

Form
1040EZ

**Income Tax Return for Single and
Joint Filers With No Dependents** (99)

2014

OMB No. 1545-0074

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|---|--|-------------------------------|--|---|--|
| Your first name and initial | | Last name | | Your social security number | |
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. | | | | Apt. no. | |
| | | | | ▲ Make sure the SSN(s) above are correct. | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). | | | | | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |
| | | | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | |

| | | | |
|--|--|--|---|
| Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment. | 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 |
| | 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 |
| | 3 | Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | 3 |
| | 4 | Add lines 1, 2, and 3. This is your adjusted gross income . | 4 |
| | 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,150 if single ; \$20,300 if married filing jointly . See back for explanation. | 5 |
| | 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income . | 6 |
| | 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 |
| | 8a | Earned income credit (EIC) (see instructions) | 8a |
| | b | Nontaxable combat pay election. 8b | |
| | 9 | Add lines 7 and 8a. These are your total payments and credits . | 9 |
| | 10 | Tax . Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 |
| | 11 | Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/> | 11 |
| 12 | Add lines 10 and 11. This is your total tax . | 12 | |
| Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888. | 13a | If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/> | 13a |
| | b | Routing number | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number | |
| 14 | If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions. | 14 | |

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

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

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

| | | | | |
|--|---|------|---------------------|---|
| Joint return? See instructions. <input type="checkbox"/> | Your signature | Date | Your occupation | Daytime phone number |
| Keep a copy for your records. <input type="checkbox"/> | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

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