or \$10,000	11		318.
12 Multiply line 11 by 20% (.20)	12		64.
13 Enter: \$128,000 if married filing jointly; \$64,000 if single, head of household, or qualifying widow(er)	13	128,000.	
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	78,650.	
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	49,350.	
16 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.	
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		1.000
18 Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18		64.
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		1,452.

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

Name(s) shown on return
KARL R KENT & KARA B BRYANT

Your social security number
881-02-0752



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.

Part III Student and Educational Institution Information
 See instructions.

<p>20 Student name (as shown on page 1 of your tax return)</p> <p>KARA BRYANT</p>	<p>21 Student social security no. (as shown on page 1 of your tax return)</p> <p>882-02-0752</p>
<p>22 Educational institution information (see instructions)</p>	
<p>a. Name of first educational institution</p> <p>BOONTON COLLEGE</p> <p>(1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 123 MAIN BOONTON NJ 07005-</p> <p>(2) Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If you checked "No" in both (2) and (3), skip (4).</p> <p>(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you checked "No" in both (2) and (3), skip (4).</p> <p>(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).</p>
<p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.</p>	
<p>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) <input type="checkbox"/> Yes - Go to line 25. <input checked="" type="checkbox"/> No - Stop! Go to line 31 for this student.</p>	
<p>25 Did the student complete the first 4 years of post-secondary education before 2014? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input type="checkbox"/> No - Go to line 26.</p>	
<p>26 Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input type="checkbox"/> No - Complete lines 27 through 30 for this student.</p>	



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	
28 Subtract \$2,000 from line 27. If zero or less enter -0-	28	
29 Multiply line 28 by 25% (.25)	29	
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	

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	318.
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Name(s) shown on return

KARL R KENT & KARA B BRYANT

Your social security number

881-02-0752



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.

Part III Student and Educational Institution Information

See instructions.

<p>20 Student name (as shown on page 1 of your tax return)</p> <p>KENDRA KENT</p>	<p>21 Student social security no. (as shown on page 1 of your tax return)</p> <p>883-02-0752</p>
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<p>22 Educational institution information (see instructions)</p> <p>a. Name of first educational institution</p> <p>CENTRAL MORRIS COLLEGE</p> <p>(1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. NUNN DRIVE FOUNDERS HALL 500 DENVER NJ 07834-</p> <p>(2) Did the student receive Form 1098-T from this institution for 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If you checked "No" in both (2) and (3), skip (4).</p> <p>(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).</p> <p>88-5990752</p>		<p>b. Name of second educational institution (if any)</p> <p>(1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you checked "No" in both (2) and (3), skip (4).</p> <p>(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).</p>	
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<p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student.</p>	<p><input checked="" type="checkbox"/> No - Go to line 24.</p>
<p>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)</p>	<p><input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - Stop! Go to line 31 for this student.</p>
<p>25 Did the student complete the first 4 years of post-secondary education before 2014? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student.</p>	<p><input checked="" type="checkbox"/> No - Go to line 26.</p>
<p>26 Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student.</p>	<p><input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.</p>



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	3,250.
28 Subtract \$2,000 from line 27. If zero or less enter -0-	28	1,250.
29 Multiply line 28 by 25% (.25)	29	313.
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	2,313.

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	
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Sales and Other Dispositions of Capital Assets

2014

Department of the Treasury
Internal Revenue Service

- ▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
- ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return: **KARL R KENT & KARA B BRYANT**
Social security number or taxpayer identification number: **881-02-0752**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.
Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustments if any to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instr.	(g) Amount of adjustment		
	ZYX INVESTMENTS	01/01/2014	12/31/2014	1370.	1360.	M		10.	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).								
				1370.	1360.			10.	

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification number

KARL R KENT & KARA B BRYANT

881-02-0752

Before you checked Box D, E, or F below, see whether you received any Form(s) 1099-B substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instr.	(g) Amount of adjustment	
	ZYX INVESTMENTS	VA/RI/OUS	12/31/2014	1370.	1360.	MW	10.	20.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								
				1370.	1360.		10.	20.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification number

KARL R KENT & KARA B BRYANT

881-02-0752

Before you checked Box D, E, or F below, see whether you received any Form(s) 1099-B substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
(F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s) from instr., (g) Amount of adjustment, (h) Gain or (loss). Rows include RUST, RIMI, and RIDE.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.

▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

Attachment
Sequence No. **73**

Name shown on your return KARL R KENT & KARA B BRYANT	Your social security number 881-02-0752	Relief (see instructions) <input type="checkbox"/>
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Part 1: Annual and Monthly Contribution Amount

1 Family Size: Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	5
2a Modified AGI: Enter your modified AGI (see instructions) 2a 81,240	2a	
b Enter total of your dependents' modified AGI (see instructions)	2b	
3 Household Income: Add the amounts on lines 2a and 2b	3	81,240 .
4 Federal Poverty Line: Enter the federal poverty amount as determined by the family size on line 1 and the federal poverty table for your state of residence during the tax year (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	27,570 .
5 Household Income as a Percentage of Federal Poverty Line: Divide line 3 by line 4. Enter the result rounded to a whole percentage. (For example, for 1.542 enter the result as 154, for 1.549 enter as 155.) (See instructions for special rules.)	5	295 %
6 Is the result entered on line 5 less than or equal to 400%? (See instructions if the result is less than 100%.) <input checked="" type="checkbox"/> Yes. Continue to line 7. <input type="checkbox"/> No. You are not eligible to receive PTC. If you received advance payment of PTC, see the instructions for how to report your Excess Advance PTC Repayment amount.		
7 Applicable Figure: Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0936
8a Annual Contribution for Health Care: Multiply line 3 by line 7 8a 7,604	8a	
b Monthly Contribution for Health Care: Divide line 8a by 12. Round to whole dollar amount	8b	634 .

Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions)
 Yes. Skip to Part 4, Shared Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage. **No. Continue to line 10.**

10 Do all Forms 1095-A for your tax household include coverage for Jan. - Dec. with no changes in monthly amounts shown on lines 21-32, columns A and B?
 Yes. Continue to line 11. Compute your annual PTC. Skip lines 12-23 and continue to line 24. **No. Continue to lines 12-23.** Compute your monthly PTC and continue to line 24.

Annual Calculation	A. Premium Amount (Form(s) 1095-A, line 33A)	B. Annual Premium Amount of SLCS (Form(s) 1095-A, line 33B)	C. Annual Contribution Amount (Line 8a)	D. Annual Maximum Premium Assistance (Subtract C from B)	E. Annual Premium Tax Credit Allowed (Smaller of A or D)	F. Annual Advance Payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	A. Monthly Premium Amount (Form(s) 1095-A, lines 21-32, column A)	B. Monthly Premium Amount of SLCS (Form(s) 1095-A, lines 21-32, column B)	C. Monthly Contribution Amount (Amount from line 8b or alternative marriage monthly contribution)	D. Monthly Maximum Premium Assistance (Subtract C from B)	E. Monthly Premium Tax Credit Allowed (Smaller of A or D)	F. Monthly Advance Payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	600 .	720 .	634 .	86 .	86 .	
13 February	600 .	720 .	634 .	86 .	86 .	
14 March	600 .	720 .	634 .	86 .	86 .	
15 April	600 .	720 .	634 .	86 .	86 .	
16 May	600 .	720 .	634 .	86 .	86 .	
17 June	600 .	720 .	634 .	86 .	86 .	
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24 Total Premium Tax Credit: Enter the amount from line 11E or add lines 12E through 23E and enter the total here	24	516 .
25 Advance Payment of PTC: Enter the amount from line 11F or add lines 12F through 23F and enter the total here	25	
26 Net Premium Tax Credit: If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	516 .

Part 3: Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess Advance Payment of PTC: If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28 Repayment Limitation: Using the percentage on line 5 and your filing status, locate the repayment limitation amount in the instructions. Enter the amount here	28	
29 Excess Advance Premium Tax Credit Repayment: Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	

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

Health Coverage Exemptions

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965

2014

Attachment
Sequence No. **75**

Name as shown on return KARL R KENT & KARA B BRYANT	Your social security number 881-02-0752
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Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	a Name of Individual	b SSN	c Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions for Your Household Claimed on Your Return:

- 7a Are you claiming an exemption because your household income is below the filing threshold? Yes No
- b Are you claiming a hardship exemption because your gross income is below the filing threshold? Yes No

Part III Coverage Exemptions for Individuals Claimed on Your Return: If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	a Name of Individual	b SSN	c Exemption Type	d Full Year	e Jan	f Feb	g Mar	h Apr	i May	j June	k July	l Aug	m Sept	n Oct	o Nov	p Dec
8	KENDRA KENT	883-02-0752	B								X	X				
9	DAVID THOMAS	884-02-0752	B								X	X				
10																
11																
12																
13																

US Schedule A

Itemized Deduction Detail Worksheet

2014

Name: **KARL R KENT & KARA B BRYANT**

SSN: **881-02-0752**

Medical Expenses		Medical miles:	Deduction:
		1236	290.
Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet	1,985.
Taxpayer		Remainder from worksheets	
Spouse		Taxpayer	
Qualified long term care contracts		Spouse	
Taxpayer		Self-employed health insurance	
Spouse	3,720.	Taxpayer	
Other medical expenses		Spouse	
DOCTORS	1,653.	FORM 8962 SUM 12A-23A	3,600.
HOSPITALS	3,200.	FORM 8962 LINE 24	(516.)
PRESCRIPTION DRUGS	965.		
PRESCRIPTION EYEGLASSES	210.	Amount from additional worksheets	
		Total	15,107.

Cash Contributions		Other Charitable miles:	X .14 =
50% Limit Organizations			
CHURCH	1,650.		
CHARITIES	225.		
MILLSAP ELEMENTARY	250.		
		From Schedules K-1	
		Amount from additional worksheets	
		Total	2,125.

