



AAA Scholarship Application 2014-2015

Florida Private School Tax Credit Scholarship Program K-12 Scholarship Application

New Scholarships are awarded on a first completed, first awarded basis. This Signed & Completed Application and all required documents must be received in the AAA Scholarship Office no later than Friday, May 29th, 2015.

DO NOT enroll your child into a private school until you have received a SCHOLARSHIP AWARD LETTER and School Commitment Form (SCF)! Funding is not guaranteed. If you enroll your child before receipt of a SCF, you will be responsible for your child's tuition and fees.

ARE YOU ELIGIBLE TO SUBMIT YOUR APPLICATION?

1. Do you live in the state of Florida?

Yes. Continue.



No. **STOP**, do not apply, because your household is not eligible.

2. AAA Scholarship Foundation considers ALL household members and their income. To figure out your household size, add ALL the people you live with together; this number is your household size. Now, add ALL your income together for everyone who lives with you; this is your total income. If you include ALL household members and ALL income received into the household, do you meet the income guidelines at the bottom of this page?

Yes. If you are a RENEWAL family and are not adding any new student(s), complete the application now.

Yes. If you are a RENEWAL family and are adding any new student(s), complete the questions below only for new students.

Yes. NEW families continue to the next question.

No. Your household is not eligible for a scholarship.

3. Is your student(s) entering K through 12th grade for the 2014-2015 school year?

Yes. Continue for these students.



No. **STOP**, these students are not eligible. Students must be entering K-12th grade to be eligible for a scholarship.

Instructions for this application start on Page 6

No Application Fee

2014-2015 Household Income/Financial Resources Table

Household size	New Household Maximum \$5,272 Award	Renewal & Transfer Only Household Maximum \$5,272 Award	Renewal & Transfer Only Household Maximum \$3,954 Award	Renewal & Transfer Only Household Maximum \$2,636 Award
1	\$21,590	\$23,340	\$25,091	\$26,841
2	\$29,101	\$31,460	\$33,820	\$36,179
3	\$36,612	\$39,580	\$42,549	\$45,517
4	\$44,123	\$47,700	\$51,278	\$54,855
Each add'l person add:	\$7,511	\$8,120	\$8,729	\$9,338

MAIL APPLICATION TO: AAA SCHOLARSHIP FOUNDATION, P.O. BOX 15719 TAMPA, FLORIDA 33684-0719, OR

EMAIL TO: fldocs@aaascholarships.org, OR **FAX TO:** 888-707-2465

IMPORTANT: Fill in all fields of the form; write "N/A" or "0" if items do not apply to you. **DO NOT LEAVE ANY BLANK SPACES.****A Parent/Guardian A Living with the Student**

This individual is required to sign scholarship checks.

Circle One: Father Mother Step-Father Step-Mother Other Adult

Last Name First Name M.I.

Social Security Number Date of Birth

() (Area Code) Primary Phone

() (Area Code) Secondary Phone

Employed by

B Parent/Guardian B Living with the Student

This individual cannot sign scholarship checks.

Circle One: Father Mother Step-Father Step-Mother Other Adult

Last Name First Name M.I.

Social Security Number Date of Birth

() (Area Code) Primary Phone

() (Area Code) Secondary Phone

Employed by

Home Address, Apt. # (must be street address, PO Box not acceptable)

Home City Home State Home Zip

Home County E-mail address (REQUIRED)

Home Mailing Address (if different from above, PO Box allowed)

C Household Members Information

1. Number of people who lived in your home during the 2014 year:

Parents/Guardians _____ Children _____ Other _____

Total of above _____ (This is your "household size")

2. What is the language spoken in your home? _____

3. What is PARENT A's marital status today?:

- a. Single, never married d. Divorced g. Living w/boyfriend, girlfriend/fiance
 b. Married e. Remarried h. Other :
 c. Widowed f. Separated*

4. Date of Separation (Month/Year) or N/A* _____

*Documentation required

5. Date of Divorce (Month/Year) or N/A _____

6. List any parents, not living in the home, for children who live with Parent(s) A and B.

Non-Custodial Parent's name

Child's name

7. Does PARENT A receive child support for any children in the home? Yes No

8. Does PARENT B receive child support for any children in the home? Yes No

9. Does PARENT A and/or B have a divorce/separation agreement? Yes No

If YES, provide a copy of your divorce/separation agreement if you do not claim the child(ren) on your taxes to show they live with you.

