

Federal Information Worksheet

► Keep for your records

2014

Part I – Personal Information

Taxpayer:

Last name Cody
 First name William
 Middle initial F Suffix
 Social security no. 123-45-3210
 Occupation Army Scout
 Date of birth 05/16/1970 (mm/dd/yyyy)
 Age as of 1-1-2015 44
 Date of death
 Legally blind ☐
 E-mail address
 Work phone Ext
Note: Work phone is transmitted for electronic funds withdrawal
 Cell phone
 Home phone
 Fax number

Spouse:

Last name (if different)
 First name Louisa
 Middle initial F Suffix
 Social security no. 123-45-2221
 Occupation Sales
 Date of birth 09/18/1972 (mm/dd/yyyy)
 Age as of 1-1-2015 42
 Date of death
 Legally blind ☐
 E-mail address
 Work phone Ext
 Cell phone

Best contact phone number
 Print phone number on Form 1040 ☐ Home ☐ Taxpayer work ☐ Spouse work

Address 719 Aprapahoe Street Apt no.
 City Golden State CO ZIP code 80401
 Foreign code Foreign country
 Foreign province/county Foreign postal code
 Foreign phone

APO/FPO/DPO address ☐ APO ☐ FPO ☐ DPO

Everyone on the return was covered by health insurance all year ☒ Yes ☐ No / Partial **1095 Worksheet**

Part II – Federal Filing Status

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

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

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	E I C	Lived with taxpyr in U.S.	Educ Tuition and Fees	Qualified child and dependent care expenses incurred and paid in 2014 Code	Not qual for child tax credit Or non U.S.***
Jacob Cody	S	111-11-1237 Son	07/18/1995			<input checked="" type="checkbox"/>	L I	
Cynthia Cody	A	111-11-1238 Daughter	05/16/2006			<input type="checkbox"/>	L I	
						<input type="checkbox"/>	L I	
						<input type="checkbox"/>	L I	

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help

** The health care shared responsibility payment calculation does not include individuals after date of death

*** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Medical Expenses:

Prescriptions	\$	520
Medical Insurance:	\$	4,800
Doctors:	\$	2,150
Dentist:	\$	1,060
Eye Glasses	\$	680

Personal Residence

Real estate taxes	\$	4,447
Mortgage Interest	\$	8,478 - Chase home mortgage

Charitable Cotributions

St. Luke's Church	\$	3,425
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Miscellaneous expenses

Investment fees	\$	2,617
2013 Tax prep Pd in 2014		750

Addition Information

William contributed \$3,500 to his Roth IRA
Louisa contributed \$2,500 to her Roth IRA

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number. UMBC 1000 HILLTOP CIRCLE BALTIMORE MD 21250 4104552288		1 Payments received for qualified tuition and related expenses \$	OMS No 1545-1574 2014 Form 1098-T	Tuition Statement OcoRRECTED (if check
		2 Amounts billed for qualified tuition and related expenses \$ 5437.00		
FILER'S federal identification number 52-1899085	STUDENTS social security no. XXX-XX-6899	3 If this box is checked, your educational institution has changed its reporting method for 2014. D		(Copy For Student) This is important tax information and be furnished to Internal Revenue Service.
STUDENTS name, street address, ZIP/postal code & country CODY JACOB S 10208 WEATHERBERRY TAVERN COURT GOLDEN, CO 80401		4 Adj. made for a prior year \$	5 Scholarships or grants \$	
		6 Adjustments to scholarships or grants for a prior year \$	7 Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2015 ... IXI	
Service Provider/Acct. No (see instructions) 18 Check if at least		9 Check if a graduate	10 Has contract reimb./refund \$	

Form 1098-T (keep for your records) Department of the Treasury - Internal Revenue Service

Instructions for Student

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

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

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

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

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

Box 2. Shows the total amounts billed for qualified tuition and related expenses during 2014.

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

Box 4. Shows any adjustment made for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit that you claimed for the prior year (may result in an increase in tax liability for the year of the refund).

See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

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

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

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

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

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

Box 10. Shows the total amount of reimbursements or refunds of qualified

tuition and related expenses.

8484

n vo10 nCORRECTED

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Department of Education Loan Serving P.O. Box 9635 Wlikes Barre, PA 18773		OMB No. 1545-1576 2014 Form 1098-E	Student Loan Interest Statement Copy A For Internal Revenue Service Center File with Form 1096 For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns
RECIPIENT'S federal identification no. 52-1188991	BORROWER'S social security number 123-45-2221	1 Student loan interest received by lender \$ 2122.06	
BORROWER'S name Louisa Cody			
Street address (including apt. no.) 719 Aprapahoe St			
City or town, state or province, country, and ZIP or foreign postal code Golden, CO 80401			
Account number (see instructions) 93699933		2 Check if box 1 does not include loan origination fees and/or capitalized interest, and the loan was made before September 1, 2004 D	

Form 1098-E

Cat. No. 25088U

www.irs.gov/form10988

Department of the Treasury - Internal Revenue Service

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TD AMERITRADE CLEARING INC
 TD Ameritrade Inc., Member FINRNSIPC
 PO BOX 2209
 OMAHA, NE 68103-2209

William F Cody I
 TD AMERITRADE CLEARING, CUSTODIAN
 719 Aprapahoe St
 GOLDEN, CO 80401