30% Limit Organizations		Charitable miles:	X .14 =
		Schedules K-1	
		Amount from additional worksheets	
		Total	

Other Than Cash Contributions		50% Limit Organizations	
SALVATION ARMY	350.	From Forms 8283	
		Amount from additional worksheets	
From Schedules K-1		Total	350.

30% Limit		Capital gain property donated to 50% limit organizations.	
		From Forms 8283	
From Schedules K-1		Total	

30% Limit		Not capital gain property donated to 30% limit organizations.	
		From Forms 8283	
From Schedules K-1		Total	

20% Limit Organization		Capital gain property donated to 30% limit organizations.	
		From Forms 8283	
From Schedules K-1		Total	

	From years 2007 through 2013				To 2015 tax year			
	Cash and other property		Capital gain property		Cash and other property		Capital gain property	
	50%	30%	30%	20%	50%	30%	30%	20%
2009								
2010								
2011								
2012								
2013								
2014								

Contributions allowed this year		
50% of adjusted gross income		39,325.
This year's 50% organization cash contributions allowed		2,475.
30% of adjusted gross income		23,595.
This year's capital gain contributions to 50% organizations limited to 30%		
50% cash carryover allowed		
50% capital gain carryover limited to 30%		
This year's 30% organization cash and other property contributions allowed		
30% organizations cash and other property carryover		
20% of adjusted gross income		15,730.
This year's capital gain contributions to 30% organizations limited to 20%		
30% capital gain carryover limited to 20% AGI		
Total contributions allowed this year		2,475.

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US Schedule D

Capital Gain or Loss Transactions Worksheet

2014

* Check if 28% rate gain or (loss)

(a) Description of property	1 0 9	T S J	*	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) Code	(g) Adjustments to Gain or Loss	(h) Gain or loss	S / L
100 RUST	E	T		11/01/1999	09/23/2014	1,700.	3,200.			(1,500.)	L
50 RIMI	E	T		09/01/2002	05/10/2014	3,462.	3,181.			281.	L
100 RIMI	E	T		09/01/2002	10/20/2014	7,226.	6,362.			864.	L
65 RIDE	E	T		IN/HE/RIT	10/20/2014	5,663.	7,222.			(1,559.)	L
ZYX INVESTMENTS	A	T		01/01/2014	12/31/2014	1,370.	1,360.	M		10.	S
ZYX INVESTMENTS	D	T		VA/RI/OUS	12/31/2014	1,370.	1,360.	MW	10.	20.	L
						20,791.	22,685.		10.	(1,884.)	

US Estimated Tax Payments Made for the Current Tax Year 2014

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

Federal Estimated Tax Payments

See note below	Date of payment	Amount of payment	Towards 04/15/2014 payment	Towards 06/15/2014 payment	Towards 09/15/2014 payment	Towards 01/15/2015 payment
From last year	04/15/2014	200.				
D 04/15 1	04/14/2014	100.				
U 06/15 2						
E 09/15 3	09/15/2014	100.				
01/15 4						
* Pay date						
Totals		400.				

* Fill in the pay date on Form 2210, page 1.

State Estimated Tax Payments

**The day listed in the date of payment section is the due date for most state estimated tax payments. If your state has different due dates, disregard the date suggested. If payment 1 was paid on or before the date due for payment 1, enter it in payment 1, etc.

* Check the * column if payment 4 was paid before 01/01/2015.

Taxpayer, Joint, or Combined State Return

** Date of Payment

State	Credit from last year	04/15/2014 Amount 1	06/15/2014 Amount 2	09/15/2014 Amount 3	01/15/2015 Amount 4	*	Total
NJ	100.	50.		40.			190.

NJ	State and/or local balance due from previous years' returns paid in 2014. Include amounts paid with a 2013 extension paid in 2014						
	State and/or local balance due from previous years' returns paid in 2014. Include amounts paid with a 2013 extension paid in 2014						
NJ	Last state estimate payment for 2013 paid in 2014 (due January 15, 2014)						
	Last state estimate payment for 2013 paid in 2014 (due January 15, 2014)						

Spouse Filing Married Separate State Tax Return or Second Full Year Resident State

** Date of Payment

State	Credit from last year	04/15/2014 Amount 1	06/15/2014 Amount 2	09/15/2014 Amount 3	01/15/2015 Amount 4	*	Total

US 1040

IRA Rollover Explanation

2014

DIRECT ROLLOVER OF 11,755 FROM YALE SECURITY IRA TO MERRILL LYNCH

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

Traditional IRA

Were you covered by a retirement plan? Yes No
 If married filing jointly, was your spouse covered by a retirement plan? Yes No