D Household Members Clarification

List all people who lived with Parents A and B during 2014.

You must provide 2014 income documentation for the below individuals (Form 1040 Federal Tax Return, Social Security Income, etc.) List any additional people that live with you on a separate sheet of paper, if needed. If anyone has moved out or there is a change, you can explain on a separate sheet of paper. Birth Certificates are required for all children 18 and under.

PLEASE PRINT Name	Relationship to Parent A	Age	Did they file a 2014 Federal Tax Return? (circle one)		Total Income in 2014	How long has this person lived with PARENT A?
			FILES	DOES NOT FILE		
			FILES	DOES NOT FILE		
			FILES	DOES NOT FILE		
			FILES	DOES NOT FILE		
			FILES	DOES NOT FILE		
			FILES	DOES NOT FILE		

Parent/Guardian A: _____
Print Name

SS#: _____

E Sworn Statements for IRS Did Not File

Did all adults residing in your home file or were claimed on a Federal Tax Return?

Yes. Do not complete this Section. No. Complete this Section and Section H for all adults who did not file a Federal Tax Return.

ATTENTION: This sworn statement will be accepted as documentation that this person did not file 2014 taxes. However, you may be REQUIRED to provide documentation verifying the Did Not File status later this year. ALL adults in the household who Did Not File taxes and are not claimed on a provided Tax Return must EACH complete this section (or a copy of this section if more than one person).

UNDER PENALTY OF PERJURY I DECLARE UNDER OATH THAT I DID NOT FILE FOR THE 2014 YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VERIFICATION OF NON-FILING. I ALSO DECLARE UNDER OATH THAT ALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.

I, _____ did not file a tax return for the following reason (check one):
(Print Name)

I received no taxable income.

My taxable income received was less than the amount required for filing with the IRS. Amount Received \$ _____

Other (explain) _____

I was NOT required to file a 2014 Federal Income Tax Return. In place of a tax return, I have completed this notice and attached all income documentation.

Signature of Person Who Did Not File

Relationship to PARENT/GUARDIAN A/B

F Student Information (Only complete for students for whom you want a scholarship)

For additional students, make a copy of this page before completing or answer every question on an additional sheet of paper.

1	Name (Last, First, MI):		Date of Birth:	Social Security #:	Gender: Male Female	Relationship to Parent/Guardian A: Child/Stepchild Niece/Nephew Foster Child Grandchild Other (Explain): _____	
	Race: American Indian or Alaska Native - Print name of enrolled or principle tribe: _____ White , not Hispanic, Latino or Spanish origin/descent Asian - If yes: <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Other, please specify: _____ Pacific Islander Black - If yes: <input type="radio"/> Hatian <input type="radio"/> Mixed Race Not Reporting Hispanic - If yes: <input type="radio"/> Cuban <input type="radio"/> Mexican, Mexican Am. <input type="radio"/> Puerto Rican <input type="radio"/> Other, please specify: _____ Not Reporting						
Grade level student will be entering in August of 2014 :		Name of School attended in 2013-2014 :			School County attended in 2013-2014 :		
Type of School attended in 2014-2015 : Public Home School Virtual Private Charter Not Applicable		Type of Student*: New Transfer Renewal Add-On		Does this student receive any of the following?: TANF FDPIR ESE Food Stamps Free/Reduced Lunch Title 1			

*Renewal means you signed scholarship checks for this student in 2013/2014. Add-on means you signed scholarship checks for another student in your home in 2013/2014, but not for this student. New means you did not sign scholarship checks in 2013/2014 for any students in your home. Transfer means this student received funding from another STO in the past.

