

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning , 2013, ending , 20

See separate instructions.

Your first name and initial: **RICHARD T** Last name: **CALDERWOOD** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **DENISE L** Last name: **CALDERWOOD** Spouse's social security number: [REDACTED]

Home address (number and street): **44 BUTTERMILL DR** Apt. no.:

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): **PALM COAST FL 32137**

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 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). (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

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Add numbers on lines above ▶ **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	32,268
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
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	(2,171)
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
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	4,013
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	(3,516)
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	15,531
b	Taxable amount	20b	3,180
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	33,774

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	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	33,774

	38	Amount from line 37 (adjusted gross income)	38	33,774
Tax and Credits	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1949, if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 1		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here . . . ▶ 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,400
	41	Subtract line 40 from line 38	41	20,374
	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	7,800
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	12,574
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,258
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	1,258
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54	Add lines 47 through 53. These are your total credits	54		
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	1,258	
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	500
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60		
61	Add lines 55 through 60. This is your total tax	61	1,758	
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	1,731
	63	2013 estimated tax payments and amount applied from 2012 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election . . . 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8853, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71		
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	1,731	
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	
	b	Routing number	▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number			
75	Amount of line 73 you want applied to your 2014 estimated tax . . . ▶ 75	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	27
	77	Estimated tax penalty (see instructions)	77	

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

Third Party Designee
Designee's name ▶ MARY M LANGHAUSER CPA Phone no. ▶ 386-446-3570 Personal identification number (PIN) ▶ 21314

Sign Here
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.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	80312	03-18-2014		413-325-3705
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)
	61514	03-18-2014		

Preparer's signature: Mary M Langhauser Date: 03-20-2014 Check if self-employed PTIN: P00021314

Paid Preparer Use Only

Print/Type preparer's name: Mary M Langhauser
 Firm's name: Mary M Langhauser CPA
 Firm's address: 35 Barkwood Lane, Palm Coast, FL 32137
 Firm's EIN: 20-1675128
 Phone no.: 386-446-3570

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2013

Attachment Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor
DENISE L CALDERWOOD

A Principal business or profession, including product or service (see instructions)
NON PROFIT CONSULT

C Business name. If no separate business name, leave blank.
DC CONSULTING

E Business address (including suite or room no.) ▶ **44 BUTTERMILL DR**
City, town or post office, state, and ZIP code **PALM COAST FL 32137**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2013, check here Yes No

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Social security number (SSN) **[REDACTED]**

B Enter code from instructions ▶ **541990**

D Employer ID number (EIN), (see Instr.)

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	1,500
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	1,500
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	1,500
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	1,500

Part II Expenses

Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	365
9	Car and truck expenses (see instructions)	9	2,053	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20b	
12	Depletion	12			b Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	5
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest:			24	Travel, meals, and entertainment:	24a	
	a Mortgage (paid to banks, etc.)	16a			a Travel	24b	
	b Other	16b			b Deductible meals and entertainment (see instructions)	25	
17	Legal and professional services	17	115	25	Utilities	26	
				26	Wages (less employment credits)	27a	1,048
				27a	Other expenses (from line 48)	27b	
				27b	Reserved for future use		

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	3,586
29	Tentative profit or (loss). Subtract line 28 from line 7	29	(2,086)

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

30		30	85
31	Net profit or (loss). Subtract line 30 from line 29.	31	(2,171)

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2013

Name(s)

SSN

DENISE L CALDERWOOD



Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) 03-01-2011

44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:
 a Business 3,634 b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47 a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CELL	958
DUES	90

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48 Total other expenses. Enter here and on line 27a 1,048

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2013

Attachment Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

Your social security number

RICHARD T & DENISE L CALDERWOOD

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	211 HARRIS HILL RD FULTON NY 13069				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10	50		
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	3,466		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	3,516		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	(3,516)		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(3,516)		
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d		3,466	
e Total of all amounts reported on line 20 for all properties	23e		3,516	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(3,516)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			(3,516)

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2013

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Expenses for Business Use of Your Home

Department of the Treasury
Internal Revenue Service (99)

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

2013

Attachment
Sequence No. **176**

Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.