Trick Shot Investments

2014 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, RAs,	
Copy C: For Recipient's Records This information is being furnished to the Internal Revenue Service.		Date: 01/21/2015 Account number: 2587877	Document ID: 585V590T286
RECIPIENT'S identification number: XXX-XX-9646 Recipient: WILLIAM F CODY IRA TD AMERITRADE CLEARING, CUSTODIAN 719 Aprapahoe St GOLDEN, CO 80401		PAYER's federal identification number: 47-0533629 Phone number: (800) 431-3500 Payer: TD AMERITRADE CLEARING INC TD Ameritrade Inc., Member FINRA/SIPC PO BOX 2209 OMAHA, NE 68103-2209	
1 Gross distribution	\$8,200.00	8 Other amount	
2a Taxable amount	\$8,200.00	Other amount percentage	%
2b Taxable amount not determined	(X)	9a Your percentage of total distribution	%
Total distribution	()	9b Total employee contributions	
3 Capital gain (included on line 2a)		10 Amount allocable to RR within 5 years	
4 Federal income tax withheld	\$1,476.00	11 1st year of desig. Roth contrib.	
5 Employee contributions/Designated Roth contributions or insurance premiums		12 State tax withheld	\$410.00
6 Net unrealized appreciation - employer's securities		13 State	CO
7 Distribution code(s)	4	Payer's state number	1-470533629-001
IRA/SEP/SIMPLE	(X)	14 State distribution	

► Keep for your records

Name as shown on return
William F CodySocial Security Number
123-45-3210

Employer EIN

Employer Name Lincoln County Gazette

Name (cont.)

Street Address or P. O. Box 654 SEC Way

City Saint Michaels

State MD

ZIP 21663

Foreign Addr . ☐

Foreign Country

☐

Spouse's W-2

☐

Do not transfer this W-2 to next year

☒

Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1	Wages, tips, other comp	34,169.	2	Federal tax withheld	4,351.
3	Social security wages	39,601.	4	Social sec tax withheld	2,455.
5	Medicare wages and tips	39,601.	6	Medicare tax withheld	574.
7	Social security tips		8	Allocated tips	

13 b

☒ Retirement plan☐ Foreign source income eligible for exclusion on Form 2555☐ Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	5,432.	A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CO		34,169.	5,571.

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

9	(Not Used)	9	
10	Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>	10	
	Dependent care benefits - Amount forfeited from flexible spending account		
11	Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

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

► Keep for your records

Name as shown on return

Louisa F Cody

Social Security Number

123-45-2221

Employer EIN

Employer Name Pete's Antiques

Name (cont.)

Street Address or P. O. Box 123 Main ST

City Saint Michaels State MD ZIP 21663

Foreign Addr . ☐

Foreign Country

☒ Spouse's W-2☐ Do not transfer this W-2 to next year☒ Automatically calculate lines 3 through 6 and line 16.**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1	Wages, tips, other comp	36,117.	2	Federal tax withheld	4,036.
3	Social security wages	53,617.	4	Social sec tax withheld	3,324.
5	Medicare wages and tips	53,617.	6	Medicare tax withheld	777.
7	Social security tips		8	Allocated tips	

13 b ☒ Retirement plan☐ Foreign source income eligible for exclusion on Form 2555☐ Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	17,500.	A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CO		36,117.	2,458.

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

9	(Not Used)	9	
10	Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>	10	
	Dependent care benefits - Amount forfeited from flexible spending account		
11	Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

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

ALLY BANK
P.O. BOX 951
HORSHAM, PA 19044

Combined Statement For Form
1099-INT for Tax Year 2014

IMPORTANT TAX INFORMATION ENCLOSED

OMB No 1545-0112

Forwarding Service Requested

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE.

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

INTS
Louisa Cody
719
Aprapahoe ST
Golden, CO
80401

PAYER'S E.I.N.
2000000796

CUSTOMER SERV PH#
1-800-222-2559

TAXPAYER'S FEDERAL ID NO.
XXX-XX-2221

KEEP FOR YOUR RECORDS

ACCOUNT NUMBER	RS DESCRIPTION	IRS BOX #	AMOUNT
2111111012	Interest Income	1	319.25
	Early Withdrawal Penalty	2	0.00
	Interest on U.S. Savings Bonds and Treas. Obligations	3	0.00
	Federal Income Tax Withheld	4	0.00
	Investment Expenses	5	0.00
	Foreign Tax Paid	6	0.00
	Foreign Country or U.S. Possession	7	
	Tax-exempt Interest	8	0.00
	Specified Private Activity Bond Interest	9	0.00
	Tax-exempt Bond CUSIP no.	10	
	State	11	
	State Identification No.	12	
	State Tax Withheld	13	0.00
*** Total 1099-INT	Interest Income		319.25
	Early Withdrawal Penalty		0.00
	Interest on U.S. Savings Bonds and Treas. Obligations		0.00
	Federal Income Tax Withheld		0.00
	Investment Expenses		0.00
	Foreign Tax Paid		0.00
	Foreign Country or U.S. Possession		
	Tax-exempt Interest		0.00
	Specified Private Activity Bond Interest		0.00
	Tax-exempt Bond CUSIP no.		
	State		
	State Identification No.		
	State Tax Withheld		0.00

APL FEDERAL CREDIT UNION
11050 JOHNS HOPKINS ROAD
LAUREL MD 20723

IMPORTANT TAX RETURN INFORMATION BELOW

RETURN SERVICE REQUESTED

260001717 1 11 UNO 01-08-15 SD
William F Cody
719 Aprapahoe St
Golden CO 80401

0 CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. APL FEDERAL CREDIT UNION 11050 JOHNS HOPKINS ROAD LAUREL MD 20723 240-228-5250		Payer's RTN (optional)	OMB No. 1545-0112 2014 Form 1099-INT		Interest Income Copy B For Recipient This important tax information and is being furnished to the Internal Revenue Service for your records. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 52-0651037		RECIPIENT'S identification number xxx-xx-3210		1 Interest income \$1344	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code William F. Cody 719 Aprapahoe St Golden, CO 80401		2 Early withdrawal penalty \$0.00		3 Interest on U.S. Savings Bonds and Treas. obligations \$0.00	
Account number (see instructions) XXXXXXXX321		4 Federal income tax withheld \$0.00	5 Investment expenses \$	6 Foreign tax paid \$	
		7 Foreign country or U.S. possession	8 Tax-exempt interest \$	9 Specified private activity bond interest \$	
		10 Market discount \$0.00	11 Bond premium \$0.00	12 Tax-exempt bond CUSIP no.	13 State identification no.
		14 State tax withheld \$			

Form 1099-INT (keep for your records) www.irs.gov/form1099int Department of the Treasury-Internal Revenue Service

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8949. For a covered security, if you did not want to amortize the premium under Section 171, your payer may report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of amortization for that year or (2) a gross amount for both the interest paid to you and the premium amortization for the year. If you did not notify your payer that you did not want to amortize the premium on a covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security, your payer is only required to report the gross amount of interest paid to you.

