

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

Your first name and initial JOHN R. Last name KASICH Your social security number

If a joint return, spouse's first name and initial KAREN Last name KASICH 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. WESTERVILLE, OH 43082 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.

Foreign country name Foreign province/state/county Foreign postal code You X 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 6b Spouse Boxes checked on 6a and 6b 2

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If child under age 17 qualifying for child tax credit. Rows for EMMA KASICH DAUGHTER and REESE KASICH DAUGHTER.

d Total number of exemptions claimed 4

Income section table with columns for line number, description, and amount. Total income is 402,603.

Adjusted Gross Income section table with columns for line number, description, and amount. Adjusted gross income is 402,603.

Tax and Credits

Standard Deduction for - 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

38 Amount from line 37 (adjusted gross income) 38 402,603. 39a Check if: You were born before January 2, 1950, Blind. Total boxes checked ... 39a Spouse was born before January 2, 1950, Blind. checked ... 39b b If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 74,271. 41 Subtract line 40 from line 38 41 328,332. 42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see inst. 42 3,160. 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 325,172. 44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c 44 52,301. 45 Alternative minimum tax. Attach Form 6251 45 18,149. 46 Excess advance premium tax credit repayment. Attach Form 8962 46 47 Add lines 44, 45, and 46 47 70,450. 48 Foreign tax credit. Attach Form 1116 if required 48 1,706. 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 3800 b 8801 c 54 55 Add lines 48 through 54. These are your total credits 55 1,706. 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 68,744.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 58 Unreported social security and Medicare tax from Form: a 4137 b 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 [X] 61 62 Taxes from: a Form 8959 b [X] Form 8960 c Inst.; enter code(s) 62 5,799. 63 Add lines 56 through 62. This is your total tax 63 74,543.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64 31,187. 65 2014 estimated tax payments and amount applied from 2013 return 65 23,320. 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 2439 b Reserved c Reserved d 73 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 54,507.

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a b Routing number c Type: Checking Savings d Account number 77 Amount of line 75 you want applied to your 2015 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 20,036. 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)? [X] Yes. Complete below. 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 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 GOVERNOR OF OHIO Daytime phone number Spouse's signature. If a joint return, both must sign. Date Spouse's occupation FIRST LADY If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check self-employed if PTIN Firm's name Firm's EIN Phone no. Firm's address