2	Name (Last, First, MI):		Date of Birth:	Social Security #:	Gender: Male Female	Relationship to Parent/Guardian A: Child/Stepchild Niece/Nephew Foster Child Grandchild Other (Explain): _____	
	Race: American Indian or Alaska Native - Print name of enrolled or principle tribe: _____ White , not Hispanic, Latino or Spanish origin/descent Asian - If yes: <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Other, please specify: _____ Pacific Islander Black - If yes: <input type="radio"/> Hatian <input type="radio"/> Mixed Race Not Reporting Hispanic - If yes: <input type="radio"/> Cuban <input type="radio"/> Mexican, Mexican Am. <input type="radio"/> Puerto Rican <input type="radio"/> Other, please specify: _____ Not Reporting						
Grade level student will be entering in August of 2014 :		Name of School attended in 2013-2014 :			School County attended in 2013-2014 :		
Type of School attended in 2013-2014 : Public Home School Virtual Private Charter Not Applicable		Type of Student*: New Transfer Renewal Add-On		Does this student receive any of the following?: TANF FDPIR ESE Food Stamps Free/Reduced Lunch Title 1			

*Renewal means you signed scholarship checks for this student in 2013/2014. Add-on means you signed scholarship checks for another student in your home in 2013/2014, but not for this student. New means you did not sign scholarship checks in 2013/2014 for any students in your home. Transfer means this student received funding from another STO in the past.

This application is the ONLY chance you have to explain your household situation. Please use additional paper if needed to give us ALL needed information to determine your eligibility. All information must be disclosed NOW. Failure to fully document and complete this application WILL result in your application being denied. You will not be able to provide additional information after processing to change the decision of eligibility made based on the original application and documentation.

Parent/Guardian A: _____
Print Name

SS#: _____

L How did you hear about AAA Scholarship Program?

- | | | |
|--|--------------------------------|---------------------------|
| a. Renewing Household | e. Flyer, brochure or poster | i. Internet search |
| b. Another scholarship parent | f. At an event in my community | j. Radio ad |
| c. Referred by friend, family or work associate not on scholarship | g. Newspaper ad or article | k. Employer communication |
| d. Referred by private school | h. State Agency | l. Other: _____ |

M Certification and Authorization Signature(s)

I certify that the information provided on the application and all supporting documentation submitted at any time is true, correct and complete to the best of my knowledge. I understand that if I give information that is not true or if I withhold information and my student(s) receive a scholarship for which they are not eligible, I can be lawfully punished for fraud and the scholarship will be denied or revoked.

I certify that no parent/guardian of a student on this application is an owner, operator, principal or person with equivalent decision making authority of an eligible private school or not at the school which my student will attend.

I understand that any information I provide at any time will be verified, which may include computer file matching, public records search, IRS transcripts and that I may be required to provide other information and/or documentation.

I authorize the release of personal, financial and educational information for the purpose of determining eligibility and for research.

I understand that AAA Scholarship Foundation does not discriminate because of race, color, sex, age, disability, religion, nationality or political belief.

I authorize AAA Scholarship Foundation and its application processing company to make this form and the information therein available to the appropriate state agencies as required by the law governing the scholarships.

I authorize the application and all attachments to be returned to AAA Scholarship Foundation from the application processing company.

I agree to follow the rules and responsibilities as they apply to the program as set forth in the Parent and School Handbook, available online at www.aaascholarships.org.

I understand if I am deemed eligible and am awarded a scholarship, that I am not automatically entitled to a scholarship in following years.

I understand that it is my responsibility to reapply and document my eligibility whenever I am required to if I accept a scholarship.