Name(s) of proprietor(s)

Your social security number

DENISE L CALDERWOOD

Part I Part of Your Home Used for Business

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	120
2 Total area of home	2	1,600
3 Divide line 1 by line 2. Enter the result as a percentage	3	7.50%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.		
4 Multiply days used for daycare during year by hours used per day	4	hr.
5 Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	6	
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶	7	7.50%

Part II Figure Your Allowable Deduction

8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	(2,086)
See instructions for columns (a) and (b) before completing lines 9-21.		
9 Casualty losses (see instructions)	9	
10 Deductible mortgage interest (see instructions)	10	
11 Real estate taxes (see instructions)	11	1,138
12 Add lines 9, 10, and 11	12	1,138
13 Multiply line 12, column (b) by line 7	13	85
14 Add line 12, column (a) and line 13	14	85
15 Subtract line 14 from line 8. If zero or less, enter -0-	15	
16 Excess mortgage interest (see instructions)	16	
17 Insurance	17	1,151
18 Rent	18	
19 Repairs and maintenance	19	
20 Utilities	20	2,206
21 Other expenses (see instructions)	21	
22 Add lines 16 through 21	22	3,357
23 Multiply line 22, column (b) by line 7	23	252
24 Carryover of operating expenses from 2012 Form 8829, line 42	24	297
25 Add line 22, column (a), line 23, and line 24	25	549
26 Allowable operating expenses. Enter the smaller of line 15 or line 25	26	
27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	
28 Excess casualty losses (see instructions)	28	
29 Depreciation of your home from line 41 below	29	
30 Carryover of excess casualty losses & depreciation from 2012 Form 8829, line 43	30	
31 Add lines 28 through 30	31	
32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33 Add lines 14, 26, and 32	33	85
34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶	35	85

Part III Depreciation of Your Home

36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37 Value of land included on line 36	37	
38 Basis of building. Subtract line 37 from line 36	38	
39 Business basis of building. Multiply line 38 by line 7	39	
40 Depreciation percentage (see instructions)	40	%
41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

Part IV Carryover of Unallowed Expenses to 2014

42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	549
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return

Your social security number

RICHARD T & DENISE L CALDERWOOD

You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$29,500 (\$44,250 if head of household; \$59,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1996, (b) is claimed as a dependent on someone else's 2013 tax return, or (c) was a student (see instructions).

CAUTION!

- Traditional and Roth IRA contributions for 2013. Do not include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2013 (see instructions)
- Add lines 1 and 2
- Certain distributions received after 2010 and before the due date (including extensions) of your 2013 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the smaller of line 5 or \$2,000
- Add the amounts on line 6. If zero, stop; you cannot take this credit
- Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- Enter the applicable decimal amount shown below:

	(a) You	(b) Your spouse
1		
2		352
3		352
4	12,137	12,137
5		
6		
7		7
8		

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
---	\$17,750	.5	.5	.5
\$17,750	\$19,250	.5	.5	.2
\$19,250	\$26,625	.5	.5	.1
\$26,625	\$28,875	.5	.2	.1
\$28,875	\$29,500	.5	.1	.1
\$29,500	\$35,500	.5	.1	.0
\$35,500	\$38,500	.2	.1	.0
\$38,500	\$44,250	.1	.1	.0
\$44,250	\$59,000	.1	.0	.0
\$59,000		.0	.0	.0

Note: If line 9 is zero, stop; you cannot take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability: Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Form 1040, line 50; Form 1040A, line 32; or Form 1040NR, line 47

9	X.
10	
11	
12	

*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

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Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

Name(s) shown on your income tax return

RICHARD T & DENISE L CALDERWOOD

Identifying number

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	GOODWILL JACKSONVILLE, FL 32205	<input type="checkbox"/>	CLOTHES FURNITURE SM ELECTRONICS, FOOD (USED)
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (yr/mo.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	05-12-2013	VARIOUS	PURCHASE	685	685	THRIFT STORE
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest. If Part II applies to more than one property, attach a separate statement. ▶ _____
- 2b Total amount claimed as a deduction for the property listed in Part I:
 - (1) For this tax year ▶ _____
 - (2) For any prior tax years ▶ _____
- 2c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee) _____

Address (number, street, and room or suite no.) _____

City or town, state, and ZIP code _____
- 2d For tangible property, enter the place where the property is located or kept ▶ _____
- 2e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

- 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?
- 3b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?
- 3c Is there a restriction limiting the donated property for a particular use?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records.

