Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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Sernar of Sernar and animal Last name Sernar and initial Last name Sernar of S	For the year Jan. 1-De	ec. 31, 20	14, or other tax year beginning			, 2014, ending			, 20	1	See separa	te instruct	ions.
Table Company Compa	Your first name and	initial		Last nam	е				·				
Table Description Some Second	Bernard			Sande	ers								
Age Common power of field, field, first 2P odds. If you have a P2D, before perfect extended to the perfect of the perfect	If a joint return, spo	use's firs	st name and initial								Spouse's soc	ial security	number
Marie and present (Pice, state, and 22° code. If you have a P.O., box, see instructions.	Jane O			Sande	ers					4			
Chy, town or post ciffice, clais, aind 2P-closs. If you have a fovogreating support of the post of the	Home address (nun	nber and	street). If you have a P.O. bo						Apt. r	10.	Make au	o the CCM	a) abaus
Burel Lington VT 05408 Foreign province/estate/county Foreign position county Foreign position Foreign position county Foreign position Foreign position county Foreign position coun										4			
Burel Lington VT 05408 Foreign province/estate/county Foreign position county Foreign position Foreign position county Foreign position Foreign position county Foreign position coun	City, town or post offi	ce, state,	and ZIP code. If you have a for	eign address	s, also complete spaces	below (see ins	tructions)						
Foreign positive provision Foreign provisi						,	•			C			• •
Filling Status 1					Foreign province/	state/county		1	oreign nostal	jo.	intly, want \$3 to	go to this fund	d. Checking
Filing Status Check only one box. Check only one box. Americal filing injustify (even if only one had income) and full name here. In the qualifying person is a child but not your dependent, onter this child with the qualifying person is a child but not your dependent, onter this child with the qualifying person is a child but not your dependent, onter this child with the qualifying person is a child but not your dependent, onter this child with the qualifying person is a child but not your dependent, onter this child with the qualifying person is a child but not your dependent, onter this child with the qualifying person is a child but not your dependent child but not your dependent child with the qualifying person is a child but not your dependent child but not the with your did not shall be child with your did not shall be considered above instructions and check here but do not here the box 6a. If more than four dependents to get in the person of the person of the said 6b. If more than four dependents to get in the person of the person of the said 6b. If more than four dependents to get in the person of the person of the said 6b. If more than four dependents to get in the person of the said 6b. If more than four dependents to get in the person of the said 6b. If more than four dependents to get in the person of the said 6b. If more than four dependents on the person of the said for the said					3. ,			Ι.	oroigir posicu	ja			_
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Check only one box. Exemptions 6	Filing Status			loven if a	aht ana had inaama	-							
Dox.	Check only one									child bu	it not your de	ependent, ei	nter this
Exemptions 68 Source So		3			r spouse's 55N apo				_	ــــام طفا			····
Dependents Dependents Compendents C		60			-1					itn depe	·		
C Dependents:	Exemptions	-					ot chec	k box 6	ia				2
1 First name				` 		T	<u> </u>	1 (4)	If abild under a				
If more than four			•			, , ,		qualify	ing for child tax	credit			
If more than four dependents, see		(1) 1113	t name Last name						see instructions)			***************************************
Composition of the compositio	If more than four		······································			ļ			ㅡ;;;		or sepa	ration	
Total number of exemptions claimed 2 2 3 4 4 4 4 4 4 4 4 4	•					 			ㅡ		-	•	
Income 7 Wages, salaries, tips, etc. Attach Form(g) W-2 7 156, 441.	- Character - Char	***************************************						<u> </u>			not ente	red above	
Attach Form(s) 7	check here		Total number of every	ations alsi		<u> </u>		<u> </u>					
8a Taxable interest. Attach Schedule B if required Sa 11.							• • •		<u> </u>	., .	lines ab		
b Tax-exempt interest. Do not include on line 8a 8b 9a 2.	income											156,	
Section Sec						· · · · · ·				8a			11.
### Augusted Gross ### A	Attach Form(s)					8b)			_			
Taxable refunds, credits, or offsets of state and local income taxes 10	W-2 here. Also				*					9a			<u>2.</u>
1099-Rif tax 11										_			
1				s, or offse	ets of state and loca	al income ta	axes .			10			
13	was withheld.												
14												4,9	900.
14	f vou did not						ired, che	eck her	e ▶ □	13			
16a Pensions and annuities 16a b Taxable amount 16b 4,982. 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 20b 39,281. 20a Social security benefits 20a 46,213. b Taxable amount 20b 39,281. 21 Other income. List type and amount 22 205,617. 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 24 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 Self-employed health insurance deduction 29 29 Self-employed health insurance deduction 29 29 31a Alimony paid b Recipient's SSN 31a Alimony paid b Recipient's SSN 31a Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 Add lines 23 through 35 36 Add lines 23 through 35 Add lines 24 through 35 36 Add lines 24 through	get a W-2,			1 1	orm 4797	. , .				14			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F	see instructions.				······································	b Ta	axable aı	mount		15b		******************************	
18										16b		4,9	982.
19 Unemployment compensation								ttach S	Schedule E	17			
20a Social security benefits 20a 46,213. b Taxable amount 20b 39,281. 21 Other income. List type and amount 21 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 205,617. Adjusted Gross ncome 23 Educator expenses										18			
21				1 1						19			
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 205,617. Adjusted Gross			•		46,21	3. b Ta	axable ar	mount		20b		39,2	281.
Adjusted 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 Health savings account deduction. Attach Form 8889 . 25 26 Moving expenses. Attach Form 3903										21			
Adjusted Gross 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 ncome 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 27 346 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 31a IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 346.							is is you	r total i	ncome 🕨	22		205,6	517.
Gross ncome tee-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 27 346 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 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 346	Adjusted						<u> </u>			_			
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26 Moving expenses. Attach Form 3903						L					Ī		
27 Deductible part of self-employment tax. Attach Schedule SE . 27 346 . 28 Self-employed SEP, SIMPLE, and qualified plans . 28 Self-employed health insurance deduction . 29 Self-employed health insurance deduction . 30 Penalty on early withdrawal of savings . 30 IRA deduction . 31a Alimony paid b Recipient's SSN ▶ 31a IRA deduction . 32 IRA deduction . 32 Student loan interest deduction . 33 Student loan interest deduction . 33 Tuition and fees. Attach Form 8917 . 34 Domestic production activities deduction. Attach Form 8903 35 Add lines 23 through 35	noonic										ĺ		
Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction Penalty on early withdrawal of savings Alimony paid b Recipient's SSN ▶ IRA deduction Student loan interest deduction Tuition and fees. Attach Form 8917 Domestic production activities deduction. Attach Form 8903 Add lines 23 through 35 Add lines 23 through 35 36 38 39 30 30 31 32 33 34 35 36 36 36 36 36 36 36 36 36										ال			
Self-employed health insurance deduction		27	Deductible part of self-em	ployment t	ax. Attach Schedule S	SE . 27			346.	7			
30 Penalty on early withdrawal of savings		28]			
31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction		29											
32 IRA deduction		30											
33 Student loan interest deduction		31a											
33 Student loan interest deduction		32	IRA deduction			32				1	1		
34 Tuition and fees. Attach Form 8917		33	Student loan interest de	duction.		33				7			
35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35		34							************	7			
36 Add lines 23 through 35		35								7			
07 O. J. J. J. O. C. H. O. C.		36								36		3	46
		37							>		†		******

