

Form 1040

Department of the Treasury Internal Revenue Service (99)

U.S. Individual Income Tax Return 2014

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

See separate instructions.

Your first name and initial

Last name

Your social security number

EDWARD J MARKEY

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.

Apartment 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).

MALDEN, MA 02148

Foreign country name

Foreign province/state/county

Foreign postal code

## 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. ☒ You ☐ Spouse

## Filing Status

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☒ Married filing separately. Enter spouse's SSN above & full name here. ▶ SUSAN J BLUMENTHAL4 ☐ 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. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

## Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.b ☐ Spouse.Boxes checked on 6a and 6b . . . 1  
No. of children on 6c who:

## c Dependents:

(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 or (see instrs)

• lived with you . . .

• did not live with you due to divorce or separation (see instrs) . . .

Dependents on 6c not entered above . . .

Add numbers on lines above . . .

If more than four dependents, see instructions and check here. ▶ ☐

d Total number of exemptions claimed . . . 1

## Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . 7

159,385.

8a Taxable interest. Attach Schedule B if required. . . 8a

15.

b Tax-exempt interest. Do not include on line 8a . . . 8b

9a Ordinary dividends. Attach Schedule B if required . . . 9a

1,237.

b Qualified dividends . . . 9b

332.

10 Taxable refunds, credits, or offsets of state and local income taxes. . . 10

11 Alimony received. . . 11

12 Business income or (loss). Attach Schedule C or C-EZ . . . 12

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. . . 13

2,557.

14 Other gains or (losses). Attach Form 4797. . . 14

15a IRA distributions . . . 15a

b Taxable amount . . . 15b

16a Pensions and annuities. . . 16a

b Taxable amount . . . 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. . . 17

18 Farm income or (loss). Attach Schedule F. . . 18

19 Unemployment compensation. . . 19

20a Social security benefits. . . D 20a

29,728.

b Taxable amount . . . 20b

25,269.

21 Other income . . . 21

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

188,463.

## 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

25 Health savings account deduction. Attach Form 8889 . . . 25

26 Moving expenses. Attach Form 3903 . . . 26

27 Deductible part of self-employment tax. Attach Schedule SE . . . 27

28 Self-employed SEP, SIMPLE, and qualified plans . . . 28

29 Self-employed health insurance deduction . . . 29

30 Penalty on early withdrawal of savings. . . 30

31a Alimony paid b Recipient's SSN. . . 31a

32 IRA deduction. . . 32

33 Student loan interest deduction . . . 33

34 Tuition and fees. Attach Form 8917. . . 34

35 Domestic production activities deduction. Attach Form 8903 . . . 35

36 Add lines 23 through 35 . . . 36

0.

37 Subtract line 36 from line 22. This is your adjusted gross income. . . 37

188,463.



## 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	188,463.
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 1		
	if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here.		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	33,631.
41	Subtract line 40 from line 38	41	154,832.
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instrs.	42	1,659.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	153,173.
44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	37,979.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	2,685.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45 and 46	47	40,664.
48	Foreign tax credit. Attach Form 1116 if required	48	
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 crs from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> 54 0.	54	0.
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	40,664.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	460.
63	Add lines 56-62. This is your total tax	63	41,124.

## Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	36,509.
65	2014 estimated tax payments and amount applied from 2013 return	65	5,000.
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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73	
74	Add lns 64, 65, 66a, & 67-73. These are your total pmts	74	41,509.

## Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	385.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	0.

Direct deposit?  
See instructions.

b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
77	Amount of line 75 you want applied to your 2015 estimated tax	77	385.

## Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
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)? ☒ 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	Daytime phone number
		U.S. SENATOR	
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 instrs)

## 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	Phone no.		

**SCHEDULE A**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
Attach to Form 1040.

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**2014**

Attachment  
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

**EDWARD J MARKEY**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) .....	1			
2	Enter amount from Form 1040, line 38 .....	2			
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			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
<b>Taxes You Paid</b>					
5	State and local (check only one box):	5			
a	<input checked="" type="checkbox"/> Income taxes, or			9,256.	
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) .....	6		7,952.	
7	Personal property taxes .....	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8 .....	9			17,208.
<b>Interest You Paid</b>					
10	Home mtg interest and points reported to you on Form 1098 .....	10		13,101.	
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 number, and address ▶	11			
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		11			
12	Points not reported to you on Form 1098. See instrs for spcl rules .....	12			
13	Mortgage insurance premiums (see instructions) .....	13			
14	Investment interest. Attach Form 4952 if required. (See instrs.) .....	14			
15	Add lines 10 through 14 .....	15			13,101.
<b>Gifts to Charity</b>					
16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs .....	16		4,400.	
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			4,400.
<b>Casualty and Theft Losses</b>					
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	20			0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>					
21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
22	Tax preparation fees .....	22			
23	Other expenses — investment, safe deposit box, etc. List type and amount ▶	23			
24	Add lines 21 through 23 .....	24			
25	Enter amount from Form 1040, line 38 .....	25			
26	Multiply line 25 by 2% (.02) .....	26			
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			0.
<b>Other Miscellaneous Deductions</b>					
28	Other — from list in instructions. List type and amount ▶	28			0.
<b>Total Itemized Deductions</b>					
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.	REDUCTION -1,078.		29	33,631.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here .....				