I understand if I enroll my student(s) into a private school before receipt of a Scholarship Award Letter and School Commitment Form (SCF), I will be responsible for their tuition and fees. I understand funding is not guaranteed.

SIGN HERE

A school tuition organization cannot award, restrict or reserve scholarships solely based on the basis of a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.

Parent/Guardian A _____ Date _____ Parent/Guardian B _____ Date _____

REQUIRED DOCUMENTATION

**Along with the completed application you MUST include the following
(and any other documentation requested):**

- Copies of Birth Certificates for all children 18 and under
- 2014 SIGNED** Federal Tax Return and all Schedules/Forms
- 2014** year-end non-taxable income documentation
- Public School Attendance Form or Report Card, if required
- Transfer documentation, if applicable
- Separated spouse documentation, if needed
- Letter/documentation of unusual Circumstances, if needed

MAIL APPLICATION TO: AAA SCHOLARSHIP FOUNDATION, P.O. BOX 15719 TAMPA, FL 33684-0719,

OR EMAIL TO: fldocs@aaascholarships.org, OR FAX TO: 888-707-2465

INSTRUCTIONS

Answer or check ALL questions. Leaving questions blank may delay processing and may lead to your household not being eligible for a scholarship.

A & B Parent or Guardian

Please determine which Parent/Guardian in the household will be able to go to the school and sign scholarship checks four times per year then complete this application with that individual as Parent "A". Parent/Guardian "A" will be required to sign each scholarship check. Parent/Guardian "B" will NOT be allowed to sign scholarship checks. If Parent/Guardian "A" is later unable to sign scholarship checks contact AAA immediately.

This scholarship application should be completed by the parent(s)/guardian(s) with whom the student(s) is living. If the parents/guardians are divorced or separated, only the household with primary residential custody should fill out the form. If Parent/Guardian A is divorced and remarried, list information for custodial parent and new spouse as Parent/Guardian A and B. Write Parent/Guardian A's social security number (your family code) on each page of the application, all other documents included, and any supplemental documentation sent in after the original application is submitted.

Parent/Guardian A will be required to sign each scholarship check.

C Household Information

ITEM 1: Enter total number of individuals living in household, including parents/guardians, children, college students, and all others. Do not include children who have permanently moved out of the home.

ITEM 2: Please identify the primary language spoken in your household.

ITEM 3: For separated parents/guardians only: Documentation verifying a separate address is REQUIRED. Acceptable documentation from the separated spouse includes either a court document showing a different address, a utility bill dated in **2014** showing a separate address, or a **2014** Federal 1040 Tax Return Transcript showing a separate address. If Parent/Guardian A is unable to supply the acceptable documentation, the household eligibility will not be able to be determined and no scholarship will be able to be awarded - please consider this when applying.

D Household Members Clarification

List all individuals who lived in the household during **2014**. Identify the relationship to the parent, the age of the individual, check whether they filed or did not file a **2014** tax return, list their total income and how long they have lived in the household. **2014** Income Documentation for each income-earning household member must be provided.

A birth certificate is required for all children 18 and under.

E Sworn Statement for IRS Did Not File

All adults residing in the household who did not file a tax return, and are not claimed on a tax return, must complete this section. Copies of this section can be made and completed if more than one person "did not file" a tax return. If ALL adults living in the household DID file a **2014** tax return or were claimed by a household member mark "N/A" through this section and go to section F.

F Student Information

If applying for more than two students, make a copy of Section F prior to completing and include this additional sheet with the application. Be sure to write Parent/Guardian A's name on this additional page.

Only list any student applying for the scholarship in this section. In order to qualify for **2014-2015**, the student must be between 5 years and 22 years old on September 1, 2014. Students 4 years and younger or 23 years and older are not eligible for the scholarship.

G Taxable Income

List all actual amounts for **2014**.

ITEM 1: Enter the total number of exemptions you claimed on your **2014** IRS Form 1040, 1040A, or 1040EZ.

