efile GRAPHIC	pri	nt - DO NOT PROCES	SS ORIGI	NAL DAT	A - Prod	uction			DLI	N: 16221666	032275	
		rtment of the Treasury—Internal R 5. Individual Incor		⁽⁹⁹⁾ turn	2014	CME N	o. 1545-	0074	IP Haa Date	Do gol weite as should	. In Mile annual	
		c. 31, 2014, or other tax			014 endir			-0074	.,	-Do not write or staple rate instruction:		
Your first name an			Last nan		gray chan	, IL 0	2,014		<u></u>	cial security nu		
NICHOLAS J & MA		N J <mosby td="" 🥬<=""><td>Last nan</td><td>30</td><td></td><td></td><td>********</td><td></td><td>Spouse'</td><td>4090 s social securi</td><td></td><td></td></mosby>	Last nan	30			********		Spouse'	4090 s social securi		
, 9									number	s social securi		
Home address (nu	mbei	r and street). If you have	a P.O. box, si	ee Instructio	ons.		Apt. r	no.		e sure the SSN(s) d on line 6c are co		
BALTIMORE, MD	2121	ale, and ZIP code. If you ha 7							Check here	ntial Election Can if you, or your spouse \$3 to go to this fund, t	if filing	
Foreign country na	ime		Foreign pro	ovince/state	/county	Forei	gn postal	code	a box below refund.	will not change your t	ax or Douse	
E	1	Single								/ing person). (S		
Filing Status	2	Married filing jointly	(even if only o	ne had Inco	me)			If the qualifiter this chil-		on is a child but here 🕨	not your	
Check only one sox.	3	Married filing separa and full name here.	tely. Enter spo ►	use's SSN a	above			widow(er)				
Exemptions	6a b	- Tourscitt to someon				not chec	k box 6	a	01	oxes checked n 6a and 6b	2	
	ć	Spouse		(2) Depe	endent's	(3) Depo	ndent's	(4)√ if chi		o, of children n 6c who:		
		(1) First name Last n	ame	social secur	ity number	relationsh	ip to you	age 17 qual child tax cre	ifying for 🍎 edit (see 🔺	lived with yo did not live w	u <u> </u>	
	-			as a				instruct	ons) ye	ou due to divo		
f more than four	_	N M				DAUGHTER		(2)	{s	r separation see instruction	ıs)	
lependents, see nstructions and		A M	لأمر المسا		7206	DAUGHTER		Į.			0	
heck here 🕨 🗌	-							-		ependents on ot entered abo		
	ď	Total number of exempt	ions claimed .	<u> </u>					A	dd numbers or	,	
									· {ii	nes above	4	
		Wages, salaries, tips, el		–		,			7		312,268	
ncome		Taxable interest. Attac Tax-exempt interest. I		-		 Las I			8a		18	
ittach Form(s)		Ordinary dividends, Att				86			9a			
/-2 here. Also ttach Forms		Qualified dividends		or offsets of state and local income t			9b					
V-2G and									10			
099-R if tax vas withheld.	11 12					• •	• •		11			
		Business income or (los	-				• • • []		12		0	
	13 14	Capital gain or (loss). Attac Other gains or (losses).			ot required	. check he	re== 1}	·	14			
you did not et a W-2,		IRA distributions .	15a			axable a			15b			
ee instructions.		Pensions and annuities				axable a		L	16b		30,047	
	17	Rental real estate, royal						Schedule E	17			
	18 19	Farm income or (loss). A Unemployment compens		er .			• •		1B 19		0	
		Social security benefits			b 7	axable a	nount	• • • •	206			
	21	Other income. List type			h		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		21		17,500	
	22	Combine the amounts in	the far right colu	mn for lines 7	through 21. 1	hls is you	ir total	income 🟲	22		359,833	
diuntod	23	Educator expenses				23				The first for the first	a service of the sections	w.
djusted Fross	24	Certain business expenses of fee-basis government official				24					TRUE COP	-
ncome		Health savings account		ach Form 88	889 .	25			DA.	Sonom 2	5 0200	3-17-22
	25	Moving expenses, Attack				26				A R. C. L. C. L. C.	1) A	and the second
	27 28	Deductible part of self-em Self-employed SEP, SIM				27		<u> </u>		from	- well-	
	29	Self-employed health in				29				a establishmentonichmente.	halin i dan dan dalam kanan dan dan dan dan dan dan dan dan dan	dispersion and the
	30	Penalty on early withdra				30			1	Senior	- Disclosure	Seciali.
	31a	Alimony paid b Recipies	nt's 55N ► _		_	31a		<u> </u>	# 6 d	THE RESIDENCE PROPERTY OF THE PARTY OF THE P	vonue Perviu	465-MGE-81762257E3
	32	IRA deduction .	duction	· · · ·	• •	32				1	s City, MO	
	33 34	Student loan interest de Tuition and fees. Attach			• •	33			_	第7 回(す)回(数)	∞ σστε υ∦	
	35	Domestic production activities		h Form 8903	• •	34 35			_			
		Add lines 23 through 35							36		0	
		Subtract line 36 from lin		our adjust e	ed gross in				37		359,833	

