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Form 1040 U.S. Individual Income Tax Return 2014
Department of the Treasury—Internal Revenue Service (99)
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 01-01-2014, ending 12-31-2014
See separate instructions.
Your first name and initial Last name
NICHOLAS J & MARILYN J<MOSBY
Last name
Your social security number
4090
If a joint return, spouse's first name and initial Last name
Spouse's social security number
2577
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
Make sure the SSN(s) 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).
BALTIMORE, MD 21217
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/county Foreign postal code
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
Check only one box.

Exemptions
6a Yourself. If someone can claim you as a dependent, do not check box 6a.
6b Spouse.
6c 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)
Boxes checked on 6a and 6b 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

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
8b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
9b 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
15b Taxable amount
16a Pensions and annuities
16b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
20b Taxable amount
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

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
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
37 Subtract line 36 from line 22. This is your adjusted gross income

CERTIFIED TRUE COPY
No. of Pages 25 Date 3-17-22
By: [Signature]
Title: Senior Disclosure Specialist
Internal Revenue Service
Kansas City, MO

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

Cat. No. 11320B

Form **1040** (2014)

Tax and Credits

Standard Deduction for-
People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
All others: Single or Married filing separately, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

38 Amount from line 37 (adjusted gross income)
39a Check if: You were born before January 2, 1950, Blind. Spouse was born before January 2, 1950, Blind. Total boxes checked 39a
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

38 359,833

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c
45 Alternative minimum tax (see instructions). Attach Form 6251
46 Excess advance premium tax credit repayment. Attach Form 8962
47 Add lines 44, 45, and 46
48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441
50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit. Attach Schedule 8812, if required
53 Residential energy credits. Attach Form 5695
54 Other credits from Form: a 3800 b 8801 c

40 44,504
41 315,329
42 8,848
43 306,481
44 77,043
45 1,840
46
47 78,883
48
49
50
51
52
53
54
55 0
56 78,883

Other Taxes

57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from Form: a 4137 b 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H
b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: individual responsibility (see instructions) Full-year coverage
62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter codes(s)
63 Add lines 56 through 62. This is your total tax

57
58
59 3,005
60a
60b
61
62 702
63 82,990

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099
65 2014 estimated tax payments and amount applied from 2013 return
66a Earned income credit (EIC)
b Nontaxable combat pay election 66b
67 Additional child tax credit. Attach Schedule 8812
68 American opportunity credit from Form 8863, line 8
69 Net premium tax credit. Attach Form 8962
70 Amount paid with request for extension to file
71 Excess social security and tier 1 RRTA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136
73 Credits from Form: a 2439 b Reserved c Reserved d
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

64 28,852
65
66a
67
68
69
70
71 7,182
72
73
74 36,034

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here
b Routing number
c Type: Checking Savings
d Account number
77 Amount of line 75 you want applied to your 2015 estimated tax

75 0
76a 0
77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions
79 Estimated tax penalty (see instructions)

78 46,556
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

Joint return? See Instructions. Keep a copy for your records.

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 09-23-2015	Your occupation COUNCILMAN	Daytime phone number [REDACTED]-3763
Spouse's signature. If a joint return, both must sign. *****	Date 09-23-2015	Spouse's occupation ATTORNEY	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]

Paid Preparer Use Only

Print/Type preparer's name SHARIF J SMALL	Preparer's signature	Date 09-23-2015	Check <input type="checkbox"/> if self-employed	PTIN P01268429
Firm's name ▶ SJS FINANCIAL FIRM	Firm's EIN ▶ 20-5012561			
Firm's address ▶ [REDACTED] BALTIMORE, MD, 21215	Phone no. [REDACTED]-7991			

www.irs.gov/form1040

Form **1040** (2014)

Additional Data

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

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CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code THE NORTHERN TRUST COMPANY WAHSINGTON, DC 20036		1 Gross distribution \$ 30,047	OMB No. 1545-0119 2014 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 30,047	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 36-3046063	RECIPIENT'S identification number 7577	3 Capital gain (included in box 2a) \$ 0	4 Federal Income tax withheld \$ 6,009		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name MARILYN J MOSBY		5 Employee contributions / Designated Roth contributions or insurance premiums \$ 0	6 Net unrealized appreciation in employer's securities \$ 0		
Street address (including apt. no.) BALTIMORE, MD 21217		7 Distribution code(s) 1 <input type="checkbox"/> IRA/SEP/SIMPLE	8 Other \$ 0		
		9a Your percentage of total distribution	9b Total employee contributions \$ 0		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 2,329	13 State/Payer's state no. MD/	14 State distribution \$ 30,047	
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality		17 Local distribution \$

Form 1099-R IRS.gov/form1099r Department of the Treasury - Internal Revenue Service

Additional Data**Software ID:****Software Version:****SSN:** ██████-4090**Spouse SSN:** ██████-7577**Name:** NICHOLAS J & MARILYN J<MOSBY**Payer Name Control:** NORT**Standard or NonStandard Cd:** S

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Form 6251

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2014

Department of the Treasury Internal Revenue Service (99)

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251. Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR NICHOLAS J & MARILYN J <MOSBY

Your social security number 4090

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

Table with 28 rows for Part I Alternative Minimum Taxable Income. Columns include line number and amount. Total for line 28 is 332,787.

