

2014 Tax Return

prepared by,

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TAX YEAR: 2014

CLIENT : 434-69-0932 MATTHEW M RAMSEY

BIRTH DATE : 05/07/1979

ADDRESS : 56 WINSHIP ST APT 1
: BRIGHTON MA 02135

STATUS : SINGLE

TAXPAYER PIN: 11111

FED TYPE: Electronic Mail

E-MAIL : BREAKY@GMAIL.COM

LISTING OF FORMS FOR THIS RETURN

FORM 1040EZ

FORM W-2

PAYMENT VOUCHER

ELECTRONIC PAYMENT

MA STATE RESIDENT RETURN

* W-2 INCOME FORMS SUMMARY *

	<u>T/S</u>	<u>EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
1.	T	FORSYTH DENTAL	42371	2600	2627	614	1871 MA
		TOTALS.....	42371	2600	2627	614	1871

		a Employee's social security number 434-69-0932		For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN) 04-2104230				1 Wages, tips, other compensation 42371		2 Federal income tax withheld 2600	
c Employer's name, address, and ZIP code FORSYTH DENTAL INFIRMARY FOR CHILDR 245 FIRST ST CAMBRIDGE MA 02142-1200				3 Social security wages 42371		4 Social security tax withheld 2627	
				5 Medicare wages and tips 42371		6 Medicare tax withheld 614	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial MATTHEW M Last name RAMSEY Suff. 56 WINSHIP ST BRIGHTON MA 02135				11 Nonqualified plans		12a See instructions for box 12 DD 6175	
				13 Statutory employee Retirement plan Third-party sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State MA	Employer's state ID number 04210423006	16 State wages, tips, etc. 42371	17 State income tax 1871	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form
QNA**W-2 Wage and Tax Statement 2014**

Department of the Treasury--Internal Revenue Service

		a Employee's social security number		For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. f Employee's address and ZIP code				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form
QNA**W-2 Wage and Tax Statement 2014**

Department of the Treasury--Internal Revenue Service

Form
1040EZ**Income Tax Return for Single and
Joint Filers With No Dependents** (99)**2014**

OMB No. 1545-0074

Your first name and initial MATTHEW M	Last name RAMSEY	Your social security number 434-69-0932
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 56 WINSHIP ST		Apt. no. 1
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BRIGHTON, MA 02135		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	42371
	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
	4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	42371
	5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,150 if single ; \$20,300 if married filing jointly . See back for explanation.	5	10150
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.	6	32221
	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	2600
	8a	Earned income credit (EIC) (see instructions)	8a	
	b	Nontaxable combat pay election. 8b		
	9	Add lines 7 and 8a. These are your total payments and credits .	9	2600
Payments, Credits, and Tax	10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	4380
	11	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11	
	12	Add lines 10 and 11. This is your total tax .	12	4380
	13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	
Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	b	Routing number X X X X X X X X X X	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number X X X X X X X X X X X X X X X X X X		
Amount You Owe	14	If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14	1780

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete below. <input type="checkbox"/> 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, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
	Your signature	Date 03/30/2015	Your occupation SCIENTIST	Daytime phone number 405-308-3115
	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.)

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

2014 Form 1040-V



Department of the Treasury
Internal Revenue Service

What Is Form 1040-V

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2014 Form 1040, Form 1040A, or Form 1040EZ.



You can also pay your taxes online or by phone either by a direct transfer from your bank account or by credit or debit card. Paying online or by phone is convenient and secure and helps make sure we get your payments on time. For more information, go to www.irs.gov/e-pay.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury.**" Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2014 Form 1040," "2014 Form 1040A," or "2014 Form 1040EZ," whichever is appropriate.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

IF you live in. . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

Form **1040-V** (2014)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

► Do not staple or attach this voucher to your payment or return.

2014

Print or type	1 Your social security number (SSN) 434-69-0932	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury" 1780	Dollars	Cents
	4 Your first name and initial MATTHEW M		Last name RAMSEY		
	If a joint return, spouse's first name and initial		Last name		
	Home address (number and street) Apt. no. 56 WINSHIP ST APT 1		City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.) BRIGHTON MA 02135		
	Foreign country name		Foreign province/state/county		Foreign postal code

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

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