GOVT. EXHIBIT NO.

LKG-22-007

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 113208

Form **1040** (2014)

Form 1040 (2014)				Page 2
	38	Amount from line 37 (adjusted gross income)	38	359,833
		You were born before January 2, 1950, Blind.		
Tax and	39a	Check Total boxes		
Credits		if: Spouse was born before January 2, 1950, Slind. Schecked▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶39b 🗔		
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	44,504
for-	41	Subtract line 40 from line 38	41	315,329
 People who check any 	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	8,848
box on line 39a or 39b or	43	Taxable income . Subtract line 42 from line 41. If fine 42 is more than line 41, enter -0-	43	306,481
who can be claimed as a	44	Yax (see instructions). Check if any from: a 🗀 Form(s) 8814 b 🚨 Form 4972 c 🚨	44	77,043
dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251 🦅 · · · · · ·	45	1,840
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
• All others:	47	Add lines 44, 45, and 46	47	78,883
Single or	48	Foreign tax credit. Attach Form 1116 if required . 48		
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49		
\$6,200 Married filing	50	Education credits from Form 8863, line 19 50		
jointly or	51	Retirement savings contributions credit. Attach Form 8880 51		
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required 52		
\$12,400	53	Residential energy credits. Attach Form 5695 53		
Head of	54	Other credits from Form; a 3800 b 8801 c 54		
household, \$9,100	55	Add lines 48 through 54. These are your total credits		
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	55 56	78,883
	57	Self-employment tax. Attach Schedule SE	57	70,003
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 🤳 🕟 .	59	3,005
		Household employment taxes from Schedule H	60a	27700
	E	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 codes(s) 🐿	62	702
	63	Add lines 56 through 62. This is your total tax	63	82,590
Payments	64	Federal income tax withheld from Forms W-2 and 1099 2. 64 28,852		,
. a.j	65	2014 estimated tax payments and amount applied from 2013 return 65		
***	66a	Earned income credit (EIC) 🦸 66a		
If you have a qualifying	b	Nontaxable combat pay election 66b		
child, attach	67	Additional child tax credit. Attach Schedule 8812 . 67		
Schedule EIC.	68	American opportunity credit from Form 8863, line 8 68		
2.00	69	Net premium tax credit. Attach Form 8962 69		
I,,	70	Amount paid with request for extension to file 70		
	71	Excess social security and tier 1 RRTA tax withheld 71 7,182		
	72	Credit for federal tax on fuels. Attach Form 4136 . 72		
	73 74	Credits from Form: a 🗋 2439 b 🗆 Reserved c 🗀 Reserved d 🗋 73 Add Lines 64, 65, 66a, and 67 through 73. These are your total payments .		76.824
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	74 75	36,034 0
Keluliu			76a	0
Divost doppeit3	⊳ b		/08	
Direct deposit?	- d	Routing number Account number C Type: Checking Savings		
instructions.	77	Amount of line 75 you want applied to your 2015 estimated tax > 77		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay see instructions	78	46,556
You Owe	79	Estimated tax penalty (see instructions)		
Third Party	Do yı	ou want to allow another person to discuss this return with the IRS (see instructions)? \Box Ye	s. Con	nplete below. 🗹 No
Designee		nee's Phone Personal identif		
203191100	name	no. number (PIN)		