ITEM 2: Enter amount from Income Section enter the Total Income (See 2014 1040 line 22 or 1040A line 15).

ITEM 3: Net business income* from self-employment, farm rentals, and other businesses. See 2014 1040 lines 12, 17, and 18. Schedules C, E, and/or F from your IRS 1040 must be submitted for your application to be processed. *Business losses must be adjusted to zero and therefore the total income will be adjusted accordingly to determine household eligibility.*

INSTRUCTIONS (cont.)

Answer or check ALL questions. Leaving questions blank may delay processing and may lead to your household not being eligible for a scholarship.

h Non-Taxable Income

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2014** for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HuD, etc.), Worker's Compensation, Disability or Retirement.

ITEM 10: Child support: Report total amount actually received for 2014 for all children in the household.

ITEM 11: Cash Assistance (TANF): Report total amount received for 2014.

ITEM 12: Food Stamps: Report total amount received for 2014. Do not combine with TANF or Medicaid.

ITEM 13: Social Security benefits: Report the total non-taxable (SSA/SSD, etc.) amount received in 2014 for all recipients in household.

ITEM 14: Housing assistance: Report the total amount received for 2014. Identify in Section I all sources of Housing assistance (government assistance, Section 8, HuD, parsonage).

ITEM 15: Other non-taxable income: Report all additional non-taxable income received in 2014 including: Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.); food and other living allowances paid to members of the military, clergy or others; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); or any other untaxed benefit or income not subject to taxation by any government (Refugee Assistance, VA Educational Work-Study, etc.). Identify source(s) in Section H or on a separate sheet.

ITEM 16: Gifts received from family and/or friends: Report the total amount received in 2014.

ITEM 17: Loans received from family and/or friends: Report the total amount received in 2014.

ITEM 18: Personal Savings/Investment Accounts: Report the total amount used in 2014 for household expenses.

I Housing Information

ITEMS 19: If you rent/lease your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

ITEM 20: If you own your home, list your monthly mortgage payment, including amounts paid by household and other sources.

J Assets and Investments

ITEM 21: List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

ITEM 22: List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

ITEM 23: List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts.

ITEM 24: Answer Items 24a and 24b for any and all investment real estate (not including the family's primary residence), if applicable. Second homes, rental properties, and land contracts should be included.

K Unusual Circumstances

Check all items, if any, that apply to your situation. If your circumstances require explanation beyond the scope of this application, include a letter of explanation and documentation.

L How did you hear about AAA Scholarship Program?

Check all that apply.

M Certification and Authorization Signature(s)

Parent A and Parent B must sign the application in this section. By signing the application, you also certify that the information submitted is true, correct, and complete. This application CANNOT be completed without the appropriate signature(s) and the appropriate documentation. Your signature authorizes PSAS to release the application and required documentation to AAA Scholarship Foundation.

REQUIRED DOCUMENTATION

You must submit photocopies of birth certificates for all children 18 and under, all pages of your signed 2014 Federal Tax Return Form 1040, 1040A or 1040EZ as filed with the IRS, with all Schedules for any wage-earning adult residing with the applicant(s). Do not include your State tax return unless requested. 2014 Tax Return Extensions are not accepted.

If you receive non-taxable income (Section H):

You must submit photocopies of your 2014 YEAR-END (01/01/14 - 12/31/14) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Social Security Income statements, showing the TOTAL AMOuNT received in 2014 for ALL members of the household. If you list any total for Section H, line 15, you must identify source(s) on a separate sheet of paper.

Along with your application, you must include:

Copies of your 2014 Form 1040, 1040A, or 1040EZ (all pages)

Form 1040 Department of the Treasury—Internal Revenue Service (99) **2014** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning 2013, ending 2013.

Your first name and initial Last name Your social security number

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. 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).

