<b>1040</b>	υ.	S. Individual Incom	e Tax Return	2014	MB No. 1545-0074	IRS Use 0	Only - Do no	ot write o	or stapl	le in this space.	
	31, 20	14, or other tax year beginning			114, ending		. 20			e separate instru	uctions
Your first name and			Last name	, 20	, i, onality		120			social security nur	
JOHN R.			KASICH								
	use's	first name and initial	Last name						Spou	se's social security	v number
KAREN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mot hamo and mila	KASICH								
	nber a	nd street). If you have a P.O.		ns.			Apt. i	10.		1-1 th- 00N	(1) -1
Region of the Section	1.	, , , , , , , , , , , , , , , , , , ,	,							Make sure the SSN and on line 6c are c	
City, town or post office	e, state,	and ZIP code. If you have a foreig	n address, also comple	ete spaces below.					Presi	dential Election Ca	mpaign
WESTERVII		•	,	.,					Check if filin	k here if you, or yo	ur spouse to go to
Foreign country nar		011 45002	Foreign	province/state/county		Eorgi	gn postal	codo	this fo	ig jointly, want \$3 t und. Checking a bo ot change your tax	ox below or refund.
i oreign country nar	116		Toreign	province/state/county		10161	yıı pustat	coue			Spouse
	1	Single	<u> </u>		4 Head o	of househ	old (with	au alifu	ina no	erson). If the qu	
Filing Status		Married filing jointly (	wan if only one had	t income)			•			ent, enter this c	
	3			•	•		i but not ;	oui de	penu	ani, enter una c	IIIIu 5
Check only one box.	3	Married filing separately. Enter spouse's SSN above name here. ►						donor	dont		
	60	X Yourself. If someone		danandant de net aback i		my wido	W(CI) WILI	deper	ueni (	Boxes checked	2
Exemptions			· ·						}	on 6a and 6b	
	-			(0.5 ) 1		ependent's		(4)√if	<del>child</del>	No. of children on 6c who:	2
	G	Dependents: (1) First name	Last name	(2) Dependent's social security number		tionship to you		ùnder aq qualifying	for child	<ul> <li>lived with you</li> <li>did not live with</li> </ul>	
	7	EMMA KASICH	24011141110		DAUGHT	•		tax cře		you due to divord or separation	ce
If more than four	_	REESE KASICH			DAUGHT			X		(see instructions)	)
dependents, see		VERDE KADICH			DAUGIII	EIX		^		Dependents on 6	Sc
instructions and									<del></del>	not entered abov	<sup>'e</sup> ==
check here		Total number of evenation	a alaimad						—	Add numbers on lines above	4
	<u>d</u>	Total number of exemption								129,	
Income	7	Wages, salaries, tips, etc. A	` '					7	-		012.
	8a	Taxable interest. Attach So		a	1 05 1	0.3	,132	8a		۷,	012.
Attach Form(s)	b	Tax-exempt interest. Do n		***************************************	[80]		,134	2000000		101	727
W-2 here. Also	9a	Ordinary dividends. Attach	Schedule B It requi	irea	ns		604	9a		<u> </u>	141.
attach Forms W-2G and	b	Qualified dividends		d land tanana dama	. [90]		<u>,604</u> 1T 4	4770000000	1-	IMI. 0	0
1099-R if tax	10	Taxable refunds, credits, or						10	$\neg$		0.
was withheld.	11	Alimony received	A44	0 57			•••••	11	$\neg$		143.
	12	Business income or (loss).						12		143,	
If you did not	13	Capital gain or (loss). Attac						13		143,	1.
get a W-2,	14	Other gains or (losses). At						14			
see instructions.	15a	IRA distributions		24,821.	<b>b</b> Taxable amo					2.4	222