Sign Here Joint return? See	Under penalties of perjury, I declar and belief, they are true, correct, a knowledge. Your signature	eturn and accompa reparer (other tha Date 09-23-2015	n taxpayer) is base Your occupation	d on all Information of which preparer has any				
instructions. Keep a copy for your records.	Spouse's signature. If a joint a	eturn ,both must sign.	Date 09-23-2015	Spouse's occu ATTORNEY	pation	If the IRS sent you an Identity Protection PIN, anter it here (see inst.)		
Paid	Print/Type preparer's name SHARIF 3 SMALL	Preparer's signature		.	Date 09-23-2015	Check [] if self-employed	PTIN P01268429	
Preparer	Firm's name SJS FINANCIAL F	Firm's EIN > 20-5012561						
Use Only	Firm's address 🕨 🚾 3	Þ			Phone no.) -79 91		
	BALTIMORE, MD,	21215						
www.irs.gov/for	m1040					Forn	n 1040 (2014)	

Software ID:

Software Version:

SSN: -4090

Spouse SSN: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

Header - Primary Name Control: MOSB **Header - Spouse Name Control:** MOSB

Line 6c - Dependent 1 Name Control: MOSB

Line 6c - Dependent 2 Name Control: MOSB Line 59 - Retirement Tax Plan Literal Code: NO

Line 66a - EIC Eligibility Literal Code: NO

Top Left Margin - Refund Anticipation Loan Code: NO BANK PRODUCT

efile GRAPHIC print - DO NO	PROCESS	ORIGINAL DATA	 Production 		DL	N: 162	21666032275	
J		CORRECTED (if c	hecked)					
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code			1 Gross distril	oution	OMB No. 1545-0119		Distributions From Pensions, Annuities Retirement o	
THE NORTHERN TRUST COMPANY			\$	30,047	2014		Profit-Sharing	
0-L 11 11 / 11 6			2a Taxable am	iount			Insuranc Contracts, etc	
WAHSINGTON, DC 20036			\$	30,047	Farm 1099-R		contracts, etc	
			2b Taxable among the determinant determin		Tatał distribution		Copy I Report this income on you	
PAYER's federal identification number	RECIPIENT'S lo number	dentification	3 Capital gain (in box 2a)	included	4 Federal Income withheld	tax	federal ta return. If thi form show	
36-3046063		7577	\$	0	\$	6,009	federal income tax withheld in box 4, attaci	
RECIPIENT'S name MARILYN J MOSBY		-	5 Employee con /Designated contributions insurance pre	Rath or	6 Net unrealized appreciation in employer's securi	ties	this copy to	
			\$	0	\$	0	_	
Street address (including apt. no.)			7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other		This information is being furnished to the Interna	
City or town, state or province, country, BALTIMORE, MD 21217	and 21P or foreig	gn postal code	9a Your perce total dist		9b Total employe contribution		Revenue Service	
10 Amount allocable to IRR within 5 years	11 ist year	of desig. Roth contrib.	12 State tax w	rithheld 2,329	\$ 13 State/Payer's state MD/	0 : no. 14 \$	 State distribution 30,047	
\$			\$			\$		
Account number (see instructions)			15 Local tax (withheld	16 Name of localit	Y 1.	7Local distribution	
			\$			\$		

Software ID:

Software Version:

SSN: -4090

Spouse SSN: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

Payer Name Control: NORT Standard or NonStandard Cd: S

Departme Internal Re	Alternative Minimum Tax—Individuals		OMB No. 1545-0074
Departme Internal Re	3231		
Internal Ru			2014
Name(s	nt of the Treasury ► Information about Form 6251 and its separate Instructions is at www.irs. ► Attach to Form 1040 or Form 1040NR.		Sequence No. 32
	s) shown on Form 1040 or Form 1040NR NICHOLAS J & MARILYN J <mosby< th=""><th>Your socia</th><th>al security number 90</th></mosby<>	Your socia	al security number 90
Part	I Alternative Minimum Taxable Income (See instructions for how to complete	e each line.)	
1 I	f filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2.		
C	Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a		
	regative amount.)	. 1	315,329
	fedical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form		
	.040), line 4, ar 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0		0
	axes from Schedule A (Form 1040), line 9 ,	. 3	19,101
	inter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions		
	or this line		
	Alscellaneous deductions from Schedule A (Form 1040), line 27	5	(1,643)
	f Form 1040, line 38, is \$152,525 or less, enter -0 Otherwise, see instructions	7	
	nvestment interest expense (difference between regular tax and AMT)	8	(0)
	Depletion (difference between regular tax and AMT)	9	0
	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
	Alternative tax net operating loss deduction		(0)
	nterest from specified private activity bonds exempt from the regular tax	12	
	Qualified small business stock (7% of gain excluded under section 1202)	13	
	exercise of incentive stock aptions (excess of AMT income over regular tax income)	14	
15 E	states and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	· · · · · · · · · · · · · · · · · · ·
16 E	electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 0	Disposition of property (difference between AMT and regular tax gain or loss)	17	0
18 0	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	0
19 P	assive activities (difference between AMT and regular tax income or loss)	19	0
	oss limitations (difference between AMT and regular tax income or loss)	20	
	Circulation costs (difference between regular tax and AMT)		
	ong-term contracts (difference between AMT and regular tax income)	22	
	Mining costs (difference between regular tax and AMT)	23	
	lesearch and experimental costs (difference between regular tax and AMT)	. 24	/)
	ncome from certain installment sales before January 1, 1987		()
	ntangible drilling costs preference	27	
	Afternative minimum taxable income. Combine lines 1 through 27. (If married filling separately, a		
	ine 28 is more than \$242,450, see instructions.)	28	332,787
	II Alternative Minimum Tax (AMT)		3321,07
	exemption. (If you were under age 24 at the end of 2014, see instructions.)	I	
	F your filing status is AND line 28 is not over THEN enter on line 29		
		,	
	Single or head of household \$117,300 \$52,800 4arried filing jointly or qualifying widow(er) 156,500 82,100	1	
	Aarried filing separately	(· ·	
	Fline 28 is over the amount shown above for your filing status, see instructions.	J 29	38,028
	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on		
	ines 31, 33 and 35, and go to line 34	ا 30	294,759
	If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.		
	If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified		
	dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the	1	ag noa
	amount from line 64 here.	31	78,883
	All others: If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply		
	line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.		
	Nternative minimum tax foreign tax credit (see instructions)	. 32	O
	entative minimum tax. Subtract line 32 from line 31	. 33	78,683
	Add Form 1040 line 44 (minus any tax from Form 4972) and line 46. Subtract from the result any	-	. 5,000
f	oreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040,		
		4 34	77,043
	MT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	1,840
	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 13600G		Form 6251 (2014)
Form 6	251 (2014)		Page 2

	Tou Communication Union Marriague Comital Coinc Baton		
36	Tax Computation Using Maximum Capital Gains Rates Enter the amount from Form 6251, line 30, If you are filling Form 2555 or 2555-FZ, enter the amount from line 30 of the worksheet in the instructions for line 31 or by the Foreign Earned income lax Workshee	in the	instructions.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filling Form 2555 or 2555-EZ, see instructions for the amount to enter	3 9	
40	Enter the smaller of line 36 or line 39	40	
41	Subtract line 40 from line 36	41	
	If line 41 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result	42	
43	Enter: • \$73,800 if married filing jointly or qualifying widow(er), • \$36,900 if single or married filing separately, or • \$49,400 if head of household.	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0	45	
	Enter the smaller of line 36 or line 37	46	
	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
	Subtract line 47 from line 46	48	
	'	70	
49	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	49	
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet In the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filling Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52	Add line 50 and line 51	52	
53	Subtract line 52 from line 49. If zero or less, enter -0	53	
	Enter the smaller of line 48 or line 53	54	
55	Multiply line 54 by 15% (.15)	55	
56	Add lines 47 and 54 , ,	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	
	Multiply line 57 by 20% (.20)	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		•
59	Add lines 41, 56, and 57	59	
	Subtract line 59 from line 36	60	
	Multiply line 60 by 25% (.25)	61	
	Add lines 42, 55, 58, and 61	62	
	If fine 36 is \$182,500 or less (\$91,250 or less if married filling separately), multiply line 36 by 26%		
	(.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,650 (\$1,825 if married filling separately) from the result	63	
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filling Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31.	5.0	
	line 31	64	