**SCHEDULE B**  
(Form 1040A or 1040)

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► Attach to Form 1040A or 1040.  
► Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **08**

Name(s) shown on return

EDWARD J MARKEY

Your social security number

**Part I**  
**Interest**

(See  
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.

- 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 the instructions and list this interest first. Also, show that buyer's social security number and address ►

CONGRESSIONAL FEDERAL CREDIT UNION

**Amount**

15.

1

- 2** Add the amounts on line 1..... **2** 15.  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815..... **3**  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a..... **4** 15.

**Note.** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**

**Ordinary  
Dividends**

(See  
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.

- 5** List name of payer ►

FIDELITY INVESTMENTS

1,237.

5

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a..... **6** 1,237.

**Note.** If line 6 is over \$1,500, you must complete Part III.

**Part III**  
**Foreign  
Accounts  
and Trusts**

(See  
instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7 a** 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..... **X**  
If 'Yes,' are you 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.....

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 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..... **X**

Department of the Treasury  
Internal Revenue Service (99)

- Information about Form 3800 and its separate instructions is at [www.irs.gov/form3800](http://www.irs.gov/form3800).  
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

2014

Attachment  
Sequence No. 22

Name(s) shown on return

Identifying number

EDWARD J MARKEY

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
 (See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked.....	1	
2	Passive activity credits from line 2 of all Parts III with box B checked.....	2	
3	Enter the applicable passive activity credits allowed for 2014 (see instructions).....	3	
4	Carryforward of general business credit to 2014. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach: Hybrid Car.....	4	1,820.
5	Carryback of general business credit from 2015. Enter the amount from line 2 of Part III with box D checked (see instructions).....	5	
6	Add lines 1, 3, 4, and 5.....	6	1,820.

**Part II Allowable Credit**

7	Regular tax before credits:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44.....</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return.....</li> <li>Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return.....</li> </ul>	7	37,979.
8	Alternative minimum tax:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 35.....</li> <li>Corporations. Enter the amount from Form 4626, line 14.....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56.....</li> </ul>	8	2,685.
9	Add lines 7 and 8.....	9	40,664.
10a	Foreign tax credit.....	10a	
b	Certain allowable credits (see instructions).....	10b	
c	Add lines 10a and 10b.....	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16.....	11	40,664.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-.....	12	37,979.
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions).....	13	3,245.
14	Tentative minimum tax:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 33.....</li> <li>Corporations. Enter the amount from Form 4626, line 12.....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.....</li> </ul>	14	40,664.
15	Enter the greater of line 13 or line 14.....	15	40,664.
16	Subtract line 15 from line 11. If zero or less, enter -0-.....	16	0.
17	Enter the smaller of line 6 or line 16..... Corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2014)

**Part II Allowable Credit (Continued)**

Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions) .....	18	
19	Enter the greater of line 13 or line 18 .....	19	
20	Subtract line 19 from line 11. If zero or less, enter -0- .....	20	
21	Subtract line 17 from line 20. If zero or less, enter -0- .....	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked .....	22	
23	Passive activity credit from line 3 of all Parts III with box B checked ..... 23		
24	Enter the applicable passive activity credit allowed for 2014 (see instructions) .....	24	
25	Add lines 22 and 24 .....	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 .....	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0- .....	27	37,419.
28	Add lines 17 and 26 .....	28	
29	Subtract line 28 from line 27. If zero or less, enter -0- .....	29	37,419.
30	Enter the general business credit from line 5 of all Parts III with box A checked .....	30	
31	Reserved .....	31	
32	Passive activity credits from line 5 of all Parts III with box B checked ..... 32		
33	Enter the applicable passive activity credits allowed for 2014 (see instructions) .....	33	
34	Carryforward of business credit to 2014. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach .....	34	
35	Carryback of business credit from 2015. Enter the amount from line 5 of Part III with box D checked (see instructions) .....	35	
36	Add lines 30, 33, 34, and 35 .....	36	
37	Enter the smaller of line 29 or line 36 .....	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6 and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: • Individuals. Form 1040, line 54, or Form 1040NR, line 51. .... • Corporations. Form 1120, Schedule J, Part I, line 5c. .... • Estates and trusts. Form 1041, Schedule G, line 2b. ....	38	0.

Form 3800 (2014)



