

1040 Department of the Treasury—Internal Revenue Service (99) 2014 U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial Daniel J Last name Feltes Your social security number [REDACTED]

If a joint return, spouse's first name and initial Last name Spouse's social security number [REDACTED]

Home address (number and street) If you have a P.O. box, see instructions. Apt. no. Make sure the SSNs above and on line 6c are correct

City, town or post office, state, and ZIP code if you have a foreign address, also complete spaces below (see instructions). Concord NH 03301 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund

Foreign country name Foreign province/state/country Foreign postal code X You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person) (See instructions) if the qualifying person is a child but not your dependent, enter the child's name here. 2 Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child 3 Married filing separately. Enter spouse's SSN above and full name here. Erin R Feltes

Check only one box. 6a X Yourself. If someone can claim you as a dependent, do not check box 6a. b Spouse. Boxes checked on 6a and 6b No. of children on 6c who: 1 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 1

Table with columns for (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if child under age 17 qual for child tax credit (see instr). Total number of exemptions claimed d 34,976

Income section table with rows 7-22. Includes wages, interest, dividends, other income. Total income 38,487.

Adjusted Gross Income section table with rows 23-37. Includes educator expenses, health savings account deduction, moving expenses, etc. Total adjusted gross income 38,252.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 38,252

39a Check You were born before January 2, 1950. Blind. Total boxes checked 39a

if: Spouse was born before January 2, 1950. Blind. 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 9,819

41 Subtract line 40 from line 38 41 28,433

42 Exemptions. If line 38 is \$152,825 or less multiply \$3,950 by the number on line 42. Otherwise see instructions 42 3,950

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 24,483

44 Tax (see instr.) Check if any from: a Form(s) 8814 b Form 4972 c 44 3,218

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 3,218

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 3,218

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 9959 b Form 9960 c Instructions enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 3,688

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 5,826

65 2014 estimated tax payments and amount applied from 2013 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4138 72

73 Credits from Form: a 2439 b Reserved c Reserved d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 5,826

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 2,138

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a 2,138

b Routing number c Type: Checking Savings

d Account number

77 Amount of line 75 you want applied to your 2015 estimated tax 77

78 78

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78

79 Estimated tax penalty (see instructions) 79

Third Party Designee

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

Designee's name **Kimberly J. Landry, CPA** Personal identification number (PIN)

Phone no

Sign Here

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

Your signature _____ Date _____ Your occupation _____ Daytime phone number _____

Spouse's signature (if a joint return, both must sign) _____ Date _____ Spouse's occupation _____

If the IRS sent you an Identity Protection PIN, enter it here (see instr.) _____

Print/Type preparer's name _____ Preparer's signature _____ Date 02/25/16 Check self-employed PT/N

Paid **Kimberly J. Landry, CPA** Firm's EIN

Preparer Use Only Firm's name **Landry & Associates, CPA, PA** Phone no

Firm's address **6 Chenell Dr Ste 280 Concord NH 03301-8553**