				Taxpayer	Spouse
1	Maximum modified AGI for deductible contributions				
	Filing status	Covered by a retirement plan?	Yes	No	
	1 or 4		\$70,000	No limit	
	2	Spouse covered by a plan	\$116,000		
	2	Spouse not covered by a plan		\$191,000	
	2	Neither spouse covered by a plan		No limit	
	3	Lived with spouse at anytime in 2014	\$10,000	No limit	
	3	Did not live with spouse in 2014	\$70,000	No limit	
	5		\$116,000	No limit	
				116,000.	191,000.
2	Modified AGI computation				
	Social security computation without IRA		70,826.		
	Taxable social security for this computation		11,630.		
	Modified income including taxable social security		85,972.		
3	Adjustments to income without IRA contribution		4,054.		
4	Modified AGI. Subtract line 3 from line 2			81,918.	81,918.
5	Line 1 minus line 4. If -0- or less, enter -0- on line 6			34,082.	109,082.
6	Line 5 times the applicable percentage from the instructions, rounded up to nearest \$10. Do not enter less than \$200, or more than \$5,500 (\$6,500 if age 50 or older)			6,500.	6,500.
7	Total wages and other earned income, minus any deductions on Form 1040, lines 27 and 28, or Form 1040NR, line 27. Do not reduce wages by any losses from self-employment		44,154.		
8	Maximum contribution based on earnings		13,000.		
				Taxpayer	Spouse
9	Maximum allowable IRA contribution				6,500.
10	Enter IRA contributions for 2014 Do NOT enter more than \$5,500 (\$6,500 if age 50 or older) in either column.				3,000.
11	Deductible IRA contribution. Smaller of lines 6, 7, 9, or 10				3,000.
12	Nondeductible IRA contributions				
13	Excess traditional IRA contributions				

Roth IRA

				Taxpayer	Spouse
14	Maximum modified AGI for allowable contributions				
	Filing status	Modified AGI			
	1 or 4	\$129,000			
	2 or 5	\$191,000			
	3	Lived with spouse at anytime in 2014	\$10,000		
	3	Did not live with spouse in 2014	\$129,000	191,000.	191,000.
15	Modified AGI. AGI + Forms 2555, 8815, and 4563 + Puerto Rico income + adoption expense exclusion minus IRA to Roth IRA rollovers			81,918.	81,918.
16	Line 14 minus line 15. If -0-, enter -0- on line 17			109,082.	109,082.
17	Maximum contribution allowed based on AGI			6,500.	3,500.
18	Maximum contribution based on earnings		10,000.		
19	Maximum allowable Roth IRA contribution			6,500.	3,500.
20	Enter Roth IRA contributions for 2014 Do NOT enter more than \$5,500 (\$6,500 if age 50 or older) in either column.				3,000.
21	Excess Roth contributions				

US Schedule A

Sales Tax Worksheet

2014

Name: **KARL R KENT & KARA B BRYANT**

SSN: **881-02-0752**

1	Federal AGI.....		78,650.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest	538.		
b	Social security	2,052.		
c	Combat pay			
d	Income on Forms 4970 and 4972			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers.....	335.	2,925.	
3	Other nontaxable income			
a			
b			
c			
d			
e			
4	Income for sales tax chart		81,575.	
1	Enter the taxpayer's state of residency for 2014			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	State sales tax from the applicable table			1,020.
2	Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2014? <input checked="" type="checkbox"/> No. Line 2 should be -0-. <input type="checkbox"/> Yes. Enter the letter (A - D) for the optional local sales tax table you want to use			
	Local sales tax from the applicable table			
3	Did your locality impose a local general sales tax in 2014? Residents of California and Nevada, see the Schedule A instructions. <input checked="" type="checkbox"/> No. Go to line 7. <input type="checkbox"/> Yes. Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5			
4	Did you enter -0- on line 2 above? <input type="checkbox"/> No. Skip to line 6. <input type="checkbox"/> Yes. Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions. Enter 6.5% as 6.5			
5	Divide line 3 by line 4			
6	Did you enter -0- on line 2 above? <input type="checkbox"/> No. Multiply line 2 by line 3. <input type="checkbox"/> Yes. Multiply line 1 by line 5			
7	Total of lines 1 and 6 - prorated for part-year residents			1,020.
8	General sales tax paid on specified items. Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate			1,400.
9	Total sales tax using the sales tax chart			2,420.
10	Sales tax using actual receipts			
11	Sales tax deduction for Schedule A, line 5			2,420.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
▶ Attach to Form 1040.