Redeemable identification number. For a covered security, this form shows the last four digits of your social security number and the taxpayer identification number (TIN) of the issuer. For a noncovered security, this form shows the last four digits of your social security number and the issuer's identification number (IDN). See the instructions for Form 1040 for more information.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest on a loan that is not a covered security. Also show the total amount of interest paid to you during the calendar year by the payer.

Box 2. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury notes, and Treasury Inflation Protected Securities (TIPS). This does not include interest on a loan that is not a covered security. Also show the total amount of interest paid to you during the calendar year by the payer.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury notes, and Treasury Inflation Protected Securities (TIPS). This does not include interest on a loan that is not a covered security. Also show the total amount of interest paid to you during the calendar year by the payer.

Box 4. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury notes, and Treasury Inflation Protected Securities (TIPS). This does not include interest on a loan that is not a covered security. Also show the total amount of interest paid to you during the calendar year by the payer.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury notes, and Treasury Inflation Protected Securities (TIPS). This does not include interest on a loan that is not a covered security. Also show the total amount of interest paid to you during the calendar year by the payer.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4. See the instructions for Form 1040 for more information.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 1040 for more information.

Box 10. For a covered security, if you made an election under section 1278(b) to include market discount in income, report the market discount on line 10 of Form 1040. If you did not make an election, report the market discount on line 10 of Form 1040. See the instructions for Form 1040 for more information.

Box 11. For a covered security, if you made an election under section 1278(b) to include market discount in income, report the market discount on line 10 of Form 1040. If you did not make an election, report the market discount on line 10 of Form 1040. See the instructions for Form 1040 for more information.

Box 12. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 1040 for more information.

Box 13. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 1040 for more information.

Box 14. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 1040 for more information.

Box 15. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 1040 for more information.

Box 16. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 1040 for more information.

Box 17. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 1040 for more information.

Account number. May show an account or other unique number the payer assigned to distinguish your account. **Do not** furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

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

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds and Gulttax credit bonds that must be included in your interest income. These amounts were treated as paid to you during 2013 on the credit allowance dates (March 15, June 15, September 15 and December 15). For more information, see Form 8912, Credit for Clean Renewable Energy.) **II Gult Tax Credit Bonds.**

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

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub 550. Investment income and expenses. This interest is exempt from state and local income taxes. This interest is not included in box 1.

Box 4. Shows backup withholding. Generally, a payer must backupwithhold if you did not furnish your taxpayer identification number (TIN) or you did

Box 5. Any amount shown is *your* share of investment expenses of a single-class REIT. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 8 Shows tax-exempt interest, including exempt-interest dividends from a mutual fund or other regulated investment company, paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251, Alternative Minimum Tax-Individuals.

Nominees if the form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of US Information Returns, with the Internal Revenue Service Center for *your* area. On Form 1096 list yourself as the "filer." A husband and wife is not required to file nominee returns to show amounts owned by the other.

ACCOUNT NUMBER	ACCT. PWNEFi	AMOUNT	ADDITIONAL INFORMATION	ACCOUNT NUMBER	ACCT. OWNER	AMOUNT	ADDITIONAL INFORMATION
00-0011		66.20	1)INTEREST				
				TOTAL (1)INTEREST INCOME NOT IN C3>		66.20	
				TOTAL C2EARLY WITHDRAWAL PENALTY		0.00	
				TOTAL C3)8ND/TREAS. OBLIG. INTEREST		0.00	
				TOTAL C4>FEDERAL INCOME TAX WITHHELD		0.00	
				TOTAL C5> INVESTMENT EXPENSES		0.00	
				TOTAL (O)FOREIGN P LCI			
				TOTAL C9>SPEC ACT BOND INTEREST		0.00	
				RECIPIENT TAX ID NUMBER:		XXX-XX-2221	
				RECIPIENT TAX ID NUMBER:		1187-A	

BANK OF GOLDEN
2001 EAST ROAD
BALTIMORE MD 21234-286

410-665-7600 800-746-2375
PAYORFEDERALIDNUMBER:02-1111115

Copy B for filer/payer This is important tax information and is being furnished to the Internal Revenue Service by you, required to file a return, a negligence penalty or other sanctions may be imposed on you if the income is taxable and the IRS determines that it has not been reported. (Keep for your records)

OMB 1540tt 2



Computershare +

Computershare
PO Box 43078
Providence, RI 02940-3078
Telephone 800 446 2617
www.computershare.com/investor

IMPORTANT TAX RETURN DOCUMENT ENCLOSED!

001366

001111 1111 1111 1111 1111 1111 1111 1111 1111 1111

Recipient
William Cody
719 Aprapahoe St
St. Michaels,

Holder Account Number Co.ID
C0001111 1111 BLL
Recipient's ID No ending in 3210
Payer's Federal ID No. 110111110

Uncertified accounts are subject to withholding taxes on dividends and sales proceeds.

Instructions for Recipients

Recipient's Identification Number: For your protection, this form may show only the last four digits of your taxpayer identification number. However, the issuer has reported the complete identification number to the IRS and here applicable to state and/or local government.

Account Number: It may show an account number or other identifier assigned to your account.

Box 1a: Shows total ordinary dividends that are taxable. Include this amount on line 9a of Form 1040 or 1040A. Also, report on Set A (Form 1040 or 1040A) the amount of dividends that are not taxable.