Name(s) shown on return

Identifying number

EDWARD J MARKEY

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

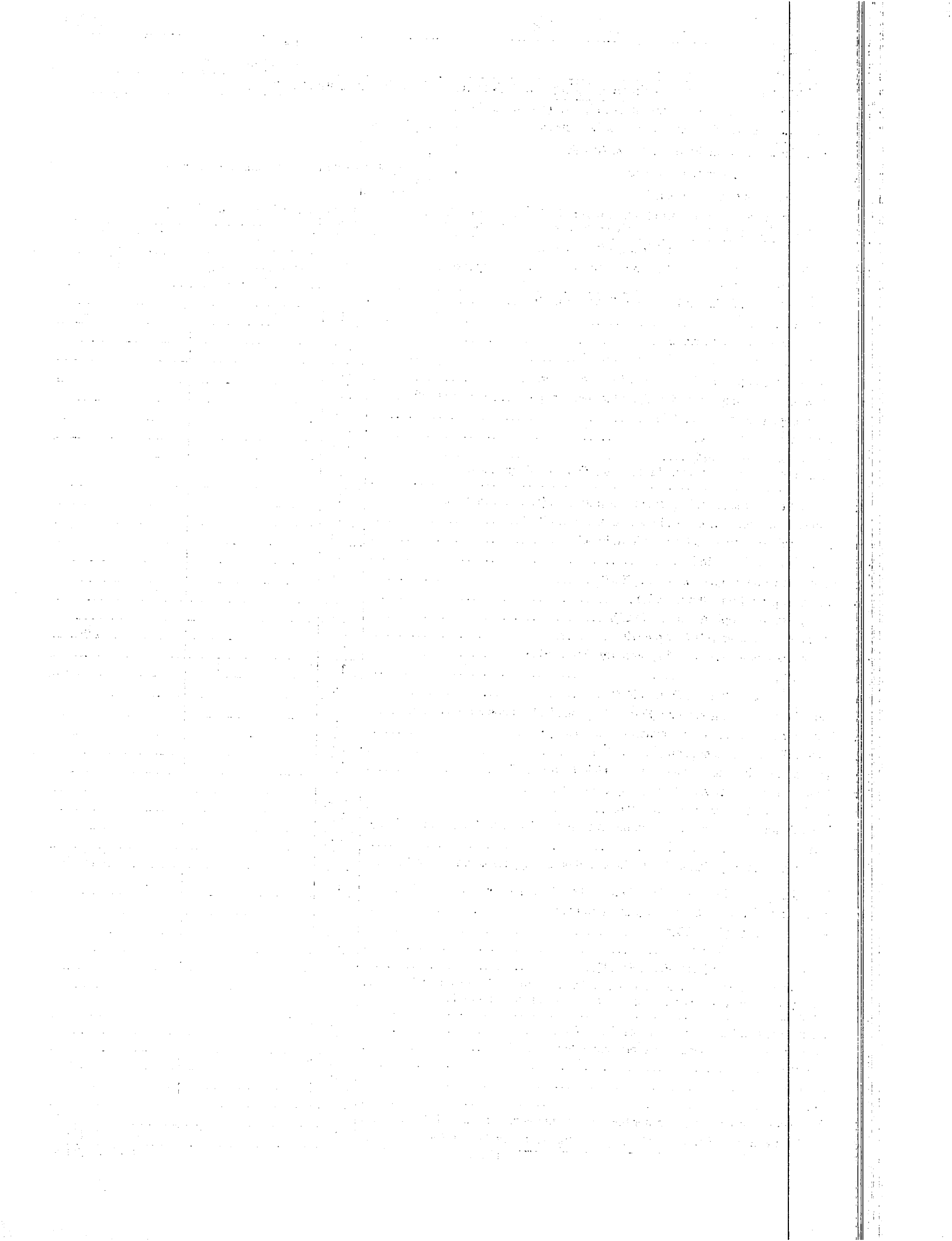
Complete a separate Part III for each box checked below. (see instructions)

- A ☐ General Business Credit From a Non-Passive Activity E ☐ Reserved
- B ☐ General Business Credit From a Passive Activity F ☐ Reserved
- C ☒ General Business Credit Carryforwards G ☐ Eligible Small Business Credit Carryforwards
- D ☐ General Business Credit Carrybacks H ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III. ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>1 a</b> Investment (Form 3468, Part II only) (attach Form 3468) .....	<b>1 a</b>	
<b>b</b> Reserved .....	<b>1 b</b>	
<b>c</b> Increasing research activities (Form 6765) .....	<b>1 c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only) .....	<b>1 d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation) .....	<b>1 e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) .....	<b>1 f</b>	
<b>g</b> Indian employment (Form 8845) .....	<b>1 g</b>	
<b>h</b> Orphan drug (Form 8820) .....	<b>1 h</b>	
<b>i</b> New markets (Form 8874) .....	<b>1 i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation) .....	<b>1 j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) .....	<b>1 k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864) .....	<b>1 l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896) .....	<b>1 m</b>	
<b>n</b> Distilled spirits (Form 8906) .....	<b>1 n</b>	
<b>o</b> Nonconventional source fuel (Form 8907) .....	<b>1 o</b>	
<b>p</b> Energy efficient home (Form 8908) .....	<b>1 p</b>	
<b>q</b> Energy efficient appliance (Form 8909) .....	<b>1 q</b>	
<b>r</b> Alternative motor vehicle (Form 8910) .....	<b>1 r</b>	1,820.
<b>s</b> Alternative fuel vehicle refueling property (Form 8911) .....	<b>1 s</b>	
<b>t</b> Reserved .....	<b>1 t</b>	
<b>u</b> Mine rescue team training (Form 8923) .....	<b>1 u</b>	
<b>v</b> Agricultural chemicals security (Form 8931) (see instructions for limitation) .....	<b>1 v</b>	
<b>w</b> Employer differential wage payments (Form 8932) .....	<b>1 w</b>	
<b>x</b> Carbon dioxide sequestration (Form 8933) .....	<b>1 x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936) .....	<b>1 y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only) .....	<b>1 z</b>	
<b>aa</b> New hire retention (carryforward only) .....	<b>1 aa</b>	
<b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) .....	<b>1 bb</b>	
<b>zz</b> Other .....	<b>1 zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I. ....	<b>2</b>	1,820.
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II. ....	<b>3</b>	
<b>4 a</b> Investment (Form 3468, Part III) (attach Form 3468) .....	<b>4 a</b>	
<b>b</b> Work opportunity (Form 5884) .....	<b>4 b</b>	
<b>c</b> Biofuel producer (Form 6478) .....	<b>4 c</b>	
<b>d</b> Low-income housing (Form 8586, Part II) .....	<b>4 d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) .....	<b>4 e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846) .....	<b>4 f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900) .....	<b>4 g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941) .....	<b>4 h</b>	
<b>i</b> Reserved .....	<b>4 i</b>	
<b>j</b> Reserved .....	<b>4 j</b>	
<b>z</b> Other .....	<b>4 z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II. ....	<b>5</b>	0.
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II. ....	<b>6</b>	1,820.





