

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

Your first name and initial Bernard Last name Sanders Your social security number [REDACTED]

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the 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). Burlington VT 05408

Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign

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. 6b Spouse. Boxes checked on 6a and 6b: 2. 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: 2.

Income table with columns for line number, description, and amount. Includes rows for wages (156,441), interest (11), dividends (2), business income (4,900), and total income (205,617).

Adjusted Gross Income table with columns for line number, description, and amount. Includes rows for educator expenses, business expenses, health savings deduction, and total adjusted gross income (205,271).

| | | | | |
|-----------------------------------|---|--|---------|----------|
| Tax and Credits | 38 | Amount from line 37 (adjusted gross income) | 38 | 205,271. |
| | 39a | Check <input checked="" type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 1 | | |
| | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/> | | |
| | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 56,377. |
| | 41 | Subtract line 40 from line 38 | 41 | 148,894. |
| | 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. |
| | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 140,994. |
| | 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 26,961. |
| | 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 | 26,961. | |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | | |
| 50 | Education credits from Form 8863, line 19 | 50 | | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 26,961. | |
| 57 | Self-employment tax. Attach Schedule SE | 57 | 692. | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input checked="" type="checkbox"/> | 61 | | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | | |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 27,653. | |
| Payments | 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 31,825. |
| | 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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/> | 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 <input type="checkbox"/> | 76a | 4,172. |
| | b | Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| Direct deposit? See instructions. | d | Account number | | |
| 77 | Amount of line 75 you want applied to your 2015 estimated tax ▶ 77 | 77 | | |
| Amount You Owe | 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ | 78 | |
| | 79 | Estimated tax penalty (see instructions) | 79 | |

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

Designee's name 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 **Government Service** Daytime phone number

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation **Self-employed** 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

Firm's name **▶ Self-Prepared** Firm's EIN

Firm's address Phone no.

Last Name SANDERS

Your Social Security Number [REDACTED]

Table with 2 columns: Question, Yes/No. Includes questions about RECOMPUTED Federal Return Information, amended returns, taxpayer deaths, and age 65+ certification.

IN-111 Line-by-Line Information

SECTION 2 TAX FILING INFORMATION

Filing Status: [] Single [] Head of Household [] Qualifying Widow(er) [X] Married, Filing Jointly [] Married, Filing Separately [] Civil Union, Filing Jointly [] Civil Union, Filing Separately

IF FILING SEPARATELY, Spouse or CU Partner Name

IF FILING SEPARATELY, Spouse or CU Partner Social Security Number

SECTION 3 TAXABLE INCOME

Table with 2 columns: Line number, Amount. Line 10: Adjusted Gross Income 205271. Line 11: Federal Taxable Income 140994.

ADDITIONS:

Table with 2 columns: Line number, Amount. Includes lines 12a through 13 for income additions.

SUBTRACTIONS:

Table with 2 columns: Line number, Amount. Includes lines 14a through 15 for income subtractions.

SECTION 4 VT INCOME TAX

Table with 2 columns: Line number, Amount. Includes lines 16 through 22 for Vermont income tax calculations.

SECTION 5 CREDITS AND USE TAX

Table with 2 columns: Line number, Amount. Includes lines 23 through 28 for credits and use tax.

SECTION 6 VOLUNTARY CONTRIBUTIONS

Table with 2 columns: Line number, Amount. Includes lines 29a through 30 for voluntary contributions.

SECTION 7 PAYMENTS AND CREDITS

Table with 2 columns: Line number, Amount. Includes lines 31a through 31h for payments and credits.

SECTION 8 REFUND

Table with 2 columns: Line number, Amount. Includes lines 32 through 34 for refund calculations.

SECTION 9 AMOUNT YOU OWE

Table with 2 columns: Line number, Amount. Includes lines 35 through 37 for amount you owe.

Table for amended returns only with 2 columns: Description, Amount. Includes rows for original refund received, refund due now, original payment, and amount due now.

2014
VERMONT *Income Tax Return* **FORM IN-111**



DUE DATE: April 15, 2015

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

FOR COMPUTERIZED USE ONLY

| TY | 2014 | REC | N | AMD | N | TDC | N | SDC | N |
|------------|--------|-----|---|------------|---|-----|---|--------------|----------|
| DSC | N | T65 | Y | S65 | N | FS | J | | EX 2 |
| SANDERS | | | | BERNARD | | | | [REDACTED] | |
| SANDERS | | | | JANE | | | | O [REDACTED] | |
| [REDACTED] | | | | BURLINGTON | | | | VT | |
| 05408 | | 035 | | [REDACTED] | | | | | |
| 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 | | 31f | | 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.

| | | | | | | |
|--|--|------------|--------------------------------------|---|--|------------|
| Your signature _____ | | Date _____ | Occupation <u>GOVERNMENT SERVICE</u> | Preparer's signature _____ | | Date _____ |
| Spouse or CU Partner signature. If a joint return, BOTH must sign. _____ | | Date _____ | Occupation <u>SELF-EMPLOYED</u> | Print Firm's name (or yours if self-employed) and address below | | |
| Taxpayer's Telephone Number _____ | | | | SELF PREPARED | | |
| Spouse or CU Partner Telephone Number [REDACTED] | | | | Preparer's Telephone # _____ | | |

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