Part II Alternative Minimum Tax (AMT)

Table with 5 rows for Part II Alternative Minimum Tax (AMT). Includes exemption calculation (line 29), subtraction of line 29 (line 30), and final AMT calculation (line 35) resulting in 1,840.

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

Cat. No. 13600G

Form 6251 (2014)

Form 6251 (2014)

Page 2

Part III

Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31. Do not enter the amount from line 3 of the worksheet in the instructions for line 31 if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.	36
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 filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39
40	Enter the smaller of line 36 or line 39	40
41	Subtract line 40 from line 36	41
42	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: <ul style="list-style-type: none"> • \$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
46	Enter the smaller of line 36 or line 37	46
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47
48	Subtract line 47 from line 46	48
49	Enter: <ul style="list-style-type: none"> • \$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 filing 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
54	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
58	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
60	Subtract line 59 from line 36	60
61	Multiply line 60 by 25% (.25) ▶	61
62	Add lines 42, 55, 58, and 61	62
63	If line 36 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result	63
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing 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	64

Form 6251 (2014)

Additional Data

Software ID:
Software Version:
SSN: ██████████ 4090
Spouse SSN: ██████████ 7577
Name: NICHOLAS J & MARILYN J<MOSBY

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

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Form 8959

Additional Medicare Tax

OMB No. 1545-0074

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS. Information about Form 8959 and its instructions is at www.irs.gov/form8959.

2014

Attachment Sequence No. 71

Department of the Treasury Internal Revenue Service

Name(s) shown on return NICHOLAS J & MARILYN J<MOSBY

Your social security number [redacted]-4090

Part I Additional Medicare Tax on Medicare Wages

Table with 7 rows for Medicare wages and taxes. Line 1: 327,990; Line 4: 327,990; Line 5: 250,000; Line 6: 77,990; Line 7: 702.

Part II Additional Medicare Tax on Self-Employment Income

Table with 5 rows for self-employment income and taxes. Line 9: 250,000; Line 10: 327,990; Line 12: 0; Line 13: 0.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

Table with 4 rows for RRTA compensation and taxes. Line 15: 250,000; Line 16: 0; Line 17: 0.

Part IV Total Additional Medicare Tax

Table with 1 row for total tax. Line 18: 702.

Part V Withholding Reconciliation

Table with 6 rows for withholding reconciliation. Line 19: 4,756; Line 20: 327,990; Line 21: 4,756; Line 22: 0; Line 24: 0.

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

Cat. No. 59475X

Form 8959 (2014)

Additional Data

Software ID:
Software Version:
SSN: ██████████-4090
Spouse SSN: ██████████-7577
Name: NICHOLAS J & MARILYN J<MOSBY

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TY 2014 Other Income Type Statement

Name: NICHOLAS J & MARILYN J<MOSBY

SSN: ██████-4090

Spouse SSN: ██████-7577

Other Income Literal or Code	Other Income Amt
1099MISC	17,500

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TY 2014 Other Tax Statement

Name: NICHOLAS J & MARILYN J<MOSBY

SSN: [REDACTED]-4090

Spouse SSN: [REDACTED]-7577

Other Tax Literal	Other Tax Amount
FROM FORM 8959	702

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TY 2014 Other Withholding Statement

Name: NICHOLAS J & MARILYN J<MOSBY

SSN: [REDACTED]-4090

Spouse SSN: [REDACTED]-7577

Withholding Code	Withholding Amount
FORM 1099	6,009

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SCHEDULE A (Form 1040) Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

OMB No. 1545-0074

2014

Attachment Sequence No. 07

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea. Attach to Form 1040.

Name(s) shown on Form 1040: NICHOLAS J & MARILYN J<MOSBY Your social security number: [redacted]-4090

Medical and Dental Expenses table with rows 1-4. Includes caution about reimbursements and calculations for 10% and 7.5% limits.

Taxes You Paid table with rows 5-9. Includes checkboxes for income and general sales taxes, and real estate taxes.

Interest You Paid table with rows 10-15. Includes note about mortgage interest deduction limits and special rules for points.

Gifts to Charity table with rows 16-19. Includes instructions for gifts by cash or check and carryover rules.

Casualty and Theft Losses table with row 20. Includes instruction to attach Form 4684.

Job Expenses and Certain Miscellaneous Deductions table with rows 21-27. Includes instructions for unreimbursed expenses and tax preparation fees.

Other Miscellaneous Deductions table with row 28. Includes instruction to list type and amount.

Total Itemized Deductions table with row 29. Includes checkboxes for limited and unlimited deduction options.