Box 1b: Shows the portion of the dividends in box 1a that may be eligible for reduced tax rates. See the Form 1040 instructions for how to determine this amount. Report the eligible amount on line 9b of Form 1040 or 1040A. The amount shown may be dividends of a corporation paid directly to you as a shareholder (or beneficiary of a plan or trust) or as a partner in a partnership. Report it as a dividend on your Form 1040-1040A, but treat it as a plan distribution if you are not an investor in the company for any other purpose.

Box 2: Shows total capital gains distributions. If you are a shareholder in a regulated investment company or real estate investment trust, report the amount shown in box 2a on Schedule D (Form 1040) line 13. If you are a partner in a partnership, report the amount shown in box 2a on line 13 of Form 1040-1040A, but treat it as a plan distribution if you are not an investor in the company for any other purpose. See the Form 1040 instructions for more information.

Box 2b: Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. Report this amount on line 1250 of Form 1040-1040A, but treat it as a plan distribution if you are not an investor in the company for any other purpose. See the Form 1040 instructions for more information.

Box 2c: Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be eligible for a 50% exclusion. Report this amount on line 1202 of Form 1040-1040A, but treat it as a plan distribution if you are not an investor in the company for any other purpose. See the Form 1040 instructions for more information.

Box 2d: Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be eligible for a 50% exclusion. Report this amount on line 1202 of Form 1040-1040A, but treat it as a plan distribution if you are not an investor in the company for any other purpose. See the Form 1040 instructions for more information.

Box 3: Shows the portion of the distribution that is non-taxable. Use this amount to figure your cost basis (or other basis). You must reduce your cost basis by the amount of non-taxable dividends when you sell your stock. But if you get a dividend that is not taxable, report it on line 1 of Form 1040-1040A. See the Form 1040-1040A instructions for more information.

Box 4: Shows the portion of the distribution that is non-taxable. Use this amount to figure your cost basis (or other basis). You must reduce your cost basis by the amount of non-taxable dividends when you sell your stock. But if you get a dividend that is not taxable, report it on line 1 of Form 1040-1040A. See the Form 1040-1040A instructions for more information.

Box 5: Shows your share of expenses of a nonpublicly offered regulated investment company. Generally, a nonpublicly offered mutual fund is a regulated investment company. You may deduct these expenses on your Form 1040-1040A, but treat them as a plan distribution if you are not an investor in the company for any other purpose. See the Form 1040-1040A instructions for more information.

Box 6: Shows the foreign tax you may be able to claim as a deduction or a credit on Form 1040-1040A. See the Form 1040-1040A instructions for more information.

Box 7: Shows the portion of the distribution that is non-taxable. Use this amount to figure your cost basis (or other basis). You must reduce your cost basis by the amount of non-taxable dividends when you sell your stock. But if you get a dividend that is not taxable, report it on line 1 of Form 1040-1040A. See the Form 1040-1040A instructions for more information.

Box 8: Shows the portion of the distribution that is non-taxable. Use this amount to figure your cost basis (or other basis). You must reduce your cost basis by the amount of non-taxable dividends when you sell your stock. But if you get a dividend that is not taxable, report it on line 1 of Form 1040-1040A. See the Form 1040-1040A instructions for more information.

Box 9: Shows the portion of the distribution that is non-taxable. Use this amount to figure your cost basis (or other basis). You must reduce your cost basis by the amount of non-taxable dividends when you sell your stock. But if you get a dividend that is not taxable, report it on line 1 of Form 1040-1040A. See the Form 1040-1040A instructions for more information.

Box 10: Shows the portion of the distribution that is non-taxable. Use this amount to figure your cost basis (or other basis). You must reduce your cost basis by the amount of non-taxable dividends when you sell your stock. But if you get a dividend that is not taxable, report it on line 1 of Form 1040-1040A. See the Form 1040-1040A instructions for more information.

11111 D R

001111 (Rev. 9/13)

Ball Corporation

PAYER'S Federal identification number: 110111110
PAYER'S name, street address, city, state, and ZIP code
BALL CORPORATION
C/O COMPUTERSHARE
PO BOX 43078
PROVIDENCE RI 02940-3078

RECIPIENT'S ID No. ending in: 3210
Account number (see instructions): C000111111
RECIPIENT'S name, street address, city, state, ZIP code
Herschel Walker

719 Aprapahoe St
Golden, CO

D CORRECTED (if checked)

Dividends and Distributions

1a Total ordinary dividends \$ 97.05	1b Qualified dividends \$ 97.05
2a Total capital gain distributions \$ 0.00	2b Unrecap. Sec. 1250 gain \$ 0.00
2c Section 1202 gain \$ 0.00	2d Collectibles (28%) gain \$ 0.00
3 Nondividend distributions \$ 0.00	4 Federal income tax withheld \$ 10.00
5 Investment expenses \$ 0.00	6 Foreign tax paid \$
7 Foreign country or U.S. possession \$	8 Cash liquidating distributions \$ 0.00
10 Exempt interest dividend \$ 0.00	11 Special dividend \$ 0.00

There reportable amounts above include the following additional income:

Company Paid Fees \$ 0.00
Company Paid Service Charges \$ 0.00
You may be subject to a penalty or other sanction if you fail to report this income on your tax return.

Form 1099-DIV (keep for your records)

OMB No. 1545-0110

2014

Form 1099-DIV

Copy B
For Recipient

This important tax information and is being furnished to the Internal Revenue Service.

negligence, penalty or other sanction may be imposed on you if this income is taxable and

(the IRS determines that it has)

Instructions for Recipient

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

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

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on line 9a of Form 1040 or 1040A. Also, report it on Schedule B (1040A or 1040) if required.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See Form 1040/1040A instructions for how to determine this amount. Report the eligible amount on line 9b, Form 1040 or 1040A.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040/1040A but treat it as a plan distribution, not investment income, for any other purpose.

