

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , 2014, ending , 20
Your first name and initial JERRY Last name JONES
If a joint return, spouse's first name and initial LUCINDA Last name JONES
Home address (number and street). If you have a P.O. box, see instructions. 16351 HART ROAD Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MEDINA, OH 44256
Foreign country name Foreign province/state/county Foreign postal code

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) if child under age 17 qualifying for child tax credit (see instructions)
JOHN JONES X X X X X X 9 1 0 1 SON
d Total number of exemptions claimed 3

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 73800 00
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a Taxable amount 15b
16a Pensions and annuities 16a Taxable amount 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 735 00
18 Farm income or (loss). Attach Schedule F 6000 00
19 Unemployment compensation
20a Social security benefits 20a Taxable amount 20b
21 Other income. List type and amount
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 80535 00

Adjusted Gross Income
23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE 424 00
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 35 424 00
37 Subtract line 36 from line 22. This is your adjusted gross income 80111 00

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 80111 00

39a Check **You** were born before January 2, 1950, **Blind.** } **Total boxes**
if: **Spouse** was born before January 2, 1950, **Blind.** } **checked ▶ 39a**

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** 12400 00

41 Subtract line 40 from line 38 **41** 67711 00

42 **Exemptions.** If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions **42** 11850 00

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 55861 00

44 **Tax** (see instructions). Check if any from: **a** Form(s) 8814 **b** Form 4972 **c** **44** 7474 00

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** 7474 00

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** 1000 00

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** 1000 00

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **56** 6474 00

Other Taxes

57 Self-employment tax. Attach Schedule SE **57** 848 00

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 8959 **b** Form 8960 **c** Instructions; enter code(s) **62**

63 Add lines 56 through 62. This is your **total tax** **63** 7322 00

Payments

64 Federal income tax withheld from Forms W-2 and 1099 **64** 12636 00

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 4136 **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** 12636 00

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid** **75** 5314 00

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

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 **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 Phone no. Personal identification number (PIN)

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 **IT COORDINATOR** Daytime phone number

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation **FARMER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

SELF

Firm's name Firm's EIN

Firm's address Phone no.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

Attachment
Sequence No. **13**

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

Your social security number

JERRY JONES

XXXXX6789

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	9841 LEDGEMONT AVE, WINDHAM, OH				
B	9941 BOMBER DR, WINDHAM, OH				
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B	1		167	0	<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A		B		C	
3	Rents received	3		9600	00	3500	00		
4	Royalties received	4							
Expenses:									
5	Advertising	5				100	00		
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7							
8	Commissions.	8							
9	Insurance	9		685	00	750	00		
10	Legal and other professional fees	10							
11	Management fees	11							
12	Mortgage interest paid to banks, etc. (see instructions)	12		3013	00	4115	00		
13	Other interest.	13							
14	Repairs.	14		687	00	485	00		
15	Supplies	15							
16	Taxes	16		950	00	955	00		
17	Utilities.	17				625	00		
18	Depreciation expense or depletion	18							
19	Other (list) ▶	19							
20	Total expenses. Add lines 5 through 19	20		5335	00	7030	00		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		4265	00	-3530	00		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	
23a	Total of all amounts reported on line 3 for all rental properties	23a							
b	Total of all amounts reported on line 4 for all royalty properties	23b							
c	Total of all amounts reported on line 12 for all properties	23c							
d	Total of all amounts reported on line 18 for all properties	23d							
e	Total of all amounts reported on line 20 for all properties	23e							
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				4265	00		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(3530	00)			
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				735	00		

**SCHEDULE F
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.
▶ Information about Schedule F and its separate instructions is at www.irs.gov/schedulef.

OMB No. 1545-0074

2014

Attachment
Sequence No. **14**

Name of proprietor LUCINDA JONES		Social security number (SSN) XXXXX8910	
A Principal crop or activity PRODUCE	B Enter code from Part IV ▶	C Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	D Employer ID number (EIN), (see instr)
E Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on passive losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		F Did you make any payments in 2014 that would require you to file Form(s) 1099 (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)			
1a Sales of livestock and other resale items (see instructions)	1a	14400	00
b Cost or other basis of livestock or other items reported on line 1a	1b	2400	00
c Subtract line 1b from line 1a	1c	12000	00
2 Sales of livestock, produce, grains, and other products you raised	2		
3a Cooperative distributions (Form(s) 1099-PATR)	3a		
4a Agricultural program payments (see instructions)	4a		
5a Commodity Credit Corporation (CCC) loans reported under election	5a		
b CCC loans forfeited	5b		
6 Crop insurance proceeds and federal crop disaster payments (see instructions)			
a Amount received in 2014	6a		
c If election to defer to 2015 is attached, check here <input type="checkbox"/> 6d Amount deferred from 2013	6d		
7 Custom hire (machine work) income	7		
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	8		
9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50 (see instructions) ▶	9	12000	00

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses (see instructions).			
10 Car and truck expenses (see instructions). Also attach Form 4562	10		
11 Chemicals	11		
12 Conservation expenses (see instructions)	12		
13 Custom hire (machine work)	13		
14 Depreciation and section 179 expense (see instructions)	14	1200	00
15 Employee benefit programs other than on line 23	15		
16 Feed	16	1200	00
17 Fertilizers and lime	17	780	00
18 Freight and trucking	18		
19 Gasoline, fuel, and oil	19	1020	00
20 Insurance (other than health)	20		
21 Interest:			
a Mortgage (paid to banks, etc.)	21a		
b Other	21b		
22 Labor hired (less employment credits)	22		
23 Pension and profit-sharing plans	23		
24 Rent or lease (see instructions):			
a Vehicles, machinery, equipment	24a		
b Other (land, animals, etc.)	24b		
25 Repairs and maintenance	25		
26 Seeds and plants	26	600	00
27 Storage and warehousing	27		
28 Supplies	28		
29 Taxes	29	1200	00
30 Utilities	30		
31 Veterinary, breeding, and medicine	31		
32 Other expenses (specify):			
a -----	32a		
b -----	32b		
c -----	32c		
d -----	32d		
e -----	32e		
f -----	32f		
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions ▶	33	6000	00
34 Net farm profit or (loss). Subtract line 33 from line 9	34	6000	00
If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.			
35 Did you receive an applicable subsidy in 2014? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Check the box that describes your investment in this activity and see instructions for where to report your loss.			
a <input checked="" type="checkbox"/> All investment is at risk.	b <input type="checkbox"/> Some investment is not at risk.		