## Alternative Minimum Tax — Individuals

Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).  
 Attach to Form 1040 or Form 1040NR.

2014

Attachment  
Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

EDWARD J MARKEY

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	154,832.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	17,208.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$152,525 or less, enter -0-. Otherwise, see instructions	6	-1,078.
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$242,450, see instructions.)	28	170,962.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2014, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ... Single or head of household ..... \$117,300 ..... \$52,800 Married filing jointly or qualifying widow(er) ..... 156,500 ..... 82,100 Married filing separately ..... 78,250 ..... 41,050 If line 28 is over the amount shown above for your filing status, see instructions.	29	17,872.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	153,090.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	31	40,664.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	40,664.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 45. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	37,979.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	2,685.

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31.	36	153,090.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	37	2,889.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	39	2,889.
40	Enter the smaller of line 36 or line 39.	40	2,889.
41	Subtract line 40 from line 36.	41	150,201.
42	If line 41 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	42	40,231.
43	Enter: • \$73,800 if married filing jointly or qualifying widow(er), • \$36,900 if single or married filing separately, or • \$49,400 if head of household.	43	36,900.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	44	150,284.
45	Subtract line 44 from line 43. If zero or less, enter -0-.	45	0.
46	Enter the smaller of line 36 or line 37.	46	2,889.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%.	47	
48	Subtract line 47 from line 46.	48	2,889.
49	Enter: • \$406,750 if single • \$228,800 if married filing separately • \$457,600 if married filing jointly or qualifying widow(er) • \$432,200 if head of household.	49	228,800.
50	Enter the amount from line 45.	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	51	150,284.
52	Add line 50 and line 51.	52	150,284.
53	Subtract line 52 from line 49. If zero or less, enter -0-.	53	78,516.
54	Enter the smaller of line 48 or line 53.	54	2,889.
55	Multiply line 54 by 15% (.15).	55	433.
56	Add lines 47 and 54. If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	56	2,889.
57	Subtract line 56 from line 46.	57	
58	Multiply line 57 by 20% (.20). If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	58	
59	Add lines 41, 56, and 57.	59	
60	Subtract line 59 from line 36.	60	
61	Multiply line 60 by 25% (.25).	61	
62	Add lines 42, 55, 58, and 61.	62	40,664.
63	If line 36 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	63	41,040.
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31.	64	40,664.



**Additional Medicare Tax**

- If any line does not apply to you, leave it blank. See separate instructions.  
 ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.  
 ► Information about Form 8959 and its instructions is at [www.irs.gov/form8959](http://www.irs.gov/form8959).

**2014**Attachment  
Sequence No. **71**

Name(s) shown on return

**EDWARD J MARKEY**

Your social security number

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5...	1	160,801.	
2	Unreported tips from Form 4137, line 6.	2		
3	Wages from Form 8919, line 6.	3		
4	Add lines 1 through 3.	4	160,801.	
5	Enter the following amount for your filing status: Married filing jointly..... \$250,000 Married filing separately..... \$125,000 Single, Head of household, or Qualifying widow(er) ... \$200,000	5	125,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-.	6		35,801.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II.	7		322.

**Part II Additional Medicare Tax on Self-Employment Income**

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly..... \$250,000 Married filing separately..... \$125,000 Single, Head of household, or Qualifying widow(er) ... \$200,000	9		
10	Enter the amount from line 4.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-.	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-.	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III.	13		

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions).	14		
15	Enter the following amount for your filing status: Married filing jointly..... \$250,000 Married filing separately..... \$125,000 Single, Head of household, or Qualifying widow(er) ... \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-.	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV.	17		

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V.	18		322.
----	---------------------------------------------------------------------------------------------------------------------------------------------------------	----	--	------

**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6.	19	2,332.	
20	Enter the amount from line 1.	20	160,801.	
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages.	21	2,332.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.	22		
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions).	24		



Net Investment Income Tax —  
Individuals, Estates, and Trusts

▶ Attach to your tax return.

▶ Information about Form 8960 and its separate instructions is at [www.irs.gov/form8960](http://www.irs.gov/form8960).

Name(s) shown on your tax return

EDWARD J MARKEY

Your social security number or EIN

**Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	15.
2	Ordinary dividends (see instructions)	2	1,237.
3	Annuities (see instructions)	3	
4 a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4 a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4 b	
c	Combine lines 4a and 4b.	4 c	
5 a	Net gain or loss from disposition of property (see instructions)	5 a	2,557.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5 b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5 c	
d	Combine lines 5a through 5c	5 d	2,557.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.	8	3,809.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9 a	Investment interest expenses (see instructions)	9 a	
b	State, local, and foreign income tax (see instructions)	9 b	187.
c	Miscellaneous investment expenses (see instructions)	9 c	
d	Add lines 9a, 9b, and 9c	9 d	187.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10.	11	187.