Box 2a. Shows total capital gain distributions from a regulated investment company or real estate investment trust. Report the amounts shown in box 2a on Schedule D (Form 1040), line 13. But, if no amounts shown in boxes 2c-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on line 13 of Form 1040 (line 10 of Form 1040A) rather than Schedule D. See the Form 1040/1040A instructions.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Unrecaptured Section 1250 Gain Worksheet-Line 19 in the Schedule D instructions (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet-Line 18 in the instructions for Schedule D (Form 1040).

Box 3. Shows the part of the distribution that is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all your cost (or other basis), report future distributions as capital gains. See Pub. 550, Investment Income and Expenses.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows your share of expenses of a nonpublicly offered regulated investment company, generally a nonpublicly offered mutual fund. If you file Form 1040, you may deduct these expenses on the Other expenses line on Schedule A (Form 1040) subject to the 2% limit. The amount is included in box 1a.

Box 6. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.

Box 7. This box should be left blank if a regulated investment company reported the foreign tax shown in box 6.

Boxes 8 and 9. Shows cash and noncash liquidation distributions.

Box 10. Shows exempt-interest dividends from a mutual fund or other regulated investment company paid to you during the calendar year. Include this amount on line 5b of Form 1040 or 1040A as tax-exempt interest. The amount may be subject to backup withholding. See box 4.

Box 11. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 10. See the instructions for Form 6251.

Boxes 12-14. State income tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1095) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the 2014 General Instructions for Certain Information Returns.

Future developments. For the latest information about the developments related to Form 1099-DIV and instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099div.

CORRECTED checked

PAYER'S name, street address, city or town, state or province, country ZIP or foreign postal code and telephone no. CHARLES SCHWAB STOCK PLAN SERVICES 9875 SCHWAB WAY LONETREE, CO 80124 telephone number: (800) 654-2593		1a Total ordinary dividends \$ 863.38 1b Qualified dividends \$ 863.38		OMS No. 1545-0110 2014 Form 1099-DIV		Dividends and Distributions Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
PAYER'S federal identification number 94-1737782		RECIPIENT'S identification number XXX-XX-2221		2a Total capital gain distr. \$			2b Unrecap. Sec. 1250 gain \$
RECIPIENT'S name, street address (inc11Jd's apt. no.), city or town, state or foreign postal code Louisa Cody 719 Aprapahoe St. Golden, CO 80401		2c Section 1202 gain \$		2d Collectibles (28%) gain \$			
		3 Nondividend distributions \$		4 Federal income tax withheld \$			
		6 Foreign tax paid \$		5 Investment expenses \$			
		8 Cash liquidation distributions \$		7 Foreign country or U.S. possession \$			
		10 Exempt-interest dividends \$		9 Noncash liquidation distributions \$			
		12 State 13 State identification no. \$		11 Specified private activity bond interest dividends \$			
Account number (see instructions) 101462509				14 State tax withheld \$			

Form 1099-DIV

(keep for your records)

www.irs.gov/form1099div

Department of the Treasury - Internal Revenue Service

CHARLES SCHWAB
STOCK PLAN SERVICES
9875 SCHWAB WAY
LONETREE, CO 80124

19235

Important Tax Return
Document Enclosed

FIRST-CLASS MAIL
U.S. POSTAGE PAID
BENEFIT SERVICES

Louisa Cody
719 Aprapahoe St.
Golden, Co 80401



Business Income and Expenses**ORG19****GENERAL INFORMATION**

1 Check ownership ☐ Taxpayer ☒ Spouse ☐ Joint

2 Business name

3 a Business street address..... 168 Water Street
 b 1 City, State and Zip Code, or Golden CO 80401
 2 Foreign country.....

4 Principal business/profession..... Fitness Training

5 Employer ID number.....

6 Business code (Preparer Use Only) 446190

7 Was this business fully disposed of in a fully taxable transaction during 2014 ? ☐ Yes ☒ No

8 Accounting method:
 Cash ☒ Accrual ☐ Other (specify) ☐

9 Method used to value closing inventory:
 Cost ☐ Lower of cost or market ☐ Other (explain) ☐

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) ☐ Yes ☒ No

11 Did you materially participate in the operation of this business during 2014 ? ☒ Yes ☐ No

12 Did you start or acquire this business during 2014 ? ☐ Yes ☒ No

13 a Did you make any payments in 2014 that require you to file Forms 1099? ☐ Yes ☒ No
 b If yes, did you or will you file all the required Forms 1099? ☐ Yes ☒ No

14 At-risk determination:
 a Is all of the investment in this activity at risk? ☐ Yes ☒ No
 b Is some of the investment in this activity not at risk? ☐ Yes ☒ No

15 Did you have unallowed passive losses in 2013 ? ☐ Yes ☒ No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☒ No
 b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular ☐ Extension ☐ No
 c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☒ No
 d Was this business located in a Qualified Disaster Area? ☐ Yes ☒ No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME		2014	2013
17	Gross receipts or sales.....	12,875	
18	Returns and allowances plus other adjustments.....		
19	Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE		2014	2013
20	Inventory at beginning of year		
21	Purchases		
22	Items withdrawn for personal use		
23	Cost of labor (do not include your salary)		
24	Materials and supplies		
25	Other costs.....		
26	Inventory at end of year.....		

