

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

Your first name and initial **RAFAEL E.** Last name **CRUZ** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **HEIDI S.** Last name **CRUZ** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] **▲ 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. **HOUSTON, TX 77019**

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). If the qualifying person is a child but not your dependent, enter this child's name here. **5**  Qualifying widow(er) with dependent child

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 c Dependents:  

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit
CAROLINE C	CRUZ	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>
CATHERINE C	CRUZ	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>

 Boxes checked on 6a and 6b: **2**  
 No. of children on 6c who:  
 • lived with you: **2**  
 • did not live with you due to divorce or separation (see instructions):  
 Dependents on 6c not entered above: **4**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 983,161.**  
 8a Taxable interest. Attach Schedule B if required **8a 161.**  
 b Tax-exempt interest. Do not include on line 8a **8b 12,997.**  
 9a Ordinary dividends. Attach Schedule B if required **9a 25,362.**  
 b Qualified dividends **9b 18,269.**  
 10 Taxable refunds, credits, or offsets of state and local income taxes **10**  
 11 Alimony received **11**  
 12 Business income or (loss). Attach Schedule C or C-EZ **12 190,000.**  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  **13 11,698.**  
 14 Other gains or (losses). Attach Form 4797 **14**  
 15a IRA distributions **15a** b Taxable amount **15b**  
 16a Pensions and annuities **16a** b Taxable amount **16b**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 0.**  
 18 Farm income or (loss). Attach Schedule F **18**  
 19 Unemployment compensation **19**  
 20a Social security benefits **20a** b Taxable amount **20b**  
 21 Other income. List type and amount **21**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 1,210,382.**

**Adjusted Gross Income**  
 23 Educator expenses **23**  
 24 Certain business expenses of reservists, performing artists, and fee-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 2,544.**  
 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**  
 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 2,544.**  
 37 Subtract line 36 from line 22. This is your adjusted gross income **37 1,207,838.**

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of 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

Table with 3 columns: Line number, Description, and Amount. Rows include 38 Amount from line 37 (adjusted gross income) 1,207,838; 39a Check; 40 Itemized deductions 72,767; 41 Subtract line 40 from line 38 1,135,071; 42 Exemptions 0; 43 Taxable income 1,135,071; 44 Tax 390,368; 45 Alternative minimum tax 0; 46 Excess advance premium tax credit repayment; 47 Add lines 44, 45, and 46 390,368; 48 Foreign tax credit 44; 49 Credit for child and dependent care expenses 1,200; 50 Education credits; 51 Retirement savings contributions credit; 52 Child tax credit; 53 Residential energy credits; 54 Other credits; 55 Add lines 48 through 54 1,244; 56 Subtract line 55 from line 47 389,124.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include 57 Self-employment tax 5,088; 58 Unreported social security and Medicare tax; 59 Additional tax on IRAs; 60a Household employment taxes 38,193; 61 Health care; 62 Taxes from Form 8959 10,296; 63 Add lines 56 through 62 442,701.

Payments

If you have a qualifying child, attach Schedule EIC

Table with 3 columns: Line number, Description, and Amount. Rows include 64 Federal income tax withheld 239,659; 65 2014 estimated tax payments 38,193; 66a Earned income credit; 67 Additional child tax credit; 68 American opportunity credit; 69 Net premium tax credit; 70 Amount paid with request for extension to file 166,887; 71 Excess social security and tier 1 RRTA tax withheld; 72 Credit for federal tax on fuels; 73 Credits from Form 2439; 74 Add lines 64, 65, 66a, and 67 through 73 444,739.

Refund

Direct deposit? See instructions

Table with 3 columns: Line number, Description, and Amount. Rows include 75 If line 74 is more than line 63, subtract line 63 from line 74 2,038; 76a Amount of line 75 you want refunded to you; 77 Amount of line 75 you want applied to your 2015 estimated tax 0.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Row 78 Amount you owe 2,038.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No. Designee's name: KAREN JONES, CPA. Phone no: 512-472-0795. 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: SENATOR. Date: Spouse's signature: DIRECTOR. Date: Your occupation: SENATOR. Spouse's occupation: DIRECTOR. Daytime phone number: If the IRS sent you an Identity Protection PIN, enter it here.

Print/Type preparer's name: KAREN JONES, CPA. Preparer's signature: MEADOR & JONES, LLP. Date: 2414 EXPOSITION BLVD, SUITE BC-230. Check self-employed: [ ]. PTIN: Firm's name: MEADOR & JONES, LLP. Firm's EIN: 2414 EXPOSITION BLVD, SUITE BC-230. Firm's address: AUSTIN, TX 78703. Phone no: 512-472-0795.