

Test 4 – 2014

These are MFJ taxpayers & the prime taxpayer died during the year. They have investment & retirement income and are eligible for the blind/over 65 credit.

Federal Forms: 1040, 1099-R (2), Schedule B, Schedule D, 8949

Wisconsin Forms: 1, Schedule WD

Address:

123 Main St, Apt. 10
Baldwin, WI 54002

Taxpayer:

Passed Away
SS#: 400-00-5404
DOB: 01/10/1938
DOD: 10/15/2014
1099-R WI withholding: \$825, WI ID#: 036-9812459100-02, code 7

Spouse:

Investor Widow (blind)
SS#: 400-00-5474
DOB: 05/01/1939
1099-R WI withholding: \$175, WI ID#: 036-9992459199-02, code 4
1099-R: WI ID#: 036-5919999924-02, code 4

Filing Status: MFJ

For this scenario, the taxpayer has requested the refund be direct deposited.
Bank routing number: 075911852
Bank account number: 4444444444
Savings

The TP wants her Wisconsin Department of Revenue Form 1099-G to be sent to her electronic next year.

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

Complete form using **BLACK INK**

See page 35 before assembling return

DO NOT STAPLE

Your legal last name AWAY		Legal first name PASSED		M.I. J	Your social security number 400 00 5404
If a joint return, spouse's legal last name WIDOW		Spouse's legal first name INVESTOR		M.I. K	Spouse's social security number 400 00 5474
Home address (number and street). If you have a PO Box, see page 7. 123 MAIN ST				Apt. no.	
City or post office BALDWIN		State WI	Zip code 54002		
Filing status Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household (see page 8). Also, check here if married... <input type="checkbox"/> If married, fill in spouse's SSN above and full name here					Tax district Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2014. <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town BALDWIN County of ST CROIX School district number See page 39 0231
					Special conditions 06 10/15/2014

Print numbers like this → **0 1 2 3 4 5 6 7 8 9** Not like this → **0147** **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 9)	1		54880.00
	Form W-2 wages included in line 100
2	State and municipal interest (see page 9)	2		.00
3	Capital gain/loss addition (see page 10)	3		.00
4	Other additions } Fill in code number and amount, see page 10. } Fill in total other additions on line 4.			.00
00 00 00 00	4		.00
5	Add the amounts in the right column for lines 1 through 4	5		54880.00
6	Taxable refund of state income tax (from Form 1040, line 10) ...	6		.00
7	United States government interest	7		.00
8	Unemployment compensation (see page 12)	8		.00
9	Social security adjustment (see page 12)	9		10880.00
10	Capital gain/loss subtraction (see page 12)	10		2790.00
11	Other subtractions } Fill in code number and amount, see page 12. } Fill in total other subtractions on line 11.			.00
00 00 00			.00
00 00	11		.00
12	Add lines 6 through 11	12		13670.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13		41210.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	41210.00
15	Standard deduction. See table on page 47, OR If someone else can claim you (or your spouse) as a dependent, see page 22 and check here	15	14024.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	27186.00
17	Exemptions (Caution: See page 22)		
a	Fill in exemptions from your federal return <u>2</u> x \$700 .. 17a	17a	1400.00
b	Check if 65 or older <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse = <u>2</u> x \$250 .. 17b	17b	500.00
c	Add lines 17a and 17b	17c	1900.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	25286.00
19	Tax (see table on page 40)	19	1207.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	.00
21	Armed forces member credit (must be stationed outside U.S. See page 23)	21	.00
22	School property tax credit -		
a	Rent paid in 2014-heat included <u>.00</u>	Find credit from table page 25 .. 22a	182.00
	Rent paid in 2014-heat not included <u>6000.00</u>		
b	Property taxes paid on home in 2014 <u>1345.00</u>	Find credit from table page 26 .. 22b	161.00
23	Working families tax credit } If line 14 is less than \$10,000 and if married filing separate, see page 26	23	.00
24	Certain nonrefundable credits from line 11 of Schedule CR	24	.00
25	Add credits on lines 20 through 24	25	300.00
26	Subtract line 25 from line 19. If line 25 is larger than line 19, fill in 0	26	907.00
27	Alternative minimum tax. Enclose Schedule MT	27	.00
28	Add lines 26 and 27	28	907.00
29	Married couple credit. Enclose Schedule 2, page 4	29	.00
30	Other credits from Schedule CR, line 34	30	.00
31	Net income tax paid to another state. Enclose Schedule OS	31	.00
32	Add lines 29, 30, and 31	32	.00
33	Subtract line 32 from line 28. If line 32 is larger than line 28, fill in 0. This is your net tax	33	907.00
34	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 29) If you certify that no sales or use tax is due, check here	34	.00
35	Donations (decreases refund or increases amount owed)		
a	Endangered resources <u>.00</u>	f	Firefighters memorial <u>.00</u>
b	Packers football stadium <u>.00</u>	g	Military family relief <u>.00</u>
c	Cancer research <u>.00</u>	h	Second Harvest/Feeding Amer. <u>.00</u>
d	Veterans trust fund <u>.00</u>	i	Red Cross WI Disaster Relief <u>.00</u>
e	Multiple sclerosis <u>.00</u>	j	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through j)	35k	.00
36	Penalties on IRAs, retirement plans, MSAs, etc. (see page 30)	36	.00
37	Credit repayments and other penalties (see page 30)	37	.00
38	Add lines 33, 34, 35k, 36 and 37	38	907.00