Form **6251** (2014)

Software ID:

Software Version:

SSN: 409

Spouse SSN: 7577

Name: NICHOLAS J & MARILYN J<MOSBY

Part II, Line 30 - RPI Special Processing Code: RPI

efil	e GRAPHIC pri	nt - DO NOT PROCESS	ORIGINAL DATA - F	roduc	tion		DI	N: 16221666032275
	8959		Additional Med	icare	Tax			OMB No. 1545-0074
Form	0933	► If any line does n	ot apply to you, leave i	t blank	. See sep	arate instruction	S,	201/
0		► Attach	to Form 1040, 1040NR form 8959 and its instru	, 1040	-PR, or 1	040-SS,		2014
	ment of the Treasury I Revenue Service	Information about P	orm 8959 and its instri	ıctions	ia at wn	w.irs.gov/torms	959.	Attachment
	(s) shown on return		· · · · · · · · · · · · · · · · · · ·				Your	Sequence No. 71 social security number
NICH	OLAS J & MARILYN	I J <mosby< td=""><td></td><td></td><td></td><td></td><td></td><td>-4090</td></mosby<>						-4090
Ba	rt I Addition	nal Medicare Tax on Med	icara Manac					
1		and tips from Form W-2, box 5.					1	
•	more than one Fo	orm W-2, enter the total of the	amounts					
	from box 5			1		327,990	ĺ	
2	• •	rom Form 4137, line 6		2		O		
3	-	1 8919, line 6		3				
4		gh 3		4		327,990		
5	Enter the following Married filling init	ng amount for your filing status	: . , \$250,000					
	Married filing sep	arately ousehold, or Qualifying widow(\$125,000					
				5		250,00 d	.	
6		om line 4. If zero or less, enter					6	77,990
7	qo to Part II	re tax on Medicare wages. Mul	tiply line 6 by 0.9% (.009				7	702
Pai	t II Addition	nal Medicare Tax on Self-					i	
8		Income from Schedule SE (For		Ī				
	Section A, line 4,	or Section B, line 6. If you had	i a loss, enter	В			ĺ	
_		R and Form 1040-SS filers, se		 			1	
9	Enter the following Married filing join	ng amount for your filing status itly						
	Married filing sep	arately	\$125,000			250 000		
		ousehold, or Qualifying widow(er) \$200,000	9		250,000		
10		t from line 4		10		327,990		
11		rom line 9. If zero or less, ente		11				
12		from line 8. If zero or less, ente ire Tax on self-employment inc			IOO) Ento	-	12	0
13		ort III					13	0
Par	t III Addition	ial Medicare Tax on Rails	oad Retirement Tax	Act (I	RRTA) C	ompensation		
14		nt (RRTA) compensation and ti						
	-	uctions)		14				
15		ng amount for your filing status itly						
	Married filing sep	arately	\$125,000					
	Single, Head of h	ousehold, or Qualifying widow(er) \$200,000	15		250,000		
		rom line 14. If zero or less, en					16	
17		ire Tax on railroad retirement (er here and go to Part IV					17	
Par		Iditional Medicare Tax						
18		and 17. Also include this amour	st on Form 1040, line 62,	(Form 1	040NR, 1	040-PR,		
		s, see instructions) and go to F					18	702
Pa	rt V Withhol	ding Reconciliation						
19		held from Form W-2, box 6. If orm W-2, enter the total of the						
		orm w-2, enter the total of the	• + • • •	19		4,756		
20	Enter the amount	from line 1		20		327,990		
21		y 1.45% (.0145). This is your a						
	Medicare tax with	holding on Medicare wages		21		4,756	ŀ	
22		rom line 19. If zero or less, ent	•	onal Me	dicare Ta	<	22	^
	withholding on Me	-	rations out (DDTA) assessed	 			22	0
23	Additional Medica box 14 (see Instri	re Tax withholding on railroad uctions)	retirement (RRTA) compe	nsation	rrom For	n w-2,	23	
24	,	l Medicare Tax withholding.		include	this amo	unt with		
	federal income ta	x withholding on Form 1040, li	ne 64 (Form 1040NR, 104	10-PR, a			_	_
	see instructions)					AL POINTS	24	0
FOT F	aperwork Reduc	tion Act Notice, see your ta	x return instructions.		Cat	. No. 59475X		Form 8959 (2014)