2013

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) ▶ **00-598799-002454**

Taxpayer's name RICHARD T CALDERWOOD	Social security number [REDACTED]
Spouse's name DENISE L CALDERWOOD	Spouse's social security number [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2013 (Whole Dollars Only)				
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	33,774	
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	1,758	
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	1,731	
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 13a)	4		
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	27	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize Mary M Langhauser CPA to enter or generate my PIN 80312
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize Mary M Langhauser CPA to enter or generate my PIN 61514
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 598799-52729
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Mary M Langhauser Date ▶ 03-20-2014

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Depreciation Detail Listing

RENTAL HOUSE
For your records only

2013
PAGE 1

Name(s) as shown on return ✓
RICHARD T & DENISE L CALDERWOOD Social security number / EIN

* = Item was disposed of during current year.

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
1	RESIDENTIAL HOME	20060101	101,500	8,000	100.00		93,500
2	Stove	20070601	374		100.00		374
3	Carpet	20070305	1,491		100.00		1,491
4	CARPET	20090501	275		100.00		137
5	GARAGE DOOR	20090501	735		100.00		367
6	STOVE	20090501	289		100.00		144
Totals			104,664	8,000			96,013

Land Amount =

Net Depreciable Cost = 104,664

No.	Life	Method	Rate	Prior exp.	Accum. dep.	Current	Bonus depreciation	AMT Current
1	27.5	SL MM	3.636		27,058	3,400		3,400
2	5		0		374			
3	5		0		1,491			
4	5	200 DB HY	11.52		267	16PY	138	16
5	7	200 DB HY	8.93		653	33PY	368	33
6	5	200 DB HY	11.52		282	17PY	145	17
Totals					30,125	3,466		3,466

ST. ADJ:

(65)

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Depreciation Detail Listing

STATE RENTAL HOUSE

For your records only

2013

PAGE 1

Name(s) as shown on return RICHARD T & DENISE L CALDERWOOD	Social security number / EIN [REDACTED]
---	--

* = Item was disposed of during current year.

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
1	RESIDENTIAL HOME	20060101	101,500	8,000	100.00	0	101,500
2	Stove	20070601	374		100.00		374
3	Carpet	20070305	1,491		100.00		1,491
4	CARPET	20090501	275		100.00	0	275
5	GARAGE DOOR	20090501	735		100.00	0	735
6	STOVE	20090501	289		100.00	0	289
Totals			104,664	8,000		0	104,664

Land Amount =

Net Depreciable Cost = 104,664

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
1	27.5	SL MM	3.636	0	27,058	3,400		
2	5		0		374			
3	5		0		1,491			
4	5	200 DB HY	11.52	0	260	32		
5	7	200 DB HY	8.93	0	572	66		
6	5	200 DB HY	11.52	0	271	33		
Totals				0	30,026	3,531		

COPY

**TAX RETURN COMPARISON
2011 / 2012 /2013**

2013

Name(s) as shown on return
RICHARD T & DENISE L CALDERWOOD

Identifying number
[REDACTED]

	2011	2012	2013	Difference 2012-2013
Filing Status	2	2	2	
Number of Exemptions	2	2	2	
Income				
Wages, salaries, tips, etc.	10,938	28,690	32,268	3,578
Taxable interest and dividends	19			
Taxable state and local refunds	302			
Alimony				
Business income (loss)	(5,438)	(1,486)	(2,171)	(685)
Gains (losses)				
Pensions and IRA distributions	56,684	4,013	4,013	
Rent and royalty income (loss)	(4,852)	(209)	(3,516)	(3,307)
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation	32,292	9,315		(9,315)
Total SS benefits received	14,987	15,582	15,531	(51)
Taxable SS benefits	12,739	9,497	3,180	(6,317)
Other income (loss)				
Total Income	102,684	49,820	33,774	(16,046)
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	102,684	49,820	33,774	(16,046)
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions	11,600	13,050	13,400	350
Total Itemized or Standard Ded	11,600	13,050	13,400	350
Exemption Amount	7,400	7,600	7,800	200
Tax and Credits				
Taxable Income	83,684	29,170	12,574	(16,596)
Tax	13,169	3,506	1,258	(2,248)
Credits				
Self-employment tax				
Other taxes	500	500	500	
Total Tax	13,669	4,006	1,758	(2,248)
Payments				
Withholdings	469	1,438	1,731	293
Estimated tax payments				
Earned income credit				
Other payments and credits				
Overpayment				
Overpayment Applied				
Refund				
Balance Due	13,358	2,602	27	(2,575)
Resident State	PY	FL		
Taxable income				
Tax				
Refund				
Balance Due				
Marginal tax rate	25.00	15.00	10.00	(5.00)
Effective tax rate	16.00	12.00	10.00	(2.00)