Business Income and Expenses (continued)**ORG19**

EXPENSES		2014	2013
Business name			
27	Advertising		
28	Car and truck expenses (complete ORG18).....		
29	Commissions and fees.....		
30	Contract labor		
31	Depletion		
32	Depreciation and Section 179 deduction (Preparer Use Only)		
33	Employee benefit programs:		
a	Employee health insurance premiums		
b	Other employee benefit programs		
34	Insurance (other than health)	172.	
35	Self-employed health insurance attributable to this business.....		
36	Interest:		
a	Mortgage paid to banks not reported to you on Form 1098.....		
b	Other		
37	Legal and professional services	300.	
38	Office expenses		
39	Pension and profit-sharing plans		
40	Rent or lease:		
a	Machinery and equipment (enter vehicle lease on ORG18)		
b	Other business property.....	3,280.	3,280.
41	Repairs and maintenance		
42	Supplies (not included in cost of goods sold)	807.	807.
43	Taxes and licenses not reported to you on Form 1098.....		
44	Travel, meals, and entertainment:		
a	Travel.....		
b	Meals and entertainment subject to 50% limit		
c	Meals subject to 80% limit.....		
d	Meals and entertainment not subject to limit.....		
45	Utilities		
46	Gross wages		
47	Other expenses:		
	Internet	2,400.	192.
	Cell phone	1,854.	282.
	Professional Memberships	139.	119.
		
		
		
		
		
48	Expenses for business use of your home (Preparer Use Only)		
	Complete ORG20 for Business Use of Home.		
49	Qualified pension plan start-up costs.....		

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: 15 Quick Draw Drive

Property type: * 1 If type is other, enter a description: _____

If a foreign address: Foreign province or state: _____

Foreign postal code: _____

Foreign Country: _____

Location (street) _____

1 Check property owner _____ Taxpayer _____ Spouse _____ Joint _____

2 a Did you make any payments that would require you to file Form(s) 1099? ☐ Yes ☒ No

b If yes, did you or will you file all required Forms(s) 1099? _____

3 a Enter the ownership percentage (if not 100%) _____ 100.000000

b If not 100%, are you reporting 100% of the income and expenses? _____

4 Is this a rental property? (If yes, answer questions 5 through 11; if no, skip to question 12.) _____

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? ☒ Yes ☐ No

6 For all rental properties, enter the number of days during 2014 that:

a The property was rented at fair rental value _____ 365 ☒

b The property was used personally or rented at less than fair rental value _____ 0 ☐

c You owned the property, if not the entire year _____

7 a Does this rental have multiple living units and you live in one of the units? _____

b If yes, enter percentage of rental use _____

8 Did you actively participate in this property's management during 2014? ☐ Yes ☒ No

9 Did you materially participate in this property's management during 2014? ☐ Yes ☒ No

10 Do you want to treat this property as non-passive? ☒ Yes ☐ No

11 Did this property have unallowed passive losses in 2013? ☐ Yes ☒ No

12 Did you dispose of this property in a fully taxable transaction? ☐ Yes ☒ No

13 Check this box if some of this investment was not at-risk. ☐ Yes ☒ No

14 a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☒ No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? _____ Regular _____ Extension _____ No ☒

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☒ No

d Was this activity located in a Qualified Disaster Area? ☐ Yes ☒ No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME

2014

2013

15 Rents or royalties received _____ 21500.

* Property Types:

- 1 Single family residence
- 2 Multi-family residence
- 3 Vacation/short-term rental
- 4 Commercial

- 5 Land
- 6 Royalties
- 7 Self-rental
- 8 Other

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2014	2013
Property location 15 Quick Draw Drive, Golden, CO 80401		
16 Advertising		
17a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance	300.	
19 Commissions.....		
20a Mortgage insurance premiums — qualified		
b Other insurance.....	1,200.	
21 Legal and professional fees	500.	
22 Management fees		
23a Mortgage interest paid to banks — qualified.....	4,325.	
b Mortgage interest paid to banks — other.....		
24 Other interest		
25 Repairs.....	1,475.	
26 Supplies.....		
27a Real estate taxes.....	2,200.	
b Other taxes.....		
28 Utilities.....	2,400.	
29 Other expenses:		
a		
b		
c		
d		
e		
30a Depreciation and Section 179 deduction (Preparer Use Only).....		
b Depletion (Preparer Use Only).....		

Statement Date: 02/14/2014

12014

Document ID: 8T7G6RU149Y

THE GUY FINANCIAL ADVISOR

Tax Information
Account 3478515

William F Cody
Louisia F Cody Joint Tenants UA 7 28 98 William
H Cody
168 Water Street
Saint Michaels, CO 80401

RECIPIENT'S ID No: XX-XX-4321

PAYER'S Federal ID No: 47-0533629

Dividends and Distributions

2014 1099-DIV
OMB No. 1545-0110

- 1a- Total ordinary dividends (includes line 1b)
- 1b- Qualified dividends
- 2a- Total capital gain distributions (includes lines 2b, 2c, 2d)
- 2b- Unrecaptured Section 1250 gain
- 2c- Section 1202 gain
- 2d- Collectibles (28%) gain
- 3- Nondividend distributions
- 4- Federal income tax withheld
- 5- Investment expenses
- 7- Foreign country or US possession: Various
- 8- Cash liquidation distributions
- 9- Noncash liquidation distributions
- 10- Exempt-interest dividends (includes line 11)
- 11- Specified private activity bond interest dividends (AMT)
- 12- State: 13- State ID number:
- 14- State tax withheld

Interest Income

2014 1099-INT
OMB No. 1545-0112

- 1- Interest income (not included in line 3)
- 2- Early withdrawal penalty
- 3- Interest on US Savings Bonds & Treasury obligations
- 4- Federal income tax withheld
- 5- Investment expenses
- 7- Foreign country or US possession:
- 8- Tax-exempt interest (includes line 9)
- 9- Specified private activity bond interest (AMT)
- 10- Tax-exempt bond CUSIP number (see instructions)
- 11- State: 12- State ID number:
- 13- State tax withheld

Lines 8 & 9 include tax-exempt interest and original issue discount.

Regulated Futures Contracts

2014 1099-B
OMB No. 1545-0715

- 9- Profit (loss) realized in 2014-closed contracts
- 10- Unrealized profit (loss)-open contracts 12/31/20 12
- 11- Unrealized profit (loss)-open contracts 12/31/20 13
- 12- Aggregate profit (loss) on contracts

If applicable, summaries and details of proceeds from sale transactions appear in subsequent sections of this document.