Software ID:

Software Version:

SSN: -4090

Spouse SSN: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221666032275

TY 2014 Other Income Type Statement

Name: NICHOLAS J & MARILYN J<MOSBY

SSN: -4090 **Spouse SSN:** -7577

COLUMN PROPERTY.	Other Income Literal or Code	Other Income Amt
Cardinal and Card	1099MISC	17,500

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221666032275

TY 2014 Other Tax Statement

Name: NICHOLAS J & MARILYN J < MOSBY

SSN: -4090 **Spouse SSN:** -7577

Other Tax Literal	Other Tax Amount
FROM FORM 8959	702

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221666032275

TY 2014 Other Withholding Statement

Name: NICHOLAS J & MARILYN J<MOSBY

SSN: -4090

Spouse SSN: -7577

Withholding Code	Withholding Amount
FORM 1099	, 6,009

efile GRAPH	IIC	print - DO NOT PROCESS ORIGINAL DATA - Prod	luction		D	LN:	16221666032275
SCHEDULE A (Form 1040)	_	Itemized Deduct	ions				OMB No. 1545-0074
Department of the Tre Internal Revenue Serv	•	9) ►Information about Schedule A and its separate instru ►Attach to Form 104		atu	ww.irs.gov/schedulea		2014 Attachment Sequence No. 07
Name(s) shown	on f	form 1040				Your	social security number
NICHOLAS 1 & N	IARI	LYN J <mosby< th=""><th></th><th>,</th><th></th><th></th><th>1-4090</th></mosby<>		,			1-4090
		Caution. Do not include expenses reimbursed or paid by othe	rs.	1			
Medical		Medical and dental expenses (see instructions)		-		ł	
and	2	Entot automition to only to to this ob		1			
Dental	3	Multiply line 2 by 10% (.10). But if either you or your spouse w born before January 2, 1950, multiplyline 2 by 7.5% (.075) ins		3			
Expenses		Subtract line 3 from line 1. If line 3 is more than line 1, enter-				4	
Taxes You	<u>4</u> 5	State and local (check only one box):		Ė	. , , ,	<u> </u>	
Paid	,	a ☑ Income taxes, or \		5	19,101		
						1	
	6	b		6	0		
	7	Personal property taxes	· ·	7	0		
	8	Other taxes, List type and amount	******				
				8			
-	9	Add lines 5 through 8				9	19,101
Interest	10	Home mortgage interest and points reported to you on Form 1		10	15,957		
You Paid	11	, , ,		l			
		to the person from whom you bought the home, see instruction		1			
Note. Your mortgage		and show that person's name, Identifying no., and address		1			
Interest				11			
deduction may	12	Points not reported to you on Form 1098. See instructions for		Г		1	
be limited (see Instructions).		special rules		12	0		
	13	Mortgage insurance premiums (see instructions)		13	O		
	14	Investment interest. Attach Form 4952 if required. (See instruction	s.)	14			
	15	Add lines 10 through 14	<u>.</u>			15	15,957
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, sinstructions		16	9,852		
If you made a gift and got a benefit for it,	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .		17	500		
see instructions.	18	Carryover from prior year		18	737		11,089
Casualty and Theft Losses	20	Add lines 16 through 18	 i.) ,	•		19 20	0
Job Expenses	21	Unreimbursed employee expenses—job travel, union dues,		Γ			
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.					
Miscellaneous		(5ee instructions.)		21			
Deductions	22	· ·		22	0		
	23	Other expenses—investment, safe deposit box, etc. List				1	
		type and amount		23	a		
	24	Add lines 21 through 23		24	0	1	
	25	Enter amount from Form 1040, line 38	• •				
	26	Multiply line 25 by 2% (.02)	• •	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, e				27	0
Other	28	Other — from list in instructions. List type and amount			he-filling-tradition and the filling	1	
Miscellaneous Deductions				***********	1 april 1 pil 1 by rel (100 p - 1 - 1 - 1 - 1 p + 10 + 10 + 10 + 10 + 10 + 10 + 10	28	£
Total	29	(s Form 1040, line 38, over \$152,525?				Г	
Itemized Deductions		No. Your deduction is not limited. Add the amounts in the through 28. Also, enter this amount on Form 1040, line 4		t colu	emn for lines 4		
	30	Yes. Your deduction may be limited. See the Itemized De in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less the	ductions		j	29	44,504
		deduction, check here			> <u>_</u>	L	
For Danamune	L Do		at. No. 17	7145	° Sche	dule	A (Form 1040) 2014