	38	Amount from line 37 (adjusted gross income)	38	205,271.
Tax and	39a	Check You were born before January 2, 1950, Blind. Total boxes	T	
		if: Spouse was born before January 2, 1950, ☐ Blind. checked ▶ 39a 1		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b	1	
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	56,377.
Deduction for-	41	Subtract line 40 from line 38	41	148,894.
• People who	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	7,900.
check any	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	-	
box on line 39a or 39b or	44		43	140,994.
who can be claimed as a	1	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	26,961.
dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
All others:	47	Add lines 44, 45, and 46	47	26,961.
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	_	
\$6,200	50	Education credits from Form 8863, line 19 50		
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51		
Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52]	
widow(er), \$12,400	53	Residential energy credits. Attach Form 5695 53		
Head of	54	Other credits from Form: a 3800 b 8801 c 54	1	
household, \$9,100	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	26,961.
	57	Self-employment tax. Attach Schedule SE	57	692.
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	034.
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Taxes	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 🗵		
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	61	
	63	Add lines 56 through 62. This is your total tox	62	07.650
Payments	64	Add lines 56 through 62. This is your total tax	63	27,653.
rayments	65			
If you have a	66a	2014 estimated tax payments and amount applied from 2013 return 65		
qualifying		Earned income credit (EIC)		
child, attach Schedule EIC.	b	Nontaxable combat pay election 66b		
Scriedule ElO.	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		
	70	Amount paid with request for extension to file	i	İ
	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	31,825.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,172.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶□	76a	4,172.
Direct deposit?	▶ b	Routing number		
See jinstructions.	► d	Account number		
mstructions.	77	Amount of line 75 you want applied to your 2015 estimated tax ▶ 77	1	
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
You Owe	79	Estimated tax penalty (see instructions)		
Third Party	Do	Volument to allow another person to discuss this action with the IDD /	Comr	olete below. X No
Designee	Desi	ignee's Phone Personal ident		
		ne ▶ no. ▶ number (PIN)		
Sign	thev	er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to th are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar	e best o	of my knowledge and belief,
Here	You	r signature Date Your occupation		ny knowledge. ne phone number
Joint return? See instructions.		Government Service	Dayum	re priorie flatfibei
Keep a copy for	Spor	use's signature. If a joint return, both must sign. Date Spouse's occupation	If the ID!	S cont you on Identity Destantion
your records.	7		PIN, ente	
	Print		here (see	
Paid		Preparer's signature Date	Check	
Preparer		0.16 D	self-em	nployed
Use Only		's name ► Self-Prepared	Firm's	EIN ▶
	Firm	's address ▶	Phone	no.