Name(s) shown on Form 1

AWAY

PASSED

Your social security number

400 00 5404

NO COMMAS; NO CENTS

39	Amount from line 38	39	907.00
40	Wisconsin tax withheld. Enclose withholding statements	40	1000.00
41	2014 estimated tax payments and amount applied from 2013 return	41	200.00
42	Earned income credit. Number of qualifying children Federal credit. .00 x % =	42	.00
43	Farmland preservation credit. a Schedule FC, line 18	43a	.00
	b Schedule FC-A, line 13	43b	.00
44	Repayment credit (see page 32)	44	.00
45	Homestead credit. Enclose Schedule H or H-EZ.	45	.00
46	Eligible veterans and surviving spouses property tax credit	46	.00
47	Other credits from Schedule CR, line 38. Enclose Schedule CR	47	.00
48	Add lines 40 through 47	48	1200.00
49	If line 48 is larger than line 39, subtract line 39 from line 48. This is the AMOUNT YOU OVERPAID	49	293.00
50	Amount of line 49 you want REFUNDED TO YOU	50	293.00
51	Amount of line 49 you want APPLIED TO YOUR 2015 ESTIMATED TAX	51	.00
52	If line 48 is smaller than line 39, subtract line 48 from line 39. This is the AMOUNT YOU OWE. Paper clip payment to front of return	52	.00
53	Underpayment interest. Fill in exception code - See Sch. U Also include on line 52 (see page 34)	53	.00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 35)? Yes Complete the following. No

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

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 35.

Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature _____ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Daytime phone _____

I-010a

Mail your return to: Wisconsin Department of Revenue
 If tax due.....PO Box 268, Madison WI 53790-0001
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

For Department Use Only

C	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do Not Submit Photocopies



NO COMMAS; NO CENTS

Schedule 1 - Itemized Deduction Credit (see page 23)

Table with 9 rows for Schedule 1 calculations. Line 1: Medical and dental expenses .00. Line 2: Interest paid .00. Line 3: Gifts to charity .00. Line 4: Casualty losses .00. Line 5: Add lines 1 through 4 .00. Line 6: Standard deduction .00. Line 7: Subtract line 6 from line 5 .00. Line 8: Rate of credit is .05 (5%) x .05. Line 9: Multiply line 7 by line 8 .00.

You must submit this page with Form 1 if you claim either of these credits

Schedule 2 - Married Couple Credit When Both Spouses Are Employed (see page 27)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

Table with 8 rows for Schedule 2 calculations. Columns: (A) YOURSELF, (B) SPOUSE. Line 1: Taxable wages (A) .00, (B) .00. Line 2: Net profit or loss (A) .00, (B) .00. Line 3: Combine lines 1 and 2 (A) .00, (B) .00. Line 4: Add adjustments (A) .00, (B) .00. Line 5: Subtract line 4 from line 3 (A) .00, (B) .00. Line 6: Compare amounts (A) .00, (B) .00. Line 7: Rate of credit is .03 (3%) x .03. Line 8: Multiply line 6 by line 7 (A) .00, (B) .00. Note: Do not fill in more than \$480.