Foreign country name Foreign province/state/country Foreign postal code

Filing Status

1 Single 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.

2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full 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) Firstname Lastname (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instructions)

Boxes checked on 6a and 6b: 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

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7a Taxable interest. Attach Schedule B if required 7b Tax-exempt interest. Do not include on line 7a 7c Ordinary dividends. Attach Schedule B if required 7d Qualified dividends 7e Taxable refunds, credits, or offsets of state and local income taxes 7f Alimony received 7g Business income or (loss). Attach Schedule C or C-EZ 7h Capital gain or (loss). Attach Schedule D if required. If not required, check here 7i Other gains or (losses). Attach Form 4797

15a IRA distributions 15b Pensions and annuities 16a Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 16b Farm income or (loss). Attach Schedule F 16c Unemployment compensation 16d Social security benefits and amount 16e Taxable amount

21a Social security benefits and amount 21b Taxable amount

22 Combine the amounts in the right column for lines 7 through 21. This is your total income.

Adjusted Gross Income

23 Educator expenses 23a Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 23b Health savings account deduction. Attach Form 8889 23c Moving expenses. Attach Form 3903 23d Deductible part of self-employment tax. Attach Schedule SE 23e Self-employed SEP, SIMPLE, and qualified plans 23f Self-employed health insurance deduction 23g Penalty on early withdrawal of savings 23h Alimony paid b Recipient's SSN 23i IRA deduction 23j Student loan interest deduction 23k Tuition and fees. Attach Form 8917 23l Domestic production activities deduction. Attach Form 8903 23m Add lines 23 through 35 23n Subtract line 36 from line 22. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 112008 Form 1040 (99)14

Application Checklist

- Make sure that all the information about your household is correct.
- SIGN the completed application and second page of all tax returns and return it with all the required documentation. If two Parent/Guardian(s) are listed, both must sign the application for it to be processed.
- Send documentation of each member of your household's income. This must include a signed copy of last year's tax return(s), IRS Transcript and/or year-end award letters/statements for any and all income sources.
- Fill in the information asked for in the blank spaces throughout this form; indicate N/A or 0 if items do not apply to your situation. **Do not leave any spaces blank.** Attach an additional sheet of paper, if necessary.
- Write Parent/Guardian A's Social Security Number (your family code) on every document submitted; both with the application and any documents sent at a later time. **Failure to complete this step may lead to your document not being matched up with your application, and may lead to your household not being eligible for a scholarship.**
- Send readable copies of documentation only. **DO NOT** send original documents. Documents will not be returned.
- Separated spouse documentation, if applicable.
- A Birth Certificate for all children 18 and under.
- Letters of explanation (if applicable).

Copies of your 2014 W-2 Forms FROM ALL EMPLOYERS

Employee's social security number

Employer identification number (EIN)

Employee's name, address, and ZIP code

Control number

Employee's first name and initial Last name Suffix

Employee's address and ZIP code

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

1 Wages, tips, other compensation 2 Federal income tax withheld 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 9 10 Dependent care benefits 11 Nonqualified plans 12a 12b 12c 12d 13 Other 14

Form **W-2** Wage and Tax Statement **2014** Department of the Treasury—Internal Revenue Service Copy 2—To Be Filled With Employer's State, City, or Local Income Tax Return

Copies of your 2014 1099 Forms (where applicable)

VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.

1 Rents 2 Royalties 3 Other income 4 Federal income tax withheld 5 Fishing boat proceeds 6 Medical and health care payments 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale 10 Crop insurance proceeds 11 Foreign tax paid 12 Foreign country or U.S. possession 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no. 18 State income

Form **1099-MISC** **2014** Department of the Treasury—Internal Revenue Service www.irs.gov/form1099misc

If you do not have all of the documentation required:

Contact the IRS for a transcript of your complete 1040, 1040A, or 1040EZ, and any Schedules, etc.
Contact your employer for a copy of your W-2. Contact the appropriate company for a copy of your 1099.