New York Return Summary
(Keep for your records)

2013

Your Name RICHARD T CALDERWOOD	Your social security number ██████████
Spouse's Name DENISE L CALDERWOOD	Spouse's social security number ██████████
Mailing address 44 BUTTERMILL DR	Apartment number _____
City State Zip PALM COAST FL 32137	Daytime Phone # 4133253705
Email RTVC1947@GMAIL.COM	

New York State Income Tax Return

Other New York and New York City Returns

Form Filed IT-203
 Filing Status MARRIED FILING JOINT
 NYS Residency FULL-YEAR NONRESIDENT
 NYC Residency NONRESIDENT/SP-NONRESIDENT
 Yonkers Residency NONRESIDENT/SP-NONRESIDENT

Unincorporated Business Tax (NYC-202)

	Taxpayer	Spouse
Taxable income	_____	_____
Tax	_____	_____
Credits	_____	_____
Estimate and extension payments	_____	_____
Amount due or -refund	_____	_____
Amount refunded	_____	_____
Overpayment applied	_____	_____
Underpayment of estimates	_____	_____
Failure to pay penalty	_____	_____
Failure to file penalty	_____	_____
Late filing interest	_____	_____
Total balance due	_____	_____

Income, Adjustments and Deductions

Federal adjusted gross income (FAGI)	33,774.
FAGI (NYS Column - IT-203 filers)	-3,516.
Total additions	66.
Total Subtractions	131.
New York AGI	26,516.
NY AGI (NYS Col - IT-203 filers)	-3,581.
Itemized <input type="checkbox"/> or standard <input type="checkbox"/> deduction	_____
Dependent Exemptions	_____
Taxable income	0.

LLC and LLP Filing Fee
Form IT-204-LL, amount due

Tax, Payments, and Credits

New York State tax	_____
Nonrefundable state credits	_____
Net other state taxes	_____
Total NYS tax	_____
New York City taxes	_____
New York City nonrefundable credits	_____
Yonkers taxes	_____
Use tax and contributions	0.
Total tax and contributions	_____
Total refundable credits	_____
Income tax withheld	_____
Estimate and extension payments	_____
Total payments and credits	_____
Penalties and Interest	_____
Refund	0.
Overpayment applied to next year	0.
Amount refunded	0.
Amount due	0.

Nonresident Employee of the City of New York (NYC 1127)

Taxable income	_____	_____
Tax	_____	_____
Credits and withholdings	_____	_____
Balance due	_____	_____
Refund	_____	_____

MCTMT (MTA-6)

MCTD SE earnings	_____	_____
Tax	_____	_____
Balance due	_____	_____
Refund	_____	_____
Overpayment applied	_____	_____
Amount refunded	_____	_____

Miscellaneous Information

Refundable Credits claimed

Empire State child credit (IT-213)	_____
NYS/NYC Child Dep (IT-216)	_____
NYS EIC (IT-215 or IT-209)	_____
NYS noncustodial EIC (IT-209)	_____
NYC EIC IT-215 or IT-209	_____
Real property tax credit (IT-214)	_____
College tuition credit (IT-272)	_____

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2013

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

For the year January 1, 2013, through December 31, 2013, or fiscal year beginning

and ending

13

For help completing your return, see the instructions, Form IT-203-I.

Form header section with fields for names (RICHARD T CALDERWOOD, DENISE L CALDERWOOD), birth dates (06-27-1947, 12-28-1967), addresses (44 BUTTERMILL DR, PALM COAST FL 32137), and social security numbers.