OMB No. 1545-0074

2014
Attachment
Sequence No. **07**

Name(s) shown on Form 1040 KARL R KENT & KARA B BRYANT		Your social security number 881-02-0752			
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	15,107.		
	2 Enter amount from Form 1040, line 38 <input type="text" value="2"/> <input type="text" value="78,650."/>				
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1950, multiply line 2 by 7.5% (.075) instead	3	5,899.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	9,208.	
Taxes You Paid	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes	5	2,846.		
	6 Real estate taxes (see instructions)	6	7,175.		
	7 Personal property taxes	7			
	8 Other taxes. List type and amount ▶ _____	8			
	9 Add lines 5 through 8			9	10,021.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	3,164.	
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ▶ _____	11		
		12 Points not reported to you on Form 1098. See instructions for special rules	12		
13 Mortgage insurance premiums (see instructions)		13			
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14			
15 Add lines 10 through 14			15	3,164.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,125.		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	350.		
	18 Carryover from prior year	18			
	19 Add lines 16 through 18			19	2,475.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ _____	21			
	22 Tax preparation fees	22			
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ _____	23			
	24 Add lines 21 through 23	24			
	25 Enter amount from Form 1040, line 38 <input type="text" value="25"/> <input type="text" value="78,650."/>	25	78,650.		
	26 Multiply line 25 by 2% (.02)	26	1,573.		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other Miscellaneous Deductions	28 Other - from list in the inst. List type and amount ▶ <u>GAMBLING LOSSES</u> <input type="text" value="1,000."/>			28	1,000.
Total Itemized Deductions	29 Is Form 1040, line 38, over \$152,525? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	25,868.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2014

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

OMB No. 1545-0074

2014

Attachment
Sequence No. **08**

▶ Information about Sch. B (Form 1040A or 1040) & its instr. is at www.irs.gov/form1040.

Name(s) shown on return **KARL R KENT & KARA B BRYANT** Your social security number **881-02-0752**

Part I	1	Amount
Interest (See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.) Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address CHARLES CAMPBELL 885020752 1523 NORTH CURRY RD DENVERVILLE NJ 07834- KENDALL FEDERAL CRED ZYX INVESTMENTS ZYX INVESTMENTS	2,782. 456. 123. 2,455.
	2 Add the amounts on line 1	5,816.
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3
	4 Subtract line 3 from line 2. Enter the result here & on Form 1040A, or Form 1040, line 8a	5,816.
	Note. If line 4 is over \$1,500, you must complete Part III.	Amount

Part II	5	Amount
Ordinary Dividends (See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.) Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	List name of payer ▶ ZYX INVESTMENTS ZYX INVESTMENTS ZYX INVESTMENTS	232.
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	232.
	Note. If line 6 is over \$1,500, you must complete Part III.	

Part III			Yes	No
Foreign Accounts and Trusts (See instructions on back.)	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
	7a At any time during 2014, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instr.			X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN form 114 and its instructions for filing requirements and exceptions to those requirements			
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶				
8 During 2014, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back				X

**Schedule C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014

Attachment
Sequence No. **09**

Name of proprietor KARA B BRYANT		Social security number (SSN) 882-02-0752
A Principal business or profession, including product or service (see instructions) MEDICAL TRANSCRIPTIO		B Enter code from instructions ▶ 561410
C Business name. If no separate business name, leave blank.		D Employer ID no. (EIN), (see instr.)
E Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here ▶ <input type="checkbox"/>		
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions).		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	2,719.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	2,719.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	2,719.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).	6	
7 Gross income. Add lines 5 and 6 ▶	7	2,719.

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

8 Advertising	8		18	
9 Car and truck expenses (see instructions)	9	235.	19	
10 Commissions and fees	10		20a	
11 Contract labor (see instructions)	11		20b	
12 Depletion	12		21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	
14 Employee benefit programs (other than on line 19)	14		23	
15 Insurance (other than health)	15		24a	
16 Interest:			24b	
a Mortgage (paid to banks, etc.)	16a		25	
b Other	16b		26	
17 Legal and professional services	17		27a	113.
			27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		28	348.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29	2,371.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		31	2,371.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2014

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/02/2007

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
a Business 420 **b** Commuting (see instr.) _____ **c** Other 10000

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

PAPER		45.
PRINTER CARTRIDGE		68.
48 Total other expenses. Enter here and on line 27a	48	113.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

▶ Attach to Form 1040 or Form 1040NR.

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return

KARL R KENT & KARA B BRYANT

Your social security number

881-02-0752

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	1370.	1360.		10.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 10.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	1370.	1360.	10.	20.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	18051.	19965.		-1914.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 69.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (253.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -2078.

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

Schedule D (Form 1040) 2014

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	(2,068.)
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or <input type="checkbox"/> • (\$3,000), or if married filing separately, (\$1,500) <input type="checkbox"/> Note. When figuring which amount is smaller, treat both amounts as positive numbers.	21	(2,068.)
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

1	Taxable income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet			33,032.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	125.		
3	Line 4g of Form 4952			
4	Line 4e of Form 4952			
5	Subtract line 4 from line 3			
6	Subtract line 5 from line 2. If -0- or less, enter -0-		125.	
7	Smaller of line 15 or line 16 of Schedule D			
8	Smaller of line 3 or line 4			
9	Subtract line 8 from line 7. If -0- or less, enter -0-			
10	Add lines 6 and 9		125.	
11	Add lines 18 and 19 of Schedule D			
12	Smaller of line 9 or line 11			
13	Subtract line 12 from line 10. If -0- or less, -0-			125.
14	Subtract line 13 from line 1. If -0- or less, -0-			32,907.
15	Smaller of line 1 or \$73,800 if married filing jointly or qualifying widow(er); \$36,900, if single or married filing separately; \$49,400 if head of household	33,032.		
16	Smaller of line 1 or line 15		33,032.	
17	Smaller of line 14 or line 16		32,907.	
18	Subtract line 10 from line 1. If -0- or less, -0-	32,907.		
19	Larger of line 17 or line 18		32,907.	
20	Subtract line 17 from line 16. This line is taxed at 0%		125.	