Last Name SANDERS

Your Social Security Number

		Yes No	I SECTION 5 CREDITS AND USE TAX	
Δre	you using RECOMPUTED Federal Return Information?	X	23. Credit for Income Tax Paid to Other State or	
	is an amended return?		Canadian Province (Schedule IN-117, Line 21) 23.	0
	Taxpayer die during 2014?		24. VT Tax Credits (Schedule IN-112,	0 .
	Spouse/CU Partner die during 2014?		Part IV, Line 6 OR Schedule IN-119)24.	0
	you authorize the VT Department of Taxes	Λ	25. Total VT Credits (Add Lines 23 and 24)	0.
D0)	to discuss this return with your preparer?	v	1 '	0.
le Ta	expayer age 65 or older as of December 31, 2014?	**	26. VT Income Tax After Credits (Subtract Line 25 from Line 22, but not less than zero)	7007
	pouse/CU Partner age 65 or older as of December 31, 2014?	X	27. Use Tax	7903.
	ou certify that no Use Tax is due?		1	0.
DU	ou certify triat no ose rax is due?	Λ	28. Total VT Taxes (Add Lines 26 and 27)	7903.
	IN-111 Line-by-Line Information		29a. Nongame Wildlife Fund	25.
SEC	TION 2 TAX FILING INFORMATION		29b. Children's Trust Fund	50.
Filing	g Status: Single Head of Household	Qualifying Widow(er)	29c. VT Veterans' Fund	50.
			29d. Green Up Vermont	25.
		, Filing Separately	29e. Total Voluntary Contributions (Add Lines	<u>د</u> ک م
IF FI	LING SEPARATELY, Spouse or CU Partner Name	, · ······g o o paratory	29a through 29d)	150.
	• •		30. Total of VT Taxes & Voluntary Contributions	100.
IF FI	LING SEPARATELY, Spouse or CU Partner Social Security Nu	ımher	(Add Lines 28 and 29e)	8053.
	,		SECTION 7 PAYMENTS AND CREDITS	0000.
			31a. From W-2, 1099, etc. VT Tax Withheld31a.	8092.
SEC	TION 3 TAXABLE INCOME		31b. From VT Form IN-114 Estimated Tax for 2014 and/or	0092.
10.	Adjusted Gross Income	205271.	VT Form IN-151, Extension with Payment 31b.	0.
11.	Federal Taxable Income. If zero, see instructions 11.	140994.	31c. Earned Income Tax Credit	0.
	ITIONS:		(Schedule IN-112, Part III)	0.
	Income from Non-VT State and Local Obligations		31d. Renter Rebate (Form PR-141, Line 9)	
	(Schedule IN-112, Part I, Line 3)12a.	0.	31e. From VT Form RW-171 VT Real Estate	0.
12b.	Bonus Depreciation allowed under Federal law	٠.	1	0
	for 2014	0.	Withholding (see instructions)	0.
12c	Addback of State and Local Income Taxes	0.		
	(Schedule IN-154, Line 10)	4666.	Payment made by Business Entity for	0
13.	<u>.</u>	4000.	Nonresident Partner, Member, or Shareholder 31f. 31g. Low Income Child & Dependent Care Credit	0.
	(Add Lines 11, 12a, 12b, and 12c)	145660.	f ·	0
SUB	FRACTIONS:	143000.	(See instructions)	0.
	Interest Income from U.S. Obligations 14a.	0.	31h. Total Payments and Credits	0000
14b.	Capital Gains Exclusion (IN-153, Line 21) 14b.	0.	(Add Lines 31a through 31g)	8092.
	Adjustment for prior years' Bonus Depreciation . 14c.	0.	SECTION 8 REFUND	
	Add Lines 14a, 14b, and 14c,	0.	32. OVERPAYMENT If Line 30 is less than	2.0
	VT Taxable Income (Subtract Line 14d from Line 13.	0.	Line 31h, subtract Line 30 from Line 31h 32.	39.
	If Line 14d is more than Line 13, enter zero.) 15.	145660.	33a. Refund to be credited to 2015 estimated tax	^
SECT	TION 4 VT INCOME TAX	143000.	payment. Cannot use amount on Line 31d 33a.	0.
	VT Income Tax from VT Tax Table or		33b. Refund to be credited to 2015 Property Tax Bill 33b.	0.
	Tax Rate Schedule on Line 15 amount	7903.	34. REFUND Amount	2.0
17.	Additions to VT Income Tax	1903.	(Subtract Lines 33a and 33b from Line 32) 34.	39.
	(Schedule IN-112, Part II, Line 7)	0.	SECTION 9 AMOUNT YOU OWE	
	VT Income Tax with Additions (Add Lines 16 & 17)18.	7903.	35. If Line 30 is more than Line 31h, subtract Line 31h	
	Subtractions from VT Income Tax	1905.	from Line 30. See instructions on tax due 35.	0.
	(Schedule IN-112, Part II, Line 15)	0.	36. Interest and Penalty on Underpayment of	_
	VT Income Tax (Subtract Line 19 from Line 18)	0.	Estimated Tax (Worksheet IN-152 or IN-152A) 36.	0.
	If Line 19 is more than Line 18, enter zero 20.	7903.	37. Add Lines 35 and 36	0.
	Income Adjustment	1909.	For amended returns only	_ 7
	-	00 00 %	Original refund received	0.
	Adjusted VT Income Tax	.00.00 %	Refund due now	0.
	•	7903.	Original payment	0.
	(Multiply Line 20 by Line 21)	1303.	Amount due now	0.