Miscellaneous Income

2014 1099-MISC
OMB No. 1545-0115

- 2- Royalties
- 3- Other income
- 4- Federal income tax withheld
- 8- Substitute payments in lieu of dividends or interest
- 12- Foreign country or US possession:
- 16- State tax withheld
- 17- State: Payer's state ID number:
- 18- State income

11- Foreign tax paid: 0.00

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

ORIGINAL ISSUE DISCOUNT SUMMARY

Use bond-by-bond details on the 1099-DIV pages to determine reportable amounts of Original Issue Discount included on the 1099-DIV and the 1099-DIV.

- Original issue discount for 2013
- Other periodic interest
- Early withdrawal penalty
- Federal income tax withheld
- Foreign country or US possession:

Original issue discount on US Treasury obligations
Investment expenses
State:
State tax withheld
State ID number:
Foreign tax paid: 0.00

Changes to dividend tax classifications processed after your original tax form is issued for 2014 may require an amended form 1099.

TD AMERITRADE CLEARING INC

2014

Supplemental Information

Account 3478515

SUMMARY OF PROCEEDS, GAINS & LOSSES AND TAX WITHHELD

Refer to the 1099-B and PROCEEDS NOT REPORTED to the IRS pages to ensure that you consider all relevant items and to determine the correct gain/losses. The amounts shown below are for informational purposes.

Term*	Category	Detail Schedule	Gross Proceeds#	Cost Basis+	Wash Sale Loss Disallowed	Net Gain/Loss
Short	A (basis reported to the IRS)	Form 1099-B	46,902.43	40,801.24	0.00	6,101.19
Short	B (basis not reported to the IRS)	Form 1099-B	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	Proceeds not reported to IRS	0.00	0.00	0.00	0.00
Total Short-term			46,902.43	40,801.24	0.00	6,101.19
Long	D (basis reported to the IRS)	Form 1099-B	86,934.04	67,251.37	0.00	19,682.67
Long	E (basis not reported to the IRS)	Form 1099-B	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	Proceeds not reported to IRS	0.00	0.00	0.00	0.00
Total Long-term			86,934.04	67,251.37	0.00	19,682.67
Undetermined	B or E (basis not reported to the IRS)	Form 1099-B	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	Proceeds not reported to IRS	0.00	0.00	0.00	0.00
Total Undetermined-term			0.00	0.00	0.00	0.00
		Total Categories A, B, D, E	133,836.47	108,052.61	0.00	25,783.86
		Total Category C, F	0.00	0.00	0.00	0.00
		Grandtotal	133,836.47	108,052.61	0.00	25,783.86

Withholding from Proceeds

Federal income tax withheld	6,000.00
State tax withheld	0.00

SUMMARY OF NON REPORTED INCOME, FEES, EXPENSES AND EXPENDITURES

The items in this section are not reported to the IRS. They are presented here for your reference when preparing your tax return(s).

Interest Payments and Other Adjustments

Taxable accrued interest paid Tax-exempt accrued interest paid	0.00
Tax-exempt accrued interest paid AMT	0.00
Taxable accrued interest paid on OID bonds	0.00
Non qualified interest	0.00
Taxable nonqualified interest paid	0.00
Projected interest shortfall on contingent payment debt	0.00

Other Receipts

Partnership distributions	0.00
Foreign tax paid - partnership distributions	0.00
Return of principal distributions	0.00
Deferred income payment	0.00

Expenses

Margin interest	0.00
Dividends paid - short position	0.00
Interest paid short position	0.00
Non reportable distribution expense	0.00
Other expenses	0.00
Severance tax	0.00

Opening Transactions

Securities purchased	181,450.72
Installment payments	0.00
Short sales	0.00

Fees and Payments Received

Deemed premium	0.00
Organizational expense	0.00
Income accrual - UIt	0.00
Miscellaneous fees	0.00
Basis adjustments	0.00
Tax-exempt investment expense	0.00
Foreign tax withholding paid in excess of treaty rate	0.00

Options Transactions

Sales	0.00
Short sales	0.00
Purchases	0.00
Purchases to close	0.00

*Amounts of undetermined-term must be reviewed to establish the correct acquisition date and whether the gains/losses are short-term or long-term.
 # Less commissions.
 +Cost basis totals include only amounts that were available to us.

► Keep for your records

Name(s) Shown on Return
William F & Louisa F CodySocial Security Number
123-45-3210**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Dept of Ed	Spouse	123-45-2221	0.	2,122.
Total student loan interest.				2,122.

Part II Computation of Student Loan Interest Deduction

1 Enter the total interest you paid in 2014 on qualified student loans (see Form 1040 instructions).	1	2,122.
2 Enter the smaller of line 1 or \$2,500.	2	
3 Modified AGI Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$160,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	
4 Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly.	4	
5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	
6 Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	0.4205
7 Multiply line 2 by line 6	7	
8 Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014