If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42.
Otherwise, go to line 21.

21	Smaller of line 1 or line 13			
22	Amount from line 20			
23	Subtract line 22 from line 21			
24	\$406,750 if single; \$228,800 if married filing separately; \$457,600 if married filing jointly or qualifying widow(er); or \$432,200 if head of household			
25	Smaller of line 1 or line 24			
26	Add lines 19 and 20			
27	Subtract line 26 from line 25			
28	Smaller of line 23 or line 27			
29	Multiply line 28 by 15%			
30	Add lines 22 and 28			

If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42.
Otherwise, go to line 31.

31	Subtract line 30 from line 21			
32	Multiply line 31 by 20%			

If Schedule D, line 19, is zero, skip lines 33 through 38 and go to line 39.
Otherwise, go to line 33.

33	Smaller of line 9 above or Schedule D, line 19			
34	Add lines 10 and 19			
35	Amount from line 1			
36	Subtract line 35 from line 34. If -0- or less, -0-			
37	Subtract line 36 from line 33. If -0- or less, -0-			
38	Multiply line 37 by 25%			

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

39	Add lines 19, 20, 28, 31 and 37			
40	Subtract line 39 from line 1			
41	Multiply line 40 by 28%			
42	Tax on line 19 amount			4,031.
43	Add lines 29, 32, 38, 41, and 42			4,031.
44	Tax on line 1 amount			4,046.
45	Tax on all taxable income. Smaller of lines 43 or 44			4,031.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

▶ **Attach to Form 1040, 1040NR, or Form 1041.**

OMB No. 1545-0074

2014

Attachment
Sequence No. **13**

▶ **Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.**

Name(s) shown on return

KARL R KENT & KARA B BRYANT

Your social security no.

881-02-0752

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

A Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) Yes No

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

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

A 1001 YUKON DRIVE FAIRBANKS AK 99701-

B

C

1b	Type of Property (from list below)	2	Fair Rental Days		Personal Use Days		QJV	
			A	B	A	B	A	B
A	6	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.						
B								
C								

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4	1,050.		
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc.(see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	1,050.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b		1,050.	
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			1,050.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		()
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			1,050.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of person

KARA B BRYANT

with self-employment income ▶

882-02-0752

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b ()	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	2,371.
3 Combine lines 1a, 1b, and 2	3	2,371.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	2,190.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	2,190.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	2,190.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2014	7	117,000 00
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$117,000 or more, skip lines 8b through 10, and go to line 11	8a	13,817.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	13,817.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	103,183.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	272.
11 Multiply line 6 by 2.9% (.029)	11	64.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	336.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	168.

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

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$7,200, or (b) your net farm profits ² were less than \$5,198.		
14 Maximum income for optional methods	14	4,800 00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,800. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,198 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

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

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

Use the spouse column if this is a married joint return for this year and the spouse filed separately last year.	Joint or Taxpayer	Spouse	Taxable
1 <u>NJ</u> 2013 state/local income tax refund	437.		
___ 2013 state/local income tax refund			
Total state/local income tax refund for 2013	437.		
2 Enter the amounts from the 2013 tax return If the itemized deductions were reduced due to the AGI limitation, be sure to enter the reduced amounts			
Schedule A, line 5a, income taxes	1,320.		
Schedule A, line 5b, general sales tax	955.		
Difference - the state tax refund is only taxable to the extent the state tax deduction exceeds the sales tax deduction	365.		
3 Net state/local income tax refund	365.		
4 Enter the total of all other Schedule A refunds or reimbursements			
5 Add lines 3 and 4	365.		
On the 2013 tax return, If itemized deductions are reduced due to income limitations, AMT is included, or there are unused credits, see Publication 525. Some or all of the state tax refund may be tax-free. Check here if the ENTIRE state tax refund is nontaxable. Stop here	<input type="checkbox"/>	<input type="checkbox"/>	
6 2013 itemized deductions	13,687.		
7 Filing status for 2013. Enter 1, 2, 3, 4, or 5. 1 = Single 4 = Head of household 2 = Married filing jointly 5 = Qualifying widow(er) 3 = Married filing separately If the 2013 filing status was married filing separately, and itemized deductions were required to be used because the spouse itemized, check here	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 Age 65 or blind, enter amount from the 2013 Form 1040, page 2, line 39a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9 Standard deduction	13,400.		
10 Subtract line 9 from line 6	287.		
11 Smaller of line 5 or line 10	287.		
12 Enter the taxable income for 2013, adjusted for any NOL carryover. If less than -0-, show the amount as a negative number	39,544.		
13 Amount to include in income for 2014	287.		
14 Taxable state/local income tax refund	287.		287.
15 Taxable amount of other income			