2014

CAPITAL GAINS AND LOSSES

SCHEDULE WD

◆ Enclose with your Wisconsin income tax return ◆

Wisconsin Department of Revenue

Name(s) shown on Form 1 or Form 1NPR

Your social security number

AWAY, PASSED & WIDOW, INVESTOR

400 00 5404

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

Note: Please round and use whole dollars on this form.	(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. If you chose to report all these transactions on federal 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	1200	1000		200
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 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				6
7 Short-term capital loss carryover from 2013 Wisconsin Schedule WD, line 34				7 ()
8 Net short-term capital gain or (loss). Combine lines 1a through 7 in column (h)				8 200

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

Note: Please round and use whole dollars on this form.	(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)
9a 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. If you chose to report all these transactions on federal Form 8949, leave this line blank and go to line 9b				
9b Totals for all transactions reported on Form(s) 8949 with Box D checked	36800	27500		9300
10 Totals for all transactions reported on Form(s) 8949 with Box E checked				
11 Totals for all transactions reported on Form(s) 8949 with Box F checked				
12 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				12
13 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				13
14 Capital gain distributions				14
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				15
16 Long-term capital loss carryover from 2013 Wisconsin Schedule WD, line 39				16 ()
17 Net long-term capital gain or (loss). Combine lines 9a through 16 in column (h). Then go to Part III on the back				17 9300

Name(s) shown on Form 1 or Form 1NPR

Your social security number

AWAY, PASSED & WIDOW, INVESTOR

400 0 5404

Part III Summary of Parts I and II (see instructions)

18	Combine lines 8 and 17, and fill in the net gain or (loss) here (if line 18 is a loss, go to line 28) ...	18	9500
19	If line 18 shows a gain, fill in the smaller of line 17 or 18. Fill in -0- if there is a loss or no entry on line 17	19	9300
20	Fill in 30% of line 19	20	2790
21	Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included in line 12 or 13 of Schedule WD. If zero, skip lines 22-25 and fill in the amount from line 20 on line 26	21	
22	Fill in the amount of long-term capital gain included in line 17. Do not include any losses in this amount	22	
23	Divide line 21 by line 22. Carry the decimal to 4 places	23	
24	Multiply line 19 by the decimal amount on line 23	24	
25	Fill in 30% of line 24	25	
26	Add lines 20 and 25	26	2790
27	Subtract line 26 from line 18	27	6710
28	If line 18 shows a loss, fill in the smaller of (a) The loss on line 18, (b) \$500, or (c) Wisconsin ordinary income (see instructions)	28	

Note: When figuring whether 28a, 28b, or 28c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28, on line 7, column B of Form 1NPR.

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR.)

29	Adjustment (see instructions for Part IV)		
a	Fill in gain from federal Form 1040, line 13 (if a loss, fill in -0-)	29a	9500
b	Fill in gain from Wisconsin Schedule WD, line 27 (if blank, fill in -0-)	29b	6710
c	If line 29b is more than 29a, subtract line 29a from line 29b. Fill in result here and on line 3 of Form 1	29c	2790
d	If line 29b is less than 29a, subtract line 29b from line 29a. Fill in result here and on line 10 of Form 1	29d	
e	Fill in loss from federal Form 1040, line 13 as a positive amount (if a gain, fill in -0-)	29e	
f	Fill in loss from Wisconsin Schedule WD, line 28 as a positive amount (if blank, fill in -0-)	29f	
g	If line 29f is more than line 29e, subtract line 29e from line 29f. Fill in result here and on line 10 of Form 1 as a positive amount (if you also have an amount on line 29d, add the amounts on lines 29d and 29g, and fill in only the total on line 10 of Form 1)	29g	
h	If line 29f is less than line 29e, subtract line 29f from line 29e. Fill in result here and on line 3 of Form 1 as a positive amount (if you also have an amount on line 29c, add the amounts on lines 29c and 29h, and fill in only the total on line 3 of Form 1)	29h	

Part V Computation of Capital Loss Carryovers from 2014 to 2015 (Complete this part if the loss on line 18 is more than the loss on line 28.)

Short-Term Capital Loss Carryover	
30	Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34
31	Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-
32	Subtract line 31 from line 30
33	Fill in the smaller of line 28 or line 32, treating both as positive amounts
34	Subtract line 33 from line 32. This is your short-term capital loss carryover from 2014 to 2015
Long-Term Capital Loss Carryover	
35	Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39
36	Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-
37	Subtract line 36 from line 35
38	Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)
39	Subtract line 38 from line 37. This is your long-term capital loss carryover from 2014 to 2015

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

Your first name and initial: **PASSED** Last name: **AWAY** See separate instructions.

