

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_, 20

Your first name and initial: **Troy L** Last name: **Downs**

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **1799 FM 528 RD** Apt. no. **10201**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Webster, TX 77598**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**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

b  Spouse

c Dependents:		(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 (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **1**

**Boxes checked on 6a and 6b** **1**

**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** **1**

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
7 Wages, salaries, tips, etc. Attach Form(s) W-2	183961			10																<176078	20>	
8a Taxable interest. Attach Schedule B if required																					7892	98
b Tax-exempt interest. Do not include on line 8a																						
9a Ordinary dividends. Attach Schedule B if required																						
b 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 <input type="checkbox"/>																						
14 Other gains or (losses). Attach Form 4797																						
15a IRA distributions																						
b Taxable amount																						
16a Pensions and annuities																						
b 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																						
b Taxable amount																						
21 Other income. List type and amount <b>12 USC 411 Lawful Money Redeemed</b>																						
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶																						

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
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														0	00
37 Subtract line 36 from line 22. This is your adjusted gross income ▶														7892	98

	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	7892	98
<b>Tax and Credits</b>	<b>39a</b>	Check <input 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 <b>▶ 39a</b> <input type="checkbox"/>			
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>▶ 39b</b> <input type="checkbox"/>			
<b>Standard Deduction for—</b> • 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	<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	6200	00
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	1692	98
	<b>42</b>	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	<b>42</b>	3950	00
	<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	0	00
	<b>44</b>	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	<b>44</b>	0	00
	<b>45</b>	Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>	0	00
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	0	00
	<b>47</b>	Add lines 44, 45, and 46 <b>▶</b>	<b>47</b>	0	00
	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	0	00
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	0	00
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	0	00
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	0	00
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	0	00
	<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	0	00
	<b>54</b>	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>54</b>	0	00
	<b>55</b>	Add lines 48 through 54. These are your total credits <b>▶</b>	<b>55</b>	0	00
	<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- <b>▶</b>	<b>56</b>	0	00
<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>		
	<b>58</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>58</b>		
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>		
	<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>		
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>		
	<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	<b>61</b>		
	<b>62</b>	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>		
	<b>63</b>	Add lines 56 through 62. This is your total tax <b>▶</b>	<b>63</b>	0	00
<b>Payments</b>	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	12292	23
	<b>65</b>	2014 estimated tax payments and amount applied from 2013 return	<b>65</b>		
	<b>66a</b>	Earned Income credit (EIC)	<b>66a</b>		
	<b>b</b>	Nontaxable combat pay election <b>66b</b>			
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>		
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>		
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>		
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>		
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>		
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>		
	<b>73</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	<b>73</b>		
	<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your total payments <b>▶</b>	<b>74</b>	12292	23
<b>Refund</b>	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	12292	23
	<b>76a</b>	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <b>▶</b> <input type="checkbox"/>	<b>76a</b>	12292	23
	<b>b</b>	Routing number <input type="text"/> <b>▶ c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<b>d</b>	Account number <input type="text"/>			
	<b>77</b>	Amount of line 75 you want applied to your 2015 estimated tax <b>▶</b>	<b>77</b>		
<b>Amount You Owe</b>	<b>78</b>	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions <b>▶</b>	<b>78</b>		
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>		

**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 <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
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**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 10-12-2015	Your occupation STEES	Daytime phone number 281-225-8684
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

**Paid Preparer Use Only**

Print/Type preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/>
Firm's name <input type="text"/>	Firm's EIN <input type="text"/>		Phone no. <input type="text"/>	
Firm's address <input type="text"/>				

2014 Form 1040, Line 21

Supporting Schedule

Demand for Lawful Money

12 USC Section 411

Description	Column A Total Amounts for CY 2014	Column B Amounts prior to February 3, 2014	Column C Lawful Money Reduction Amounts (A-B)
Gross Pay	<b>\$192049.16</b>	<b>\$8505.04</b>	<b>\$183544.12</b>
Gross pay deductions (Dental, Medical, HSA)	\$8088.08	\$622.16	\$7665.92
Adjusted Gross Pay	<b>\$183961.08</b>	<b>\$7882.88</b>	<b>\$176078.20</b>
FITW	\$12292.23	\$1018.80	\$11273.43
SS	\$7254.00	\$488.74	\$6765.26
Medicare	\$2667.44	\$114.30	\$2553.14
LTD Insurance	\$568.88	\$55.76	\$513.12
Child Support	\$4846.17	\$0	\$4846.17
Child Support Administration Fee	\$17.50	\$0	\$17.50

**Total Gross Pay Reduction to Line 21 - \$176,078.20**

Description: See attached copies of bank memo showing date of demand; confirming checks and EFTs; W4 demand to employer. Said copies provide substantive evidence and record that Lawful Money is Demanded for All Transactions, effective February 3, 2014. The right to amend this and any return is reserved if further deductions can be made nunc pro tunc prior to February 3, 2014.

Calculations above are based on January 24, 2014 and December 24, 2014 Earnings Statements, also included.

A copy of Title 12 United States Code Section 411 is included as well, for review.