For Paperwork Reduction Act Notice, see Form 1040 instructions. Cat. No. 17145C Schedule A (Form 1040) 2014

Additional Data

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	
a Employee's social security number [REDACTED] 7577		OMB No. 1545-0008		Safe, accurate, FAST! Use Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 04-3583679		1 Wages, tips, other compensation 76,985		2 Federal income tax withheld 9,513	
c Employer's name, address, and ZIP code LIBERTY MUTUAL GROUP INC [REDACTED] Y DOVER, NH 03820		3 Social security wages 81,881		4 Social security tax withheld 5,077	
		5 Medicare wages and tips 81,881		6 Medicare tax withheld 1,187	
		7 Social security tips 0		8 Allocated tips 0	
d Control number		9		10 Dependent care benefits 0	
e Employee's first name and Initial MARILYN J MOSBY		Last name MOSBY		Suff.	
f Employee's address and ZIP code [REDACTED] N BALTIMORE, MD 21217		11 Nonqualified plans 0		12a See instructions for box 12 C 32	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b D 4,896	
		14 Other		12c 12d	
15 State Employer's state ID number MD		16 State wages, tips, etc. 76,985		17 State income tax 5,482	
		18 Local wages, tips, etc.		19 Local income tax	
				20 Locality name	


Form **W-2** Wage and Tax Statement **2014** Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Additional Data

Software ID:
Software Version:
SSN: ██████████4090
Spouse SSN: ██████████-7577
Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 16221666032275		
a Employee's social security number [REDACTED] 4090		OMB No. 1545-0008		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile.		
b Employer identification number (EIN) 52-1312773		1 Wages, tips, other compensation 123,837		2 Federal income tax withheld 457		
c Employer's name, address, and ZIP code VERIZON SERVICE CORP [REDACTED] W [REDACTED] N LAKE MARY, FL 32746		3 Social security wages 117,000		4 Social security tax withheld 7,254		
		5 Medicare wages and tips 130,270		6 Medicare tax withheld 1,889		
		7 Social security tips 0		8 Allocated tips 0		
d Control number		9		10 Dependent care benefits 0		
e Employee's first name and initial NICHOLAS J MOSBY		Last name Suff.		11 Nonqualified plans 0		
f Employee's address and ZIP code [REDACTED] N BALTIMORE, MD 21217		12a See instructions for box 12 C 57		12b D 6,433		
		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
		14 Other		12c 12d		
15 State MD	Employer's state ID number	16 State wages, tips, etc. 123,837	17 State income tax 267	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2014** Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Additional Data

Software ID:

Software Version:

SSN: [REDACTED]-4090

Spouse SSN: [REDACTED]-7577

Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 16221666032275	
a Employee's social security number [REDACTED] 4090		OMB No. 1545-0008		Safe, accurate, FAST! Use Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 52-6000769		1 Wages, tips, other compensation 61,027		2 Federal income tax withheld 5,771	
c Employer's name, address, and ZIP code MAYOR AND CITY COUNCIL OF BALTIMORE [REDACTED] BALTIMORE, MD 21202		3 Social security wages 61,026		4 Social security tax withheld 3,784	
		5 Medicare wages and tips 61,026		6 Medicare tax withheld 885	
		7 Social security tips 0		8 Allocated tips 0	
d Control number		9		10 Dependent care benefits 0	
e Employee's first name and initial NICHOLAS J MOSBY		Last name Suff.		11 Nonqualified plans 0	
f Employee's address and ZIP code [REDACTED] BALTIMORE, MD 21217		12a See instructions for box 12 C 151		12b DD 15,946	
		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12c 12d	
		14 Other			
15 State Employer's state ID number MD		16 State wages, tips, etc. 61,027		17 State income tax 4,172	
		18 Local wages, tips, etc.		19 Local income tax	
				20 Locality name	


Form **W-2** Wage and Tax Statement **2014** Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Additional Data

Software ID:
Software Version:
SSN: ██████-4090
Spouse SSN: ██████-7577
Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 16221666032275	
a Employee's social security number [REDACTED]-4090		OMB No. 1545-0008		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 52-0280210		1 Wages, tips, other compensation 50,419		2 Federal income tax withheld 7,102	
c Employer's name, address, and ZIP code BALTIMORE GAS AND ELECTRIC [REDACTED] BALTIMORE, MD 21203		3 Social security wages 54,813		4 Social security tax withheld 3,398	
		5 Medicare wages and tips 54,813		6 Medicare tax withheld 795	
		7 Social security tips 0		8 Allocated tips 0	
d Control number		9		10 Dependent care benefits 0	
e Employee's first name and Initial NICHOLAS J MOSBY		Last name Suff.		11 Nonqualified plans 0	
f Employee's address and ZIP code [REDACTED] BALTIMORE, MD 21217		12a See instructions for box 12 C 115		12b D 4,394	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c	
		14 Other		12d	
15 State MD	Employer's state ID number	16 State wages, tips, etc. 50,419	17 State income tax 2,857	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name	

Form **W-2** Wage and Tax Statement **2014** Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S