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-.	12	3,622.
<b>Individuals:</b>			
13	Modified adjusted gross income (see instructions)	13	188,463.
14	Threshold based on filing status (see instructions)	14	125,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-.	15	63,463.
16	Enter the smaller of line 12 or line 15.	16	3,622.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions).	17	138.
<b>Estates and Trusts:</b>			
18 a	Net investment income (line 12 above)	18 a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18 b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-.	18 c	
19 a	Adjusted gross income (see instructions)	19 a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19 b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-.	19 c	
20	Enter the smaller of line 18c or line 19c.	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions).	21	



► Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041.  
► Information about Form 8948 and its instructions is available at [www.irs.gov/form8948](http://www.irs.gov/form8948).

Name(s) on tax return

EDWARD J MARKEY

Preparer's name \_\_\_\_\_

Tax year of return

2014

Taxpayer's identifying number

Preparer Tax Identification Number (PTIN)

Three out of four taxpayers now use IRS e-file. Go to [www.irs.gov/efile](http://www.irs.gov/efile) for details on using IRS e-file. The benefits of electronic filing include the following:

- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

- 1 ☒ Taxpayer chose to file this return on paper.

- 2 ☐ The preparer received a waiver from the requirement to electronically file the tax return.

Waiver Reference Number \_\_\_\_\_ Approval Letter Date \_\_\_\_\_

- 3** ☐ The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.

- 4 ☐ This return was rejected by IRS e-file and the reject condition could not be resolved.

Reject code: \_\_\_\_\_ Number of attempts to resolve reject: \_\_\_\_\_

- 5 ☐ The preparer's e-file software package does not support Form \_\_\_\_\_ or Schedule \_\_\_\_\_ attached to this return.

- 6 Check the box that applies and provide additional information if requested.

- a ☐ The preparer is ineligible to file electronically because IRS *e-file* does not accept foreign preparers without social security numbers who live and work abroad.

- b
- ☐
- The preparer is ineligible to participate in IRS e-file

- c ☐ Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

2014

## FEDERAL STATEMENTS

PAGE 1

CLIENT MARKEY

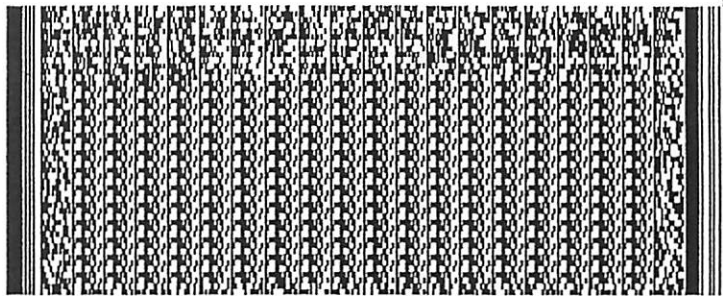
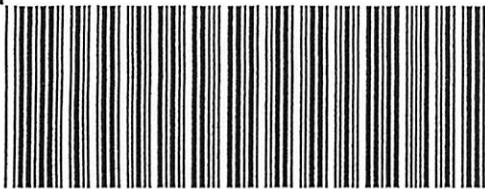
EDWARD J MARKEY

4/02/15

04:58PM

STATEMENT 1  
FORM 1040  
WAGE SCHEDULE

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
UNITED STATES SENATE	<u>159,385.</u>	<u>29,076.</u>	<u>7,254.</u>	<u>2,332.</u>	<u>8,002.</u>	<u>0.</u>
GRAND TOTAL	<u>159,385.</u>	<u>29,076.</u>	<u>7,254.</u>	<u>2,332.</u>	<u>8,002.</u>	<u>0.</u>



2014 Form 1 MA1400111032

Massachusetts Resident Income Tax Return  
FOR FULL YEAR RESIDENTS ONLY

For the year January 1 — December 31, 2014 or other taxable

Year beginning

Ending

EDWARD

J MARKEY

MALDEN

MA 02148

Apt. no.

State Election Campaign Fund:

Check if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle

Taxpayer deceased

Check if under age 18

☒ \$1 You      \$1 Spouse      TOTAL ▶ 1  
▶ You ▶ Spouse  
▶ You ▶ Spouse  
▶ You ▶ Spouse  
▶ Name/address changed since 2013  
▶ Check if noncustodial parent  
▶ Check if filing Schedule TDS

Federal adjusted gross income ▶ 188463

1 Filing status (select one only): ▶

Single

Married filing jointly

☒ Married filing separate return

Head of household ▶

You are a custodial parent who has released claim to exemption for child(ren)

2 Exemptions:

a Personal exemptions

2a

4400

b No. of dependents. (Do not include yourself or your spouse.) Enter no. ▶

x \$1,000 = 2b

c Age 65 or over before 2015 1 You + Spouse =

▶ 1

x \$700 = 2c

700

d Blindness You + Spouse =

x \$2,200 = 2d

e 1 Medical/dental ▶ 2 Adoption ▶

1 + 2 = 2e

f Total exemptions. Add lines 2a through 2e. Enter here and on line 18

▶ 2f

5100

3 Wages, salaries, tips

▶ 3

159385

4 Taxable pensions and annuities

▶ 4

5 Mass. bank interest: a ▶

- b exemption

= 5

6 Business/profession or farm income or loss

▶ 6

7 Rental, royalty and REMIC, partnership, S corp., trust income/loss

▶ 7

8a Unemployment

▶ 8a

8b Mass. lottery winnings

▶ 8b

9 Other income from Schedule X, line 5

▶ 9

10 TOTAL 5.2% INCOME

10

159385

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

Spouse's signature

Date

May the Department of Revenue discuss this return with the preparer shown here?