	16a		16a		<b>b</b> Taxable amo	unt					$\frac{222.}{244}$
	17	Rental real estate, royalties						17			344.
	18	Farm income or (loss). Atta						18			
	19	Unemployment compensat						19			
	20a	Social security benefits			<b>b</b> Taxable amo	ount		1	$\neg$		
	21	Other income. List type and		fay lines 7 thus on This				21		402	603
	22	Combine the amounts in th	e far right column	for lines / through 21. This		ome	·····	22		402,	003.
Adjusted	23	Educator expenses Certain business expenses of re	servists, performing an	tists, and fee-basis government	. 23			-			
Aujusteu Gross	24	officials. Attach Form 2106 or 2						$\dashv$			
Income	25	Health savings account dec						-			
moonic	26	Moving expenses. Attach F	*********					-			
	27	Deductible part of self-emp						+			
	28	Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction						+			
	29					+					
	30	Penalty on early withdrawa						+			
	31a	Alimony paid <b>b</b> Recipien						+			
	32	IRA deduction	49		1 00 1			+			
	33	Student loan interest deduc	***********					4			
	34	Tuition and fees. Attach Fo	rm 8917		34			4-			
	35	Domestic production activi						- 1			
410001	36	Add lines 23 through 35						36	$\overline{}$	400	<u> </u>
12-31-14	37	Subtract line 36 from line 2	22. This is your <b>adj</b>	usted gross income				37		402,	<b>0UJ.</b>

Form 1040 (2014)						Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	-		38	402,603.
Credits			ind. Total boxes			
Standard		if: Spouse was born before January 2, 1950, BI	i>			
Deduction for -  People who	h	If your spouse itemizes on a separate return or you were a dual-status al	lien, check here > 39b			
People who check any box on line 39a or	40	Itemized deductions (from Schedule A) or your standard deduction (se	100	40	74,271.	
39b 01 who can be claimed as a	 41	Subtract line 40 from line 38		41	328,332.	
dependent, see instructions.	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the numb			42	3,160.
monucino.	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line			43	325,172.
		Tax. Check if any from: a Form(s) 8814 b Form 4972			44	52,301.
	44			45	18,149.	
All others:	45	Alternative minimum tax. Attach Form 6251			10,149.	
Single or	46	Excess advance premium tax credit repayment. Attach Form 8962			46	70 650
Married filing separately,	47	Add lines 44, 45, and 46			47	70,450.
\$6,200	48	Foreign tax credit. Attach Form 1116 if required		06.		
Married filing jointly or	49	Credit for child and dependent care expenses. Attach Form 2441				
Qualifying widow(er),	50	Education credits from Form 8863, line 19				
\$12,400	51	Retirement savings contributions credit. Attach Form 8880				
Head of household,	52	Child tax credit. Attach Schedule 8812, if required	52			
\$9,100	53	Residential energy credits. Attach Form 5695	53			
	54	Other credits from Form: a 3800 b 8801 c				
	55	Add lines 48 through 54. These are your total credits		L	55	1,706.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0			56	68,744.
	57	Self-employment tax. Attach Schedule SE			57	
Other	58	Unreported social security and Medicare tax from Form: a 4137	<b>b</b> 8919	·····	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form			59	
		Household employment taxes from Schedule H			60a	**************************************
	h	First-time homebuyer credit repayment. Attach Form 5405 if required		·····	60b	
		Health care: Individual responsibility (see instructions)  Full-year			61	
	62	Taxes from: a Form 8959 b X Form 8960 c Inst.; ent	or code(c)		62	5,799.
			3	┰┟	63	74,543.
Payments	63	Add lines 56 through 62. This is your total tax				STATEMENT 9
rayinents		Federal income tax withheld from Forms W-2 and 1099				SIMIEMENI 3
If you have a	65	2014 estimated tax payments and amount applied from 2013 return		<u> </u>		
qualifying		Earned income credit (EIC)				
child, attach Schedule ElC,		Nontaxable combat pay election				
Conedule Elo.	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			
	69		69			
	69	Net premium tax credit. Attach Form 8962	69 70			
	69 70	Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file	69 70			
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	69 70 71 72	Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136	70 71 72 73		74	54,507.
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	69 70 71 72 73 74 75 76 a	Net premium tax credit. Attach Form 8962  Amount paid with request for extension to file  Excess social security and tier 1 RRTA tax withheld  Credit for federal tax on fuels. Attach Form 4136  Credits from Form: a 2439 b Reserved Reserved Add lines 64, 65, 66a, and 67 through 73. These are your total payment if line 74 is more than line 63, subtract line 63 from line 74. This is the a Amount of line 75 you want refunded to you. If Form 8888 is attached,	69 70 71 72 73 ts mount you overpaid check here	<b>b</b>		54,507.
Refund  Direct deposit? See	69 70 71 72 73 74 75 76 a	Net premium tax credit. Attach Form 8962  Amount paid with request for extension to file  Excess social security and tier 1 RRTA tax withheld  Credit for federal tax on fuels. Attach Form 4136  Credits from Form: a 2439 b Reserved Reservedd  Add lines 64, 65, 66a, and 67 through 73. These are your total payment if line 74 is more than line 63, subtract line 63 from line 74. This is the a Amount of line 75 you want refunded to you. If Form 8888 is attached,	69	<b>&gt;</b>	75	54,507.
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