A Filing status (mark an X in one box):

- (1) Single
(2) Married filing joint return (X)
(3) Married filing separate return
(4) Head of household (with qualifying person)
(5) Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2013 federal income tax return? Yes No (X)

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No (X)

D Did you have a financial account located in a foreign country? (see pg. 14) Yes No (X)

E New York City part-year residents only (see page 14)
(1) Number of months you lived in NY City in 2013
(2) Number of months your spouse lived in NY City in 2013

F Enter your 2-character special condition code if applicable (see page 14)
if applicable, also enter your second 2-character special condition code

G New York State part-year residents (see page 15)
Enter the date you moved into or out of NYS (mm-dd-yyyy)
On the last day of the tax year (mark an X in one box):
1) Lived in NYS
2) Lived outside NYS; received income from NYS sources during nonresident period
3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 15)
Did you or your spouse maintain living quarters in NYS in 2013? Yes No (X)
(If Yes, complete Form IT-203-B)

I Dependent exemption information (see page 15)

Table with 5 columns: First name and middle initial, Last name, Relationship, Social security number, Date of birth (mm-dd-yyyy). Multiple rows for dependent information.



COPY If more than 7 dependents, mark an X in the box.

Enter your social security number
XXXXXXXXXX

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	32,268.	1	
2	Taxable interest income	2		2	
3	Ordinary dividends	3		3	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4		4	
5	Alimony received	5		5	
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	-2,171.	6	
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7		7	
8	Other gains or losses (submit a copy of federal Form 4797)	8		8	
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9		9	
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	4,013.	10	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-3,516.	11	-3,516.
12	Rental real estate included in line 11 (federal amount) <input type="text" value="12"/> -3,516.	12		12	
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13		13	
14	Unemployment compensation	14		14	
15	Taxable amount of social security benefits (also enter on line 26)	15	3,180.	15	
16	Other income (see page 22) Identify: <input type="text" value="16"/>	16		16	
17	Add lines 1 through 11 and 13 through 16	17	33,774.	17	-3,516.
18	Total federal adjustments to income (see page 22) Identify: <input type="text" value="18"/>	18		18	
19	Federal adjusted gross income (subtract line 18 from line 17)	19	33,774.	19	-3,516.

New York additions (see page 24)

20	Interest income on state and local bonds (but not those of New York State or its localities)	20		20	
21	Public employee 414(h) retirement contributions	21		21	
22	Other (see page 24) Identify: A-20 66	22	66.	22	66.
23	Add lines 19 through 22	23	33,840.	23	-3,450.

New York subtractions (see page 28)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24		24	
25	Pensions of NYS and local governments and the federal government (see page 28)	25		25	
26	Taxable amount of social security benefits (from line 15)	26	3,180.	26	
27	Interest income on U.S. government bonds	27		27	
28	Pension and annuity income exclusion	28	4,013.	28	
29	Other (see page 29) Identify: S-33 131	29	131.	29	131.
30	Add lines 24 through 29	30	7,324.	30	131.
31	New York adjusted gross income (subtract line 30 from line 23)	31	26,516.	31	-3,581.

32 Enter the amount from line 31, Federal amount column

Standard deduction or itemized deduction (see page 33)

33	Enter your standard deduction (table on page 33) or your itemized deduction, (from Form IT-203-D). Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	33	
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	
35	Dependent exemptions (not the same as total federal exemptions; see page 33)	35	
36	New York taxable income (subtract line 35 from line 34)	36	



COPY

Name(s) as shown on page 1
RICHARD T & DENISE L CALDERWOOD

Enter your social security number
XXXXXXXXXX

Tax computation, credits, and other taxes (see page 34)

37	New York taxable income (from line 36 on page 2)	37	
38	New York State tax on line 37 amount (see page 34 and Tax computation on pages 66, 67, and 68)	38	
39	New York State household credit (page 34, table 1, 2, or 3)	39	
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	
41	New York State child and dependent care credit (see page 35)	41	
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	
43	New York State earned income credit (see page 35)	43	
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	
45	Income percentage (see page 35)	New York State amount from line 31 <input type="text"/> ÷ Federal amount from line 31 <input type="text"/> = Round result to 4 decimal places <input type="text"/>	
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	
50	Total New York State taxes (add lines 48 and 49)	50	

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax (Form IT-360.1)	51	
52	New York City minimum income tax (Form IT-220)	52	
52a	Add lines 51 and 52	52a	
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	
52c	Subtract line 52b from 52a	52c	
53	Yonkers nonresident earnings tax (Form Y-203)	53	
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	
55	Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55	
56	Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.)	56	0.