▶ ☒ Yes

I do not want preparer to file my return electronically

▶ ☒ (this may delay your refund)

Print paid preparer's name

Date

Check if self-employed

Paid preparer's SSN

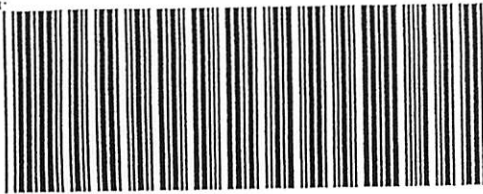
Paid preparer's signature

Paid preparer's phone

Paid preparer's EIN

040915 103226 A

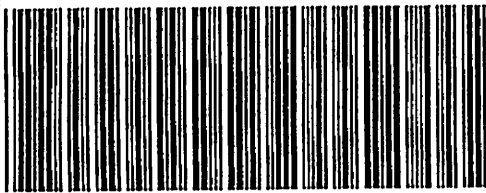




**2014 Form 1, pg. 2**    **MA1400121032**  
Massachusetts Resident Income Tax Return

11 a	Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11a	2000
11 b	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11b	
12	Child under age 13, or disabled dependent/spouse care expenses	▶ 12	
13	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/14, or disabled dependent(s)		
	Not more than two. a ▶	x \$3,600 = ▶ 13	
14	Rental deduction. a ▶	+ 2 = ▶ 14	
15	Other deductions from Schedule Y, line 17	▶ 15	
16	Total deductions. Add lines 11 through 15	▶ 16	2000
17	5.2% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than '0'	17	157385
18	Exemption amount	18	5100
19	5.2% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than '0'	19	152285
20	INTEREST AND DIVIDEND INCOME	▶ 20	1252
21	TOTAL TAXABLE 5.2% INCOME. Add lines 19 and 20	21	153537
22	TAX ON 5.2% INCOME. Note: If choosing the optional 5.85% tax rate, check and multiply line 21 and the amount in Schedule D, line 21 by .0585 ▶	22	7984
23	12% INCOME. Not less than '0' a ▶	x .12 = 23	
24	TAX ON LONG-TERM CAPITAL GAINS. Not less than '0'. Check if filing Schedule D-IS ▶ Check if any excess exemptions were used in calculating lines 20, 23 or 24 ▶	▶ 24	133
25	Credit recapture amount ▶ BC EOA LIH HR	▶ 25	
26	Additional tax on installment sale	▶ 26	
27	If you qualify for No Tax Status, check here and enter '0' on line 28 ▶		
28	TOTAL INCOME TAX. Add lines 22 through 26	28	8117
29	Limited Income Credit	▶ 29	
30	Other credits from Schedule Z, line 14	▶ 30	
31	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 and 30 from line 28. Not less than '0'	31	8117

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



**2014 Form 1, pg. 3**    **MA1400131032**  
**Massachusetts Resident Income Tax Return**

**32 Voluntary Contributions**

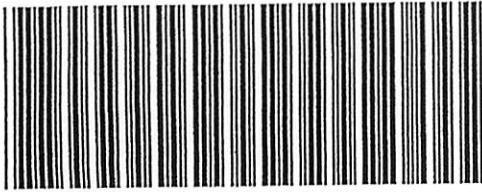
a Endangered Wildlife Conservation	▶ 32a	10
b Organ Transplant Fund	▶ 32b	10
c Massachusetts AIDS Fund	▶ 32c	10
d Massachusetts U.S. Olympic Fund	▶ 32d	10
e Massachusetts Military Family Relief Fund	▶ 32e	10
f Homeless Animal Prevention and Care	▶ 32f	10
Total. Add lines 32a through 32f	32	60
33 Use tax due on Internet, mail order and other out-of-state purchases	▶ 33	
34 Health care penalty a You ▶ + b Spouse ▶ - c Fed. health care penalty ▶	34	
35 <b>INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 31 through 34	35	8177
36 Massachusetts income tax withheld	▶ 36	8002
37 2013 overpayment applied to your 2014 estimated tax	▶ 37	
38 2014 Massachusetts estimated tax payments	▶ 38	1350
39 Payments made with extension	▶ 39	
40 Earned Income Credit. a Number of qualifying children ▶ Amount from U.S. return ▶ x .15 =	▶ 40	
41 Senior Circuit Breaker Credit	▶ 41	
42 Other Refundable Credits	▶ 42	
43 <b>TOTAL.</b> Add lines 36 through 42	43	9352
44 <b>Overpayment.</b> Subtract line 35 from line 43	▶ 44	1175
45 Amount of overpayment you want applied to your 2015 estimated tax	▶ 45	1175
46 <b>Refund.</b> Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	▶ 46	

Direct deposit of refund. Type of account ▶ checking  
savings  
RTN # ▶ account # ▶