2014 VERMONT

Income Tax Return IN-111

FORM



DUE DATE: April 15, 2015

Taxpayer's Name SANDERS BERNARD Your SSN Spouse/CU Partner Name SANDERS JANE 0 Spouse or Cl Partner SSN Mailing Address City, State, ZIP BURLINGTON VT 05408 9. Exemptions 1. VT School District Code 2. 911 street address on 12/31/2014 2 Claimed 035

FOR COMPUTERIZED USE ONLY

TY	2014	REC	N	AMI) N	TC	C	N	SDC	N		
DSC	N	Тб5	Y	S65	N	FS	J			EX	2	
SAND	ERS			BERNA	ARD							
SAND	ERS			JANE				0		er er er er		

office Complete Company				BURL	INGTON			VT
05408		035						
10	205271	17	0	29a	25	31g		0
11	140994	18	7903	29b	50	31h		8092
12a	0	19	0	29c	50	32		39
12b	0	20	7903	29d	25	33a		0
12c	4666	21	10000	29e	150	33b		0
13	145660	22	7903	30	8053	34		39
14a	0	23	0	31a	8092	35		0
14b	0	24	0	31b	0	36		0
14c	0	25	0	31c	0	37		0
14d	0	26	7903	31d	0	PTIN		
15	145660	27	0	31e	0	PEIN		
16	7903	28	7903	31 f	0	USE	Y	
REFUND	39				AMT	DUE		0

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. Preparers cannot use return information for purposes other than preparing returns.

		GOVERNMENT SERVICE
Your signature	Date	Occupation
		SELF-EMPLOYED
Spouse or CU Partner signature. If a joint return, BOTH must sign.	Date	Occupation

Preparer's signature Print Firm's name (or yours if self-employed) and address below

Spouse or CU Partner signature. If a joint return, BOTH must sign. Taxpayer's Telephone Number

SELF PREPARED

Spouse or CU Partner Telephone Number

1555

REV 02/19/15 TTO

Preparer's Telephone #

Form IN-111