If a joint return, spouse's first name and initial: **INVESTOR** Last name: **WIDOW** Your social security number: **4 0 0 | 0 0 5 4 0 4**

Home address (number and street). If you have a P.O. box, see instructions. **111 MAIN ST** Apt. no. _____ Spouse's social security number: **4 4 0 | 0 0 5 4 7 4**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **QUINTON, AL 35130** Presidential Election Campaign

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

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

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

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Exemptions

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

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>

d Total number of exemptions claimed **2**

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

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above: _____

Add numbers on lines above ▶ **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b** **10500** **00**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a**

b Taxable amount **15b**

16a Pensions and annuities **16a**

b Taxable amount **16b** **24000** **00**

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 **20a**

b Taxable amount **20b** **10880** **00**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22** **54880** **00**

Adjusted Gross Income

23 Reserved **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Reserved **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ **37** **54880** **00**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Schedule B (Form 1040A or 1040) and its instructions, such as legislation enacted after they were published, go to www.irs.gov/scheduleb.

Purpose of Form

Use Schedule B if any of the following applies.

- You had over \$1,500 of taxable interest or ordinary dividends.
- You received interest from a seller-financed mortgage and the buyer used the property as a personal residence.
- You have accrued interest from a bond.
- You are reporting original issue discount (OID) in an amount less than the amount shown on Form 1099-OID.
- You are reducing your interest income on a bond by the amount of amortizable bond premium.
- You are claiming the exclusion of interest from series EE or U.S. savings bonds issued after 1989.
- You received interest or ordinary dividends as a nominee.
- You had a financial interest in, or signature authority over, a financial account in a foreign country or you received a distribution from, or were a grantor of, or transferor to, a foreign trust. Part III of the schedule has questions about foreign accounts and trusts.

Specific Instructions

TIP You can list more than one payer on each entry space for lines 1 and 5, but be sure to clearly show the amount paid next to the payer's name. Add the separate amounts paid by the payers listed on an entry space and enter the total in the "Amount" column. If you still need more space, attach separate statements that are the same size as the printed schedule. Use the same format as lines 1 and 5, but show your totals on Schedule B. Be sure to put your name and social security number (SSN) on the statements and attach them at the end of your return.

Part I. Interest

Line 1. Report on line 1 all of your taxable interest. Taxable interest should be shown on your Forms 1099-INT, Forms 1099-OID, or substitute statements. Include interest from series EE, H, HH, and U.S. savings bonds. List each payer's name and show the amount. Do not report on this line any tax-exempt interest from box 8 or box 9 of Form 1099-INT. Instead, report the amount from box 8 on line 8b of Form 1040A or 1040. If an amount is shown in box 9 of Form 1099-INT, you generally must report it on line 12 of Form 6251. See the instructions for Form 6251 for more details.

Seller-financed mortgages. If you sold your home or other property and the buyer used the property as a personal residence, list first any interest the buyer paid you on a mortgage or other form of seller financing. Be sure to show the buyer's name, address, and SSN. You must also let the buyer know your SSN. If you do not show the buyer's name, address, and SSN, or let the buyer know your SSN, you may have to pay a \$50 penalty.

Nominees. If you received a Form 1099-INT that includes interest you received as a nominee (that is, in your name, but the interest actually belongs to someone else), report the total on line 1. Do this even if you later distributed some or all of this income to others. Under your last entry on line 1, put a subtotal of all interest listed on line 1. Below this subtotal, enter "Nominee Distribution" and show the total interest you received as a nominee. Subtract this amount from the subtotal and enter the result on line 2.



TIP If you received interest as a nominee, you must give the actual owner a Form 1099-INT unless the owner is your spouse. You must also file a Form 1096 and a Form 1099-INT with the IRS. For more details, see the General Instructions for Certain Information Returns and the Instructions for Forms 1099-INT and 1099-OID.

Accrued interest. When you buy bonds between interest payment dates and pay accrued interest to the seller, this interest is taxable to the seller. If you received a Form 1099 for interest as a purchaser of a bond with accrued interest, follow the rules earlier under *Nominees* to see how to report the accrued interest. But identify the amount to be subtracted as "Accrued Interest."