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

Voluntary contributions (see page 37)

57a	Return a Gift to Wildlife	57a	
57b	Missing/Exploited Children Fund	57b	
57c	Breast Cancer Research Fund	57c	
57d	Alzheimer's Fund	57d	
57e	Olympic Fund (\$2 or \$4)	57e	
57f	Prostate Cancer Research Fund	57f	
57g	9/11 Memorial	57g	
57h	Volunteer Firefighting & EMS Recruitment Fund	57h	
57i	Teen Health Education	57i	
57j	Veterans Remembrance	57j	
57	Total voluntary contributions (add lines 57a through 57j)	57	
58	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58	



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Enter your social security number
[REDACTED]

59 Enter amount from line 58 59 []

Payments and refundable credits (see page 38)

60	Part-year NYC school tax credit (also complete E on front; see page 38)	
61	Other refundable credits (Form IT-203-ATT, line 17)	
62	Total New York State tax withheld	
63	Total New York City tax withheld	
64	Total Yonkers tax withheld	
65	Total estimated tax payments/amount paid with Form IT-370	
66	Total payments and refundable credits (add lines 60 through 65)	

Submit your wage and tax statements with your return (see page 38).

Your refund, amount you owe, and account information (see pages 39 through 42)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67 []

68 Amount of line 67 to be refunded
 Mark one refund choice: direct deposit (fill in line 73) - or - debit card - or - paper check 68 []

69 Amount of line 67 that you want applied to your 2014 estimated tax (see instructions) 69 []

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return 70 []

71 Estimated tax penalty (Include this amount on line 70, or reduce the overpayment on line 67; see page 40) 71 []

72 Other penalties and interest (see page 40) 72 []

See pages 39 and 40 for information about your three refund choices.
See page 40 for payment options.

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 41).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 41)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number [] 73c Account number []

74 Electronic funds withdrawal (see page 41) Date [] Amount []

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name MARY M LANGHAUSER CPA	Designee's phone number 386-446-3570	Personal identification number (PIN) 21314
	E-mail:		

▼ Paid preparer must complete (see instr.) ▼	Date 03-18-2014
Preparer's signature 	Preparer's NYTPRN
Firm's name (or yours, if self-employed) MARY M LANGHAUSER	Preparer's PTIN or SSN P00021314
Address 35 BARKWOOD LN PALM COAST, FL 32137	Employer identification no. 20-1675128
E-mail: MLANGHAUSER@CFL.RR.COM	Mark an X if self-employed <input checked="" type="checkbox"/>

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number 413-325-3705
E-mail: RTVC1947@GMAIL.COM	

See instructions for where to mail your return.

203004131024



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2013

New York State Department of Taxation and Finance

IT-398

New York State Depreciation Schedule for IRC Section 168(k) Property

Use this form only for tax years beginning after December 31, 2002, and only for property placed in service inside or outside New York State after May 31, 2003.

Name(s) as shown on return RICHARD T & DENISE L CALDERWOOD	Identifying number as shown on return [REDACTED]
--	--

Mark an X in one box to show the income tax return you are filing and submit this form with that return.

IT-201, Resident IT-203, Nonresident and part-year resident IT-204, Partnership IT-205, Fiduciary

Part 1 - Depreciation information for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property (use additional sheet if needed)	B Date placed in service	C Depreciable basis	D Convention	E Method	F New York depreciation deduction	G Federal depreciation deduction
CARPET	05-01-2009	275.	HY	200 D	32.	16.
GARAGE DOOR	05-01-2009	735.	HY	200 D	66.	33.
STOVE	05-01-2009	289.	HY	200 D	33.	17.
1 Enter column F and column G totals					131.	66.

