

58.

Department of the Treasury—Internal Revenue Service 1040 U.S. Individual Income Tax Return 2014		(99)	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2014, or other tax year beginning			2014, ending	20
Your first name and initial		Last name		See separate instructions.
ALFRED E		OLD		Your social security number 111-11-1111
If a joint return, spouse's first name and initial		Last name		Spouse's social security number 123-45-6789
BEULAH A		OLD		
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.
211 BRICKSTONE DRIVE				
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).			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	
ATLANTA GA				
Foreign country name		Foreign province/state/country		Foreign postal code
Filing Status				
1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child				
Check only one box.				
Exemptions				
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse			Boxes checked on 6a and 6b 2 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 _____	
c Dependents:			Add numbers on lines above 2	
(1) First name	Last name	(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)
If more than four dependents, see instructions and check here <input type="checkbox"/>				
d Total number of exemptions claimed				
Income				
7 Wages, salaries, tips, etc. Attach Form(s) W-2			7	190,300
8a Taxable interest. Attach Schedule B if required			8a	0
b Tax-exempt interest. Do not include on line 8a			8b	0
9a Ordinary dividends. Attach Schedule B if required			9a	2,500
b Qualified dividends			9b	2,500
10 Taxable refunds, credits, or offsets of state and local income taxes			10	1,900
11 Alimony received			11	
12 Business income or (loss). Attach Schedule C or C-EZ			12	0
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			13	0
14 Other gains or (losses). Attach Form 4797			14	
15a IRA distributions			15a	b Taxable amount
15b Taxable amount			15b	0
16a Pensions and annuities			16a	b Taxable amount
16b Taxable amount			16b	0
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18 Farm income or (loss). Attach Schedule F			18	0
19 Unemployment compensation			19	
20a Social security benefits			20a	b Taxable amount
20b Taxable amount			20b	
21 Other income. List type and amount			21	0
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income			22	194,700
Adjusted Gross Income				
23 Educator expenses			23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ			24	0
25 Health savings account deduction. Attach Form 8889			25	0
26 Moving expenses. Attach Form 3903			26	0
27 Deductible part of self-employment tax. Attach Schedule SE			27	0
28 Self-employed SEP, SIMPLE, and qualified plans			28	0
29 Self-employed health insurance deduction			29	0
30 Penalty on early withdrawal of savings			30	0
31a Alimony paid b Recipient's SSN 123-45-6788			31a	15,000
32 IRA deduction			32	0
33 Student loan interest deduction			33	
34 Tuition and fees. Attach Form 8917			34	
35 Domestic production activities deduction. Attach Form 8903			35	0
36 Add lines 23 through 35			36	15,000
37 Subtract line 36 from line 22. This is your adjusted gross income			37	179,700

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2014)

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Form 1040 (2014) ALFRED E OLD 111-11-1111 Page 2

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

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below [X] No

Sign Here

Joint return? See instructions. Keep a copy for your records.

Table for signatures and identification numbers of preparer and spouse.

Paid Preparer Use Only

Table for paid preparer information including name, signature, date, and firm details.

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SCHEDULE A (Form 1040)		Itemized Deductions		OMB No. 1545-0074		
Department of the Treasury Internal Revenue Service (99)		Information about Schedule A and its separate instructions is at www.irs.gov/schedulea .		2014 Attachment Sequence No. 07		
Name(s) shown on Form 1040 ALFRED E OLD		Attach to Form 1040.				Your social security number 111-11-1111
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1	0			
	2 Enter amount from Form 1040, line 38	2	179,700			
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3	17,970			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0		
Taxes You Paid	5 State and local (check only one box):					
	a. <input checked="" type="checkbox"/> Income taxes, or	5	10,400			
	b. <input type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions)	6	1,450			
	7 Personal property taxes	7	0			
	8 Other taxes. List type and amount	8	0			
	9 Add lines 5 through 8	9			11,850	
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	4,500		
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		11	0			
12 Points not reported to you on Form 1098. See instructions for special rules		12	0			
13 Mortgage insurance premiums (see instructions)		13	0			
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14				
15 Add lines 10 through 14		15			4,500	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,400			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17				
	18 Carryover from prior year	18				
	19 Add lines 16 through 18	19			2,400	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			0	
	Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21	0		
22 Tax preparation fees		22				
23 Other expenses—investment, safe deposit box, etc. List type and amount		23	0			
24 Add lines 21 through 23		24	0			
25 Enter amount from Form 1040, line 38		25	179,700			
26 Multiply line 25 by 2% (.02)		26	3,594			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27			0	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount	28			0	
	Total Itemized Deductions	29 Is Form 1040, line 38, over \$152,525? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		18,750	
30 If you elect to itemize deductions even though they are less than your standard deduction, check here						

KIA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2014

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SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2014

Attachment Sequence No. 08

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040A or 1040. Information about Schedule B and its instructions is a www.irs.gov/scheduleb.

Name(s) shown on return ALFRED E OLD Your social security number 111-11-1111

Part I Interest
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address
(See instructions for Schedule B, and the instructions for Form 1040A, or Form 1040, line 8a.)
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.
2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a
Note: If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends
5 List name of payer
YELLOW CORPORATION
(See instructions for Schedule B, and the instructions for Form 1040A, or Form 1040, line 9a.)
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.
6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a
Note: If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts
7a At any time during 2014, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.
b If you are required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
8 During 2014, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.