US 1040

Three - Year Tax Summary

2014

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

Gross Income	2012	2013	2014
Wages and salaries			41,951.
Interest and dividends			6,048.
Business income			2,371.
Sale of assets - gain or loss			(2,068.)
Pension and IRA distributions			20,328.
Rents, royalties, etc			1,050.
Unemployment and social security			14,180.
Other income			2,112.
Total gross income			85,972.
Adjustments to Income			7,322.
Adjusted gross income			78,650.
Itemized or Standard Deductions			
Medical expense deduction			9,208.
Taxes			10,021.
Interest			3,164.
Contributions			2,475.
Miscellaneous deductions			
Other itemized deductions			1,000.
Total deductions			25,868.
Exemptions			19,750.
Taxable Income	0	0	33,032.
Tax (2014 - 1040, line 44)	0	0	4,031.
Alternative minimum tax			
Other taxes			480.
Credits and Payments			
Credits			2,871.
Withholding			5,603.
EIC and Additional Child Tax Credit			
Estimated tax payments			400.
Other payments			1,441.
Total credits and payments			10,315.
Tax liability after credits			1,640.
Estimated tax penalty			
Refund or (Balance Due)			5,804.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)			NJ 2,250.
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

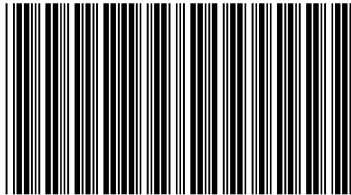
NOTES FOR 2014:

W-2 DETAIL REPORT - 2014

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
JEFFERSON INDEPENDENT SC	88-9990752	X	13817	987	857	200	NJ	13817	693		
AMERICUS PETROLEUM	88-8990752	X	28134	2176	1927	451	NJ	29334	1674		
			-----	-----	-----	---		-----	-----		
			41951	3163	2784	651		43151	2367		

W-2G DETAIL REPORT - 2014

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
NEW JERSEY LOTTERY	88-2990752	X		1200		1000
				-----		-----
				1200		1000



040MP02140

KENT KARL R & BRYANT KARA B

881020752

1045

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN X
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER 1
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 3
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE 1
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 4
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 3

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF X SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER

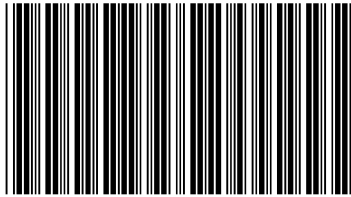
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows include THOMAS DAVID, KENT KENDRA, BRYANT CARMEN.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO X
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES X NO

Main tax schedule table with 3 columns: Line number, Description, Amount. Includes lines 14 through 36 with various income and deduction categories.



040MP03140

KENT KARL R & BRYANT KARA B

881020752

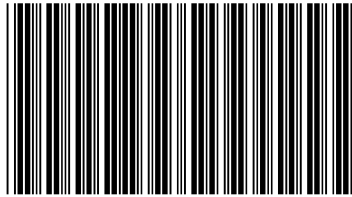
1045

37A	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	7135 .
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	38.	6802 .
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	15912 .
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	223 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	
41A	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	223 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	223 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 35) IF NO USE TAX, ENTER ZERO	45.	84 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	
46A	FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	307 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	2367 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2013 TAX RETURN	50.	190 .
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	2557 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE <small>IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT</small>	56.	
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	2250 .
58.	YOUR 2015 TAX	58.	
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	
64C.	DESIGNATION CODE	64C.	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	2250 .

DIRECT DEPOSIT INFORMATION

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECK BOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	325070760
dd5.	ACCOUNT NUMBER	dd5.	987123654
dnm	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

NJ - 1040
2014
Page 1



040MP01140

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2014 or Other Tax Year

Beginning _____, 2014 Month Ending _____
On-line Federal Extension Confirmation # _____

KENT KARL R & BRYANT KARA B

1068 RIVERMEADE DR

DENVILLE NJ 07834 1408

1045 12

881020752 882020752

S24051405

50001 00002 1408



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

Paid Preparer's Signature

Federal Identification Number

S24051405

Firm's Name KINNELON VOLUNTEER FIRE CO

Federal Employer Identification Number

KINNELON NJ 07405

Name(s) as shown on Form NJ-1040 KENT KARL R & BRYANT KARA B	Your Social Security Number 881-02-0752
---	--

PART I NET PROFITS FROM BUSINESS List the net profit (loss) from business(es). See instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	KARA B BRYANT	882-02-0752	2,371.
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4. 2,371.

PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)		4.