Original issue discount (OID). If you are reporting OID in an amount less than the amount shown on Form 1099-OID, follow the rules earlier under *Nominees* to see how to report the OID. But identify the amount to be subtracted as "OID Adjustment."

Amortizable bond premium. If you are reducing your interest income on a bond by the amount of amortizable bond premium, follow the rules earlier under *Nominees* to see how to report the interest. But identify the amount to be subtracted as "ABP Adjustment."

Line 3. If, during 2014, you cashed series EE or U.S. savings bonds issued after 1989 and you paid qualified higher education expenses for yourself, your spouse, or your dependents, you may be able to exclude part or all of the interest on those bonds. See Form 8815 for details.

Part II. Ordinary Dividends

TIP You may have to file Form 5471 if, in 2014, you were an officer or director of a foreign corporation. You may also have to file Form 5471 if, in 2014, you owned 10% or more of the total (a) value of a foreign corporation's stock, or (b) combined voting power of all classes of a foreign corporation's stock with voting rights. For details, see Form 5471 and its instructions.

Line 5. Report on line 5 all of your ordinary dividends. This amount should be shown in box 1a of your Forms 1099-DIV or substitute statements. List each payer's name and show the amount.

Nominees. If you received a Form 1099-DIV that includes ordinary dividends you received as a nominee (that is, in your name, but the ordinary dividends actually belong to someone else), report the total on line 5. Do this even if you later distributed some or all of this income to others. Under your last entry on line 5, put a subtotal of all ordinary dividends listed on line 5. Below this subtotal, enter "Nominee Distribution" and show the total ordinary dividends you received as a nominee. Subtract this amount from the subtotal and enter the result on line 6.



TIP If you received dividends as a nominee, you must give the actual owner a Form 1099-DIV unless the owner is your spouse. You must also file a Form 1096 and a Form 1099-DIV with the IRS. For more details, see the General Instructions for Certain Information Returns and the Instructions for Form 1099-DIV.

Part III. Foreign Accounts and Trusts



TIP Regardless of whether you are required to file FinCEN Form 114 (FBAR), you may be required to file Form 8938, Statement of Specified Foreign Financial Assets, with your income tax return. Failure to file Form 8938 may result in penalties and extension of the statute of limitations. See www.irs.gov/form8938 for more information.

Line 7a-Question 1. Check the "Yes" box if at any time during 2014 you had a financial interest in or signature authority over a financial account located in a foreign country. See the definitions that follow. Check the "Yes" box even if you are not required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

Financial account. A financial account includes, but is not limited to, a securities, brokerage, savings, demand, checking, deposit, time deposit, or other account maintained with a financial institution (or other person performing the services of a financial institution). A financial account also includes a commodity futures or options account, an insurance policy with a cash value (such as a whole life insurance policy), an annuity policy with a cash value, and shares in a mutual fund or similar pooled fund (that is, a fund that is available to the general public with a regular net asset value determination and regular redemptions).

Financial account located in a foreign country. A financial account is located in a foreign country if the account is physically located outside of the United States. For example, an account maintained with a branch of a United States bank that is physically located outside of the United States is a foreign financial account. An account maintained with a branch of a foreign bank that is physically located in the United States is not a foreign financial account.

Signature authority. Signature authority is the authority of an individual (alone or in conjunction with another individual) to control the disposition of assets held in a foreign financial account by direct communication (whether in writing or otherwise) to the bank or other financial institution that maintains the financial account. See the FinCEN Form 114 instructions for exceptions. Do not consider the exceptions relating to signature authority in answering Question 1 on line 7a.

Other definitions. For definitions of "financial interest," "United States," and other relevant terms, see the instructions for FinCEN Form 114.

Line 7a-Question 2. See FinCEN Form 114 and its instructions to determine whether you must file the form. Check the "Yes" box if you are required to file the form; check the "No" box if you are not required to file the form.

If you checked the "Yes" box to Question 2 on line 7a, FinCEN Form 114 must be electronically filed with the Financial Crimes Enforcement Network (FinCEN) at the following website: <http://bsaeffiling.fincen.treas.gov/main.html>. Do not attach FinCEN Form 114 to your tax return. To be considered timely, FinCEN Form 114 must be received by June 30, 2015.