Attachment
Sequence No. **17**

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

Lousia F Cody

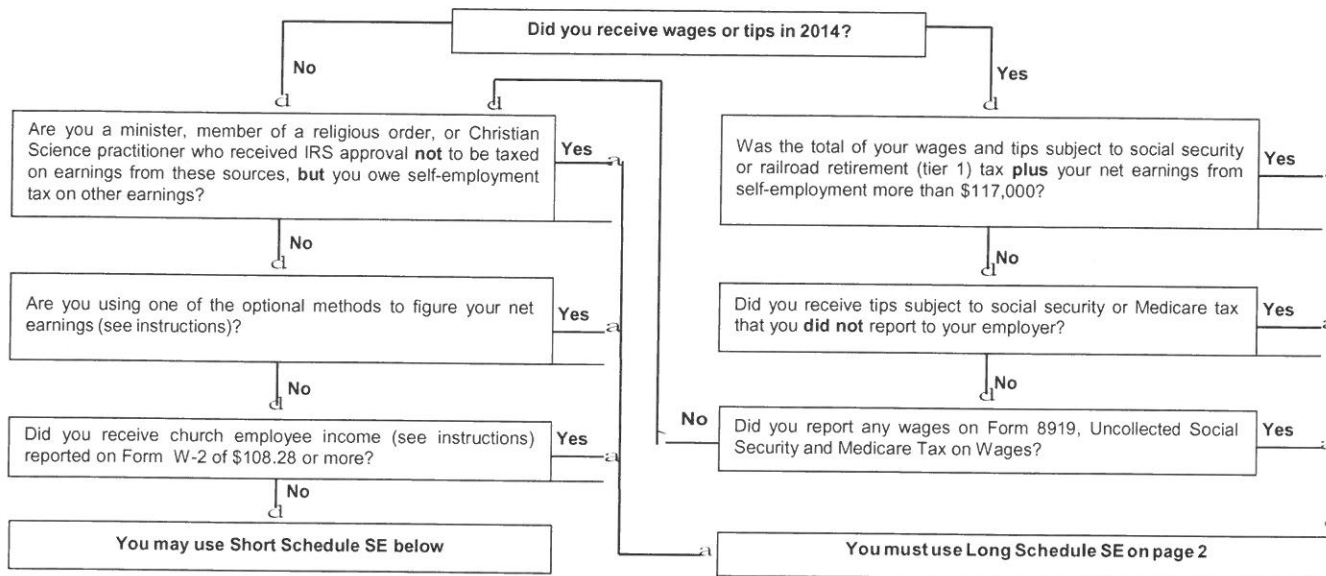
Social security number of person
with self-employment income a

123-45-2221

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
- 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
- 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
- 3** Combine lines 1a, 1b, and 2
- 4** Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; **do not** file this schedule unless you have an amount on line 1b
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
- 5 Self-employment tax.** If the amount on line 4 is:
• \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 57, or Form 1040NR, line 55**
• More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on **Form 1040, line 57, or Form 1040NR, line 55**
- 6 Deduction for one-half of self-employment tax.**
Multiply line 5 by 50% (.50). Enter the result here and on **Form 1040, line 27, or Form 1040NR, line 27**

1a	
1b	()
2	
3	
4	
5	
6	

Modified Adjusted Gross Income Worksheet

2014

► Keep for your records

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

Name(s) Shown on Return
William F & Louisa F CodySocial Security Number
123-45-3210

1 a	Enter your taxable income from Form 1040, line 43	1 a	100,257.
b	Enter the amount from your (and your spouse's) Form 2555, line 45	b	
c	Add lines 1a and 1b	1 c	100,257.
2 a	Enter your qualified dividends from Form 1040, line 9b	2 a	18,204.
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	18,204.
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	18,204.
7 a	Enter line 15 of Schedule D	7 a	19,683.
b	Enter line 16 of Schedule D	b	25,784.
c	Enter the smaller of line 7a or line 7b	7 c	19,683.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	19,683.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	19,683.
10	Add lines 6 and 9c	10	37,887.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	37,887.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	62,370.
15	Enter: • \$36,900 if single or married filing separately; • \$73,800 if married filing jointly or qualifying widow(er); or • \$49,400 if head of household.	15	73,800.
16	Enter the smaller of line 1c or line 15	16	73,800.
17	Enter the smaller of line 14 or line 16	17	62,370.
18	Subtr in 10 from in 1c. If zero or less, enter -0-	18	62,370.
19	Enter the larger of line 17 or line 18	19	62,370.
20	Subtract line 17 from line 16. This amount is taxed at 0% If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	20	11,430.
21	Enter the smaller of line 1c or line 13	21	37,887.
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	11,430.
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	26,457.
24	Enter: • \$406,750 if single, • \$228,800 if married filing separately, • \$457,600 if married filing jointly or qualifying widow(er), • \$432,200 if head of household.	24	457,600.
25	Enter the smaller of line 1c or line 24	25	100,257.
26	Add lines 19 and 20	26	73,800.
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	26,457.
28	Enter the smaller of line 23 or line 27	28	26,457.
29	Multiply line 28 by 15% (.15)	29	3,969.
30	Add lines 20 and 28	30	37,887.
31	Subtract line 30 from line 21	31	0.
32	Multiply line 31 by 20% (.20)	32	0.
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.			
33	Enter the smaller of line 9c above or Schedule D, line 19	33	
34	Add lines 10 and 19	34	
35	Enter the amount from line 1c above	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	
38	Multiply line 37 by 25% (.25)	38	

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

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	<u>8,449.</u>
43	Add lines 29, 32, 38, 41, and 42	43	<u>12,418.</u>
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	<u>16,777.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44.	45	<u>12,418.</u>

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

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

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or Form 1040A.

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

OMB No. 1545-0074

2014
Attachment
Sequence No. **50**

Name(s) shown on return

William F & Louisa F Cody

Your social security number

123-45-3210

*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	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2
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
4	Subtract line 3 from line 2. If zero or less, stop ; you cannot take any education credit	4
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5
6	If line 4 is: <ul style="list-style-type: none"> 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
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
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

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
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10
11	Enter the smaller of line 10 or \$10,000	11
12	Multiply line 11 by 20% (.20)	12
13	Enter: \$128,000 if married filing jointly; \$64,000 if single, head of household, or qualifying widow(er)	13
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16
17	If line 15 is: <ul style="list-style-type: none"> Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19

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

BAA

REV 10/16/14 PRO

Form **8863** (2014)

Name(s) shown on return

William F & Louisa F Cody

Your social security number

123-45-3210



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.

20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax return)
22 Educational institution information (see instructions)	
a. Name of first educational institution	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filled in and Box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 <input type="checkbox"/> Yes <input type="checkbox"/> No filled in and Box 7 checked?
If you checked "No" in both (2) and (3) , skip (4) .	If you checked "No" in both (2) and (3) , skip (4) .
(4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T).	(4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T).
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions) <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
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 checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



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
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