PART III NET PRO RATA SHARE OF S CORPORATION INCOME List the pro rata share of income (loss) from S Corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)		4.

PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.	1001 YUKON DRIVE FAIRBANKS	881-02-0752	2	1,050.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)			4. 1,050.

Name(s) as shown on Form NJ-1040 KENT KARL R & BRYANT KARA B				Your Social Security Number 881-02-0752	
PART I INCOME (LOSS)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income/(Loss)	
1.	Net Profits From Business	1a.	2,371.	1b.	2,371.
2.	Distributive Share of Partnership Income	2a.		2b.	
3.	Net Pro Rata Share of S Corporation Income	3a.		3b.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	1,050.	4b.	1,050.
5.	Loss Carryforward From Tax Year 2013			5b.	()
6.	Totals	6a.	3,421.	6b.	3,421.
PART II ADJUSTMENT CALCULATION					
7.	Total Regular Business Income	7.	3,421.		
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	3,421.		
9.	Business Increment (Line 7 minus Line 8)	9.			
10.	Adjustment Percentage	10.	0.30		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.30)	11.			
PART III LOSS CARRYFORWARD TO TAX YEAR 2015					
12.	Loss Carryforward to Tax Year 2015			12.	()

Instructions

- Line 1a. Enter the amount from Line 17 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 20 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 21 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 22 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from Line 12 of your 2013 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for tax year 2014 is 30% (0.30).
- Line 11. Multiply the amount on Line 9 by 30% (0.30). Enter here and Line 34 of Form NJ-1040.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2014

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

Tax Return Information

1 Refund	2250.
2 Balance Due	

Direct Deposit and Direct Debit Information

- Check here if you had a Federal refund and want the state refund deposited to the same bank account as listed on the Federal return. This information will not appear below, but will be transmitted to New Jersey with the electronic return.
- Check here if you want the state refund deposited into a different account.
- Check here to have a refund check mailed to you.

Direct Debit of Balance Due

Check here if you want your balance due withdrawn from your bank account and enter your account information below. Please note that the account will be debited when the tax return is processed.
Enter the date you want the balance due to be withdrawn from your account
If the return is transmitted on or before April 18, the requested payment date cannot be later than April 18. If the return is efiled after April 18, the requested payment date should be today. This is today's date **11/28/2015**
Check here if you will mail your balance due to New Jersey.

Bank Account Information

Routing number 325070760
Account number 987123654
Account type Checking Savings

Will the refund or debit you are requesting involve a foreign bank account? Yes No

Electronic Filing Only

If you used a different account for direct deposit of your state tax refund or requested electronic funds withdrawal for your state tax balance due, rekey the account information below from the check or other document for verification.

RTN:

Account:

NJ

Dependents Information

2014

Name: KARL R KENT & KARA B BRYANT

SSN: 881-02-0752

First name	MI	Last name	SSN	Birth year
DAVID		THOMAS	884-02-0752	2009
KENDRA		KENT	883-02-0752	1993
CARMEN		BRYANT	880-02-0752	1951

Name: KENT KARL R & BRYANT KARA B

SSN: 881-02-0752

Part I

1	Value of IRA on December 31, 2014	
2	Total distributions from IRA during the tax year	838.
3	Total value of IRA	838.
Unrecovered contributions: Complete either line 4a or 4b.		
4 a	First year of withdrawal from IRA, enter the total of IRA contributions that were previously taxed	
b	After first year of withdrawal from IRA. Amount of unrecovered contributions from Part II, line 7	
5	Accumulated earnings in IRA on December 31, 2014	838.
6	Divide line 5 by line 3	1.00
7	Taxable portion of this year's withdrawal	838.
8	Excludable portion of this year's withdrawal	

Part II: Unrecovered Contributions for Second and Later Years

a	Last year's unrecovered contributions, from line 4 of last year's worksheet	
b	Amount withdrawn last year, from line 2 of last year's worksheet	
c	Taxable portion of last year's withdrawal, from line 7 of last year's worksheet	
d	Contributions recovered last year	
e	This year's unrecovered contributions	
f	Contributions to IRA during current tax year, do not include tax free rollovers	
g	Total unrecovered contributions	

SCHEDULES
A & B
(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2014

Name(s) as shown on Form NJ-1040 KENT KARL R & BRYANT KARA B	Your Social Security Number 881-02-0752
--	---

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 40.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)			
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)			
3.	Maximum Allowable Credit Percentage 1 _____ (Divide Line 2 into Line 1) 2 _____			%
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4.	Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.		
5.	Property Tax Enter in Box 5a the amount from Worksheet and Deduction F line 1. See instructions page 33. Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 33.	5a.		- 0 -
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.		
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.		
8.	Allowable Credit (Line 3 times Line 7)	8.		
9.	Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39).	9a.		

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 37c or 49, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet I on page 43 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
	FED SCH D					(1,884.)
2.	Capital Gains Distributions					69.
3.	Other Net Gains					
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here & make no entry on Line 18) ..					

NOTE: For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.