2014 IA 1040 Iowa Individual Income Tax Form _/___ 2014 and ending For fiscal year beginning ___ Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN). Your last name Your first name/middle initial Spouse's last name Spouse's first name/middle initial Current mailing address (number and street, apartment, lot, or suite number) or PO Box City, State, ZIP Spouse SSN • Your SSN • Step 2 Filing Status: Mark one box only. Check this box if you or your spouse were 65 or older as of 12/31/14. Yes Residence on 12/31/14: County No. • Single: Were you claimed as a dependent on another person's lowa return? No School District No. 2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.) Dependent children for whom an exemption is claimed in Step 3 How many have health care coverage?(including Medicaid or hawk-i) 3 Married filing separately on this combined return. Spouse use column B How many do not have health care coverage? 4 Married filing separate returns Net Income: \$ Snouse's name: ASSN: Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below. 5 6 Qualifying Widow(er) with dependent child. Name: Step 3 Exemptions B. Spouse (Filing Status 3 ONLY) A. You or Joint X \$ 40 = Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3 X \$ 40 = Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind X \$ 20 = X \$ 20 = X \$ 40 = Dependents: Enter 1 for each dependent X \$ 40 = Enter first names of dependents here e. Total \$ e. Total \$ Step 4 Reportable Social Security Benefits as calculated on line 11 of lowa social security worksheet B. Spouse/Status 3 ▲ A. You or Joint A B. Spouse/Status 3 A. You or Joint B. Spouse/Status 3 A. You or Joint Step 5 Gross Taxable interest income. If more than \$1,500, complete Sch. B 2. 00 Ordinary dividend income. If more than \$1,500, complete Sch. B............ 3 00 Alimony received......4. NOTE: Use only blue or black Capital gain/(loss), federal Sch. D if required for federal purposes 6. 00 ink, no pencils Other gains/(losses) from federal form 4797...... or red ink. .00 Taxable IRA distributions...... 00 Taxable pensions and annuities9. 10. Rents, royalties, partnerships, estates, etc₁₀. .00 .00 Farm income/(loss) from federal Schedule F11. .00 Unemployment compensation. See instructions12. 00 00 Gambling winnings_{13.} 13. Other income, bonus depreciation, and section 179 adjustment14. .00 00 Gross Income. Add lines 1-14 .00 .00 Payments to an IRA, Keogh, or SEP.....16. .00 Adjust-Deductible part of self-employment tax.....17. ments to 00 00 Health insurance deduction18. 18. .00 Penalty on early withdrawal of savings19. 19. Alimony paid20. 20. Pension/retirement income exclusion.....21. .00 Moving expense deduction from federal form 3903.....22. 22. იი lowa capital gain deduction; certain sales only. See instructions23. 23. .00 Other adjustments24. 24 იი .00 Step 7 Federal income tax refund / overpayment received in 201427. 27. Tax 28. Addition 29. .00 .00 Deduc-tion Federal tax withheld.....31. 31. .00 Additional federal tax paid in 2014 for 2013 and prior years.....33. 35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2

2014	IA	\ 1040, page 2	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A.	You or Joint
Step 8 Faxable	36.	BALANCE. From side 1, line 35			0	0	.00
ncome	37.	,	Standard	37.	0	0 🛦	.00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36		38.	0	0	.00
Step 9 Fax, Credits, and Check- off Contribu tions	39.	Tax from tables or alternate tax	.00 🛦		00		
	40.		.00 🛕		00		
	41.	Iowa minimum tax. Attach IA 62514	.00 🛦		00		
	42.			42.		00	.00
	43.				00		
	44.	•	.00 4		00		
	45.	Volunteer firefighter/EMS/reserve peace officer credit					
	46.	Total credits. ADD lines 43, 44, and 45.				00	.00
	47.		0	47.		00 🛦	.00
	48.	Credit for nonresident or part-year resident. Include IA 126 and federal	return	48.		00 🛦	.00
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero		49.		00 🛦	.00
	50.	Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule		50.		00 🛦	.00
	51.	•	0	51.		00 🛦	.00
	52.		oly by line 51	52.		00 🛦	.00
	53.						.00
	54.				5	4.	.00
	55.	,	•				
		ish/Wildlife 55a: ▲ State Fair 55b: ▲ Firefighters/Veterans 5					.00
Step 10		TOTAL TAX AND CONTRIBUTIONS. Add line 54 and line 55 and enter				6. 🛦	.00
Credits	57.		5700 △		00		
	58.	· · · · · · · · · · · · · · · · · · ·	58. <u>.</u> .00 .	•	00		
	59.	A Fade shildhaad dayslagaaad ay dit					
	60.	lowa earned income tax credit. 15.0% (.15) of federal credit	.00 A		00		
	61.		.00 🛦	·	00		
	62.	Total refundable credits. ADD lines 57 - 61.	32	•	00 .00		
	63.	Tax after credits. Subtract line 62 from line 53. If less than 0, enter 0	3200 _		.00		
	64.	Taxpayers trust fund tax credit. See instructions	34 00 4	·	.00		
	65.	lowa income tax withheld	6500 A		.00		
	66.	Estimated and voucher payments made for tax year 2014	6600 ▲		.00		
	67.		.00 A		00		
	68.				_ 6	8.	.00
Step 11 Refund Or Amount Due	69.	If line 68 is more than line 56, Subtract line 56 from line 68. This is the a	amount you overpaid		6	i9. 🛦	.00
	70.	Amount of line 69 to be REFUNDED.			REFUND 7	'0. 🛦	.00
		For a faster refund file electronically. Go to www.iowa.gov/tax for details					
		Amount of line 69 to be applied to your 2015 estimated tax					
	72.					′2. Δ	.00
	73.						.00
	74. 75.	Penalty and interest 74A.Penalty .00 TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enter here	▲ 74b. Interest		DD Enter total 7		.00
	75.	You can pay online at www.iowa.gov/tax.		FAT	THIS AMOUNT 7	′5. Δ	.00
		Mailing address: Iowa Income Tax Document Processing, PO Box 9187	, Des Moines IA 50306-918	7. Make check paya	ble to Treasurer, Sta	te of Iowa.	
Step 12							
Step 12	Po	olitical Checkoff - This checkoff does not	Republican Party		\$1.50	to Republicar	n Party
		crease the amount of tax you owe or ▲Spouse \$1.50 to ecrease your refund.	Democratic Party	▲ Yours	self \$1.50	to Democration	Party
	uc	\$1.50 !	to Campaign Fund		\$1.50	to Campaigr	n Fund
Step 13	(ÒL	I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.					
SIGN HERE		. —					
	Υo	our Signature Date Check if D	Deceased Date of Dea	th Prepare	's Signature		Date
SIGN	. 3	. □			- 3		
HERE	Sp	pouse's Signature Date Check if D	Deceased Date of Dea	th Prepare	's PTIN	Fi	rm's FEIN
		- · · · · · · · · · · · · · · · · · · ·					
		Da	ytime Telephone Number	elephone Number Day		time Telephone Number	

This return is due April 30, 2015. Please sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: See line 75 above.