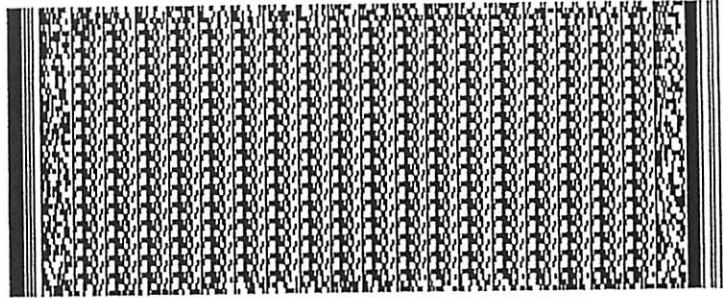
47 Tax due. Pay online at [www.mass.gov/dor/payonline](http://www.mass.gov/dor/payonline). Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204 ▶ 47  
Interest ▶ Penalty ▶ M-2210 amt. ▶

EX enclose  
Form M-2210

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1**



2014 Schedule B MA1401011032



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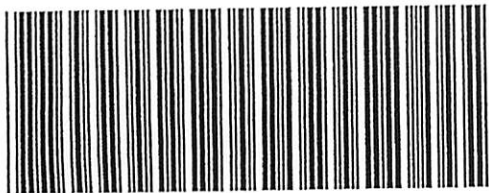
**Part 1. Interest and Dividend Income**

1	Total interest income	1	15
2	Total ordinary dividends	2	1237
3	Other interest and dividends not included above	3	
4	Total interest and dividends	4	1252
5	Total interest from Massachusetts banks	5	
6	Other interest and dividends to be excluded	6	
7	Subtotal	7	1252
8	Allowable deductions from your trade or business	8	
9	Subtotal	9	1252

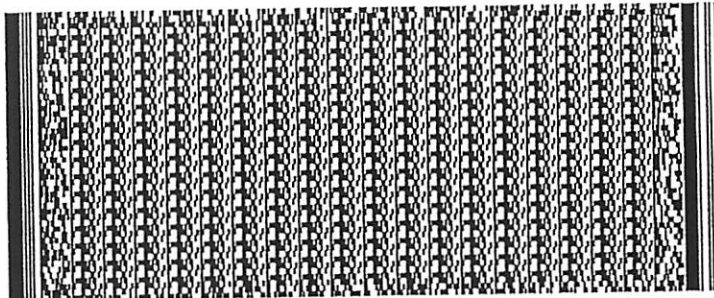
**Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles**

10	Short-term capital gains	10	
11	Long-term capital gains on collectibles and pre-1996 installment sales	11	
12	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13	Add lines 10 through 12	13	
14	Allowable deductions from your trade or business	14	
15	Subtotal	15	
16	Short-term capital losses	16	
17	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18	Prior short-term unused losses for years beginning after 1981	18	
19	Combine lines 15 through 18	19	
20	Short-term losses applied against interest and dividends	20	





2014 Schedule B, page 2  
MA1401021032



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21	Available short-term losses	21
22	Short-term losses applied against long-term gains	22
23	Short-term losses available for carryover in 2015	23
24	Short-term gains and long-term gains on collectibles	24
25	Long-term losses applied against short-term gain	25
26	Subtotal	26
27	Long-term gains deduction	27
28	Short-term gains after long-term gains deduction	28

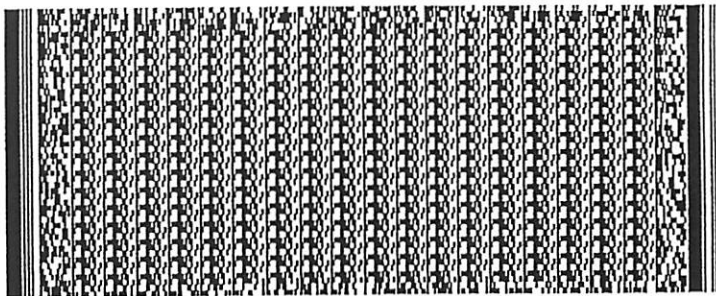
**Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles**

29	Enter the amount from line 9	29
30	Short-term losses applied against interest and dividends	30
31	Subtotal interest and dividends	31
32	Long-term losses applied against interest and dividends	32
33	Adjusted interest and dividends	33
34	Enter the amount from line 28	34

**Part 4. Taxable Interest, Dividends and Certain Capital Gains**

35	Adjusted gross interest, dividends and certain capital gains	▶ 35
36	Excess exemptions	36
37	Subtract line 36 from line 35	37
38	Interest and dividends taxable at 5.2%	▶ 38
39	Taxable 12% capital gains	▶ 39
40	Available short-term losses for carryover in 2015	40

1252



**2014 Schedule D**    MA1401211032

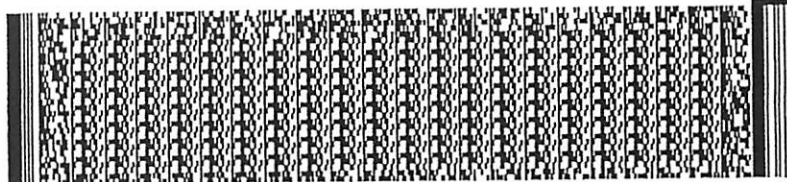
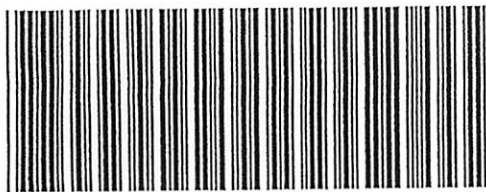
Long-Term Capital Gains and Losses  
Excluding Collectibles