CAUTION If you are required to file FinCEN Form 114 but do not properly do so, you may have to pay a civil penalty up to \$10,000. A person who willfully fails to report an account or provide account identifying information may be subject to a civil penalty equal to the greater of \$100,000 or 50 percent of the balance in the account at the time of the violation. Willful violations may also be subject to criminal penalties.

Line 7b. If you are required to file FinCEN Form 114, enter the name of the foreign country or countries in the space provided on line 7b. Attach a separate statement if you need more space.

Line 8. If you received a distribution from a foreign trust, you must provide additional information. For this purpose, a loan of cash or marketable securities generally is considered to be a distribution. See Form 3520 for details.

If you were the grantor of, or transferor to, a foreign trust that existed during 2014, you may have to file Form 3520.

Do not attach Form 3520 to Form 1040. Instead, file it at the address shown in its instructions.

If you were treated as the owner of a foreign trust under the grantor trust rules, you are also responsible for ensuring that the foreign trust files Form 3520-A. Form 3520-A is due on March 16, 2015, for a calendar year trust. See the instructions for Form 3520-A for more details.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2014
Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

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	1,200	(1,000)	0	200
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				7 200

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	36,800	(27,500)	0	9,300
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
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
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
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 9,300

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

Cat. No. 11338H

Schedule D (Form 1040) 2014

Part III Summary

16 Combine lines 7 and 15 and enter the result 16 9,500

- 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?
 Yes. Go to line 18.
 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?
 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.
 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:
 • The loss on line 16 or
 • (\$3,000), or if married filing separately, (\$1,500) } 21 ()

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?
 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).
 No. Complete the rest of Form 1040 or Form 1040NR.

DRAFT AS OF
June 9, 2014
DO NOT FILE

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2014

Form **1099-R**

Copy 1 For State, City, or Local Tax Department

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code UWORK FORME 1310 LANGDON ST MADISON, WI 53701		1 Gross distribution \$ 12,000.00	OMB No. 1545-0119	
		2a Taxable amount \$ 12,000.00		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
PAYER'S federal identification number 73-8462951	RECIPIENT'S identification number 400-00-5404	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 2,000.00	
RECIPIENT'S name PASSED AWAY		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 123 MAIN ST, APT 10		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %
City or town, state or province, country, and ZIP or foreign postal code BALDWIN, WI 54002		9a Your percentage of total distribution %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 825.00	13 State/Payer's state no. 036-9812459100-02	14 State distribution \$ 12,000.00
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

VOID CORRECTED

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code UDONT WORKHERE 1010 LANGDON ST MADISON WI 53701		1 Gross distribution \$ 5,000.00	OMB No. 1545-0119 2014 Form 1099-R		Copy 1 For State, City, or Local Tax Department
		2a Taxable amount \$ 5,000.00	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 14-7036925	RECIPIENT'S identification number 400-00-5474	3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$ 400.00		
RECIPIENT'S name INVESTOR WIDOW Street address (including apt. no.) 123 MAIN ST, APT 10 City or town, state or province, country, and ZIP or foreign postal code BALDWIN, WI		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 4	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 175.00	13 State/Payer's state no. 036-9992459199-02	14 State distribution \$ 5,000.00	
Account number (see Instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

Form **1099-R**

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code UGONE FORGOOD 1110 LANGDON ST MADISON WI 53701		1 Gross distribution \$ 7,000.00	OMB No. 1545-0119 2014 Form 1099-R	
		2a Taxable amount \$ 7,000.00	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
PAYER'S federal identification number 14-7036925	RECIPIENT'S identification number 400-00-5474	3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$ 1,100.00	
RECIPIENT'S name INVESTOR WIDOW		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 123 MAIN ST, APT 10		7 Distribution code(s) 4	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %
City or town, state or province, country, and ZIP or foreign postal code BALDWIN, WI		9a Your percentage of total distribution %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of deslg. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no. 036-591999924-02	14 State distribution \$ 7,000.00
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

**Copy 1
For
State, City,
or Local
Tax Department**

Form **1099-R**

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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.

2014
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number
400-00-5404

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	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 instructions	(g) Amount of adjustment	
	STOCK 4 GAIN	10/20/13	2/2/14	\$ 1,200	\$ 1,000		\$ 0	
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) ►				\$ 1,200	\$ 1,000		\$ 0	

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.