Software ID:

Software Version:

SSN: -4090

Spouse SSN: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

efile GRAPHIC print - DO NOT	PROCESS ORIG	INAL DATA - Pro	duction			DL	N: 1622166	3032275
	social security number	OMB No. 1545-0	Sa	fe, accui ST! Use		eiilə	Visit the IRS at www.lrs.g	
b Employer identification number (EIN)	***************************************		1 Wages, I	tips, other	compensation	2	Federal income tax	withheld
04-3583679					76,985			9,513
c Employer's name, address, and ZIP co	de 🎜		3 Social s	ecurity w	-	4 9	Social security tax	
LIBERTY MUTUAL GROUP INC					81,881	ļ		5,077
O CONTRACTOR OF THE PARTY			5 Medicar	e wages i		6 1	Medicare tax with	
DOVER, NH 03820					81,881	ļ	4 U	1,187
201214 1111 03020			7 Social s	ecurity tip	os O	8 /	Allocated tips	0
					Ů			•
d Control number			9			10	Dependent care l	penefits
								0
e Employee's first name and Initial	Last name	Suff.	11 Nonqua	alified plan		l l	See instructions f	or box 12
MARILYN J MOSBY					0	e C		32
			13Statutory	Retiremen	t Third-party	12b		
			employee	plan	sick pay	0 D		4,896
			14 Other	<u> </u>		12c		4,030
f Employee's address and ZIP code			I 4 Odlei			c .	1	
**						ď		
BALTIMORE, MD 21217						12d	1	
						å		
State Employer's state ID number	16 State wages, fips, etc.	17 State income tax	18 Local wages,	, ≨ps, etc.	19 Local Inco	ime tax	20 Locality nar	ne
D	75,985	5,482					-	
Wage and T	l			Dej	partment of the	Treasu	ry—Internal Reve	nue Service
orm WV-Z Statement		2014						

Software ID:

Software Version:

SSN: 4090

Spouse SSN: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

efile GRAPHIC pi	rint - DO NOT PI	ROCESS ORIG	INAL DATA - Pro	duction			DL	N: 162216660	32275	
. •	a Employee's soc 4090	lal security number	OMB No. 1545-0		ife, accu AST! Us		i II G	Visit the IRS well at www.irs.gov/e		
b Employer Identificat 52-1312773	ion number (EIN)			1 Wages,	tips, other	r compensation 123,837	2	Federal income tax wit	hheld 457	
c Employer's name, address, and ZIP code.				3 Social security wages 117,000			4 Social security tax withheld 7,254			
₽	K III N			5 Medica:	re Wages	and tips 130,270	6	Medicare tax withhel	d 1,889	
LAKE MARY, FL 32	2746			7 Social s	security ti	ps O	8	Allocated tips	0	
d Control number				9			10	Dependent care bene	efits O	
e Employee's first nar NICHOLAS J MOSB		Last name	Suff,	11 Nonqu	alified pła	ns O	12a c C	See instructions for b	ox 12 S7	
				13Statutory employee	Retiremen plan	nt Thilro-party sick pay	12b	1	6,433	
f Employee's address	and ZIP code			14 Other			12c			
BALTIMORE, MD 2	21217						12d			
			VALORUS							
15 State Employer's MD	state ID number	16 Slate wages, tips, etc. 123,837	17 State income tax 267	18 Local wayes	s, Eps. etc.	19 Local Inco	me tax	x 20 Locality name		
	Wage and Tax Statement	<u> </u>	2014	,	De	partment of the	Treas	ury—Internal Revenue	Service	

Software ID:

Software Version:

SSN: 4-4090

Spouse SSN: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

efile G	RAPHIC print - DO NOT	PROCESS ORIG	INAL DATA - Pro	duction	· · · · · · · · · · · · · · · · · · ·		DL	N: 1622	1666032275
Í	a Emolovee's s 409	ocial security number 0	OMB No. 1545-0		afe, accura AST! Use	ite,	MG		e IRS website v.irs.gov/efile.
	yer identification number (EIN)			1 Wages,	tips, other	compensation	2	Federal Incor	me tax withheld
52-60	000769					61,027			5,771
	yer's name, address, and ZIP coo			3 Social s	security wa	-	4	Social securi	ty tax withheld
MAYOR	AND CITY COUNCIL OF BALTIMORI					61,026			3,784
				5 Medicar	re wages a		6	Medicare ta	
BALTI	MORE, MD 21202					61,026	<u> </u>	10 L - 1 E	885
DACII	(total) (to Ellor			7 Social s	s 0	*	Allocated tips		
				ļ			<u> </u>		
d Contro	s number			9			10	Dependent	care benefits 0
			Suff.	Ad Names	e tife and an long		43-	C !	tions for box 12
	yee's first name and initial DLAS J MOSBY	Last name	Surr.	11 Nongu	aimed plan	s 0	i C	See mstruci	JOBS TOP DOX 12
							d		151
				1.3 Statutory	Retirement	Third-party	12b	ı	
				employee	plan 📝	sick pay	d Di	·	15,946
f Emplo	was'r addrews and ZIP code			14 Other	<u> </u>	<u> </u>	12c	<u>'</u>	
	s and zir code						9		
BALTI	MORE, MD 21217			İ			12d		······
DWFII	MORE, FID 21217			ŀ			,	1	
							ď		
15 State	Employer's state 1D number	16 State wages, tips, etc.	17 State Income tax	18 Local wages	s, tips, etc.	19 Local Inco	me tax	20 Locali	ty name
MD .		61,027	4,172						
	✓ Wage and Ta	<u> </u>			Deni	ortment of the	Treasu	rv—Interna	I Revenue Service
$_{ m Eorm}$ ${f V}$	2 Statement	38	2014		D-Lija.			,	

Software ID:

Software Version:

SSN: -4090

Spouse SSN: _____-7577

Name: NICHOLAS J & MARILYN J<MOSBY

efile GRAPHIC p	rint - DO NOT PROCESS	ORIGINA	AL DATA - Pro	duction			DL	N: 16221	666032275		
J	a Employee's social security -4090	กยmber	OMB No. 1545-0		afe, accur AST! Use				1R5 website rs.gov/efile.		
b Employer identifica	tion number (EIN)	***************************************		1 Wages,	tips, other	compensatio	1 2	Federal Incom	e tax withheld		
52-0280210						50,419			7,102		
c Employer's name, address, and ZIP code 🎜				3 Social s	security wa	-	4	4 Social security tax withheld			
BALTIMORE GAS AND	D ELECTRIC					54,813			3,398		
				5 Medica	re wages a		6	Medicare tax			
BALTIMORE, MD	21203					54,813			795		
Brieffriore, Hb	######################################			7 Social :	security tip	os O	8	Allocated tips	; O		
						U			U		
d Control number				9			10	Dependent ca	are benefits		
									0		
e Employee's first name and Initial Last name			Suff.	11 Nonqu	alified plan			See instruction	ns for box 12		
NICHOLAS) MOSE	D) 1					0	; C		115		
				13Statutory	Retirement	Third-party	126				
				emptoyee	plan	sick pay	; D				
					<u> </u>		4		4,394		
f Employee's address	s and ZIP code			14 Other			120	1			
							d				
BALTIMORE, MD	21217			1			12d	1			
				1				İ			
				1			#				
	s state ID number 16 Slale wage		State income tax	18 Local wages	s, tips, etc.	19 Local inc	ome tax	20 Locality	пате		
MD		50,419	2,857								
10/0	Wage and Tax	<u>_</u>			Den	artment of th	e Treasi	ıryInternal I	Revenue Service		
Form W-2	Statement		2014		,			•			

Software ID:

Software Version:

SSN: -4090 **Spouse SSN:** -7577

Name: NICHOLAS J & MARILYN J<MOSBY