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**Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles**

1	Enter amounts included in U.S. Schedule D, lines 8a and 8b, column h	1	
2	Enter amounts included in U.S. Schedule D, line 9, column h	2	
3	Enter amounts included in U.S. Schedule D, line 10, column h	3	
4	Enter amounts included in U.S. Schedule D, line 11, column h	4	
5	Enter amounts included in U.S. Schedule D, line 12, column h	5	
6	Enter amounts included in U.S. Schedule D, line 13, column h	6	2557
7	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8	Carryover losses from prior years	8	
9	Combine lines 1 through 8	9	2557
10	Differences, if any	10	
11	Adjusted capital gains and losses	11	2557
12	Long-term gains on collectibles and pre-1996 installment sales	12	
13	Subtotal	13	2557
14	Capital losses applied against capital gains	14	
15	Subtotal	15	2557
16	Long-term capital losses applied against interest and dividends	16	
17	Subtotal	17	2557
18	Allowable deductions from your trade or business	18	
19	Subtotal	▶ 19	2557
20	Excess exemptions	20	
21	Taxable long-term capital gains	▶ 21	2557
22	Tax on long-term capital gains	▶ 22	133
23	Available losses for carryover	23	


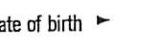


2014 Schedule HC MA1402911032

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

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1 a Date of birth  1 b Spouse's date of birth  1 c Family size **2**  
2 Federal adjusted gross income **2** **188463**

- 3 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Commonwealth Care, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2014, you turned 18, you were a part-year resident or a taxpayer was deceased.


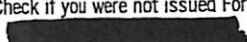
3 a You:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None
3 b Spouse:	<input type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None

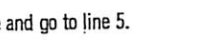
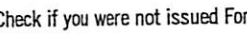
If you checked full-year or part-year MCC, go to line 4. If you checked No MCC/None, go to line 6.

- 4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2014, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, check line(s) 4f and/or 4g and see instructions. Check if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4 a Private insurance (completes line(s) 4f and/or 4g below). If more than two, complete Schedule HC-CS	<input checked="" type="checkbox"/> You	Spouse
4 b MassHealth, Commonwealth Care or ConnectorCare. Check and go to line 5	<input type="checkbox"/> You	Spouse
4 c Medicare (including a replacement or supplemental plan). Check and go to line 5	<input type="checkbox"/> You	Spouse
4 d U.S. Military (including Veterans Administration and Tri-Care). Check and go to line 5	<input type="checkbox"/> You	Spouse
4 e Other government program (enter the program name(s) only in lines 4f and/or 4g below).	<input type="checkbox"/> You	Spouse

**Note:** Health Safety Net is not considered insurance or minimum creditable coverage.

4 f Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.  Check if you were not issued Form MA 1099-HC.   
**GROUP HOSP AND MEDICAL SERVICES**

4 g Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.  Check if you were not issued Form MA 1099-HC. 

- 5 If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth or Commonwealth Care, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2014, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2014  
Massachusetts  
Department of  
Revenue

1. Name of insurance company or administrator  
Group Hospitalization and Medical Services, Inc.

2. FID number of insurance co. or administrator

3. Name of subscriber  
EDWARD MARKEY

4. Date of birth

5. Subscriber number

6. Address  
MALDEN MA 02148

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☒ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

a. Name of dependent

Date of birth

Subscriber number

SUSAN BLUMENTHAL

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☒ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

b. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

c. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

d. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

e. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

f. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

g. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

h. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

i. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Corrected:

☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

j. Name of dependent

Date of birth

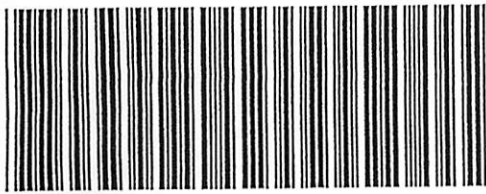
Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

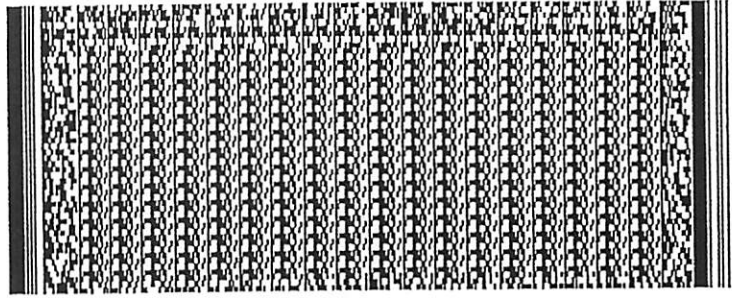
Corrected:

☐ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec





2014 Schedule INC MA14INC11032



EDWARD

J MARKEY



Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SOCIAL SECURITY WITHHELD	E. SPOUSE SOCIAL SECURITY WITHHELD	F. SOURCE OF WITHHOLDING
53-6002558	8002	159385	9586		W2
53-0227896		15			1099INT
04-3523567		1237			1099DIV

TOTALS	8002	160637	9586		
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