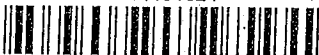
If you are filing Form:	transfer the column F total to:	transfer the column G total to:
IT-201	line 31	line 23
IT-203	line 29	line 22
IT-204	line 109	line 107
IT-205	line 68	line 65

Part 2 - Year-of-disposition adjustment for IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property (use additional sheet if needed)	B Date of disposition	C Method of disposition	D Total New York depreciation deduction	E Total federal depreciation deduction
2 Enter column D and column E totals				2
3 Enter amount from line 2, column D or column E, whichever is larger				3
4 Enter amount from line 2, column D or column E, whichever is smaller				4
5 Subtract line 4 from line 3				5

If you are filing Form:	and column D is larger than column E, transfer line 5 amount to:	and column E is larger than column D, transfer line 5 amount to:
IT-201	line 23	line 31
IT-203	line 22	line 29
IT-204	line 107	line 109
IT-205	line 65	line 68

398001131024



COPY

New York State E-File Signature Authorization for Tax Year 2013 For Forms IT-201, IT-203, IT-214, and NYC-210

Electronic return originator (ERO): **do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: RICHARD T CALDERWOOD

Spouse's name: DENISE L CALDERWOOD
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Go to our Web site at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2013 Form IT-370.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-203, IT-214, and NYC-210).

Part A - Tax return information

1 Federal adjusted gross income (from Form IT-201, line 19, or IT-203, line 19)	1.	<u>33,774.</u>
2 Refund (from Form IT-201, line 78, or IT-203, line 68)	2.	_____
3 Amount you OWE (from Form IT-201, line 80, or IT-203, line 70)	3.	_____

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-203, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2013 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2013 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2013 electronic return, and I authorize my financial institution to withdraw the amount from my account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: _____

Date: _____

Spouse's signature: _____
(jointly filed return only)

Date: _____

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2013 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2013 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2013 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2013 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____

Date: _____

Print name: _____

Paid preparer's signature: _____

Date: 03-18-2014

Print name: MARY M LANGHAUSER

COPY

State: NY

For your records only.
Rents, royalties, partnerships, estates, etc... Worksheet

2013 Schedule E
FD/ST Summary

Name(s) as shown on state return
RICHARD T & DENISE L CALDERWOOD

Social Security Number
[REDACTED]

Federal

Rental/Royalty Income

Federal 4835 Farm Rental

Partnership income (Total active & passive)

Estate/trust income (Total active & passive)

Subchapter S income (Total active & passive)

Federal REMIC Schedule Q

Section 179 Deduction

Federal 8829 Office in Home deduction

Taxpayer	Spouse	Total
(1,758)	(1,758)	(3,516)

Subtotal: (1,758) (1,758) (3,516)

Federal's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the Federal)

(1,758)	(1,758)	(3,516)
---------	---------	---------

State

Rental/Royalty Income

Federal 4835 Farm Rental

Partnership income (Total active & passive)

Estate/trust income (Total active & passive)

Subchapter S income (Total active & passive)

Federal REMIC Schedule Q

Section 179 Deduction

Federal 8829 Office in Home deduction

Taxpayer	Spouse	Total
(1,758)	(1,758)	(3,516)

Subtotal: (1,758) (1,758) (3,516)

State's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the State)

(1,758)	(1,758)	(3,516)
---------	---------	---------

Client

COPY

State: NY

For your records only.
Adjusted Gross Income Split Worksheet

2013 AGI
FD/ST Summary

Name(s) as shown on state return
RICHARD T & DENISE L CALDERWOOD

Social Security Number
[REDACTED]

Income & Adjustments

		Federal		State		
		Col. A	Col. B	Col. A	Col. B	
		Taxpayer	Spouse	Taxpayer	Spouse	
7	Wages, salaries, tips, etc.	7	14,148	18,120		
8a	Taxable interest.	8a				
9a	Ordinary dividends.	9a				
10	Taxable refunds, credits, or offsets of state and local income taxes	10				
11	Alimony received	11				
12	Business income or (loss)	12		(2,171)		
13	Capital gain or (loss).	13				
14	Other gains or (losses)	14				
15b	Taxable amount of IRA distributions	15b				
16b	Taxable amount of Pensions and annuities	16b	4,013			
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17	(1,758)	(1,758)	(1,758)	(1,758)
18	Farm income or (loss)	18				
19	Unemployment compensation	19				
20b	Taxable amount of Social security benefits	20b	3,180			
21	Other income.	21				
22	Add the amounts in each column for lines 7 thru 21. This is your total income	22	19,583	14,191	(1,758)	(1,758)
23	Educator Expenses	23				
24	Certain business expenses of reservists, performing artists, & fee-basis gov. officials	24				
25	Health savings account deduction	25				
26	Moving expenses	26				
27	One-half of self-employment tax	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	31a				
32	IRA deduction.	32				
33	Student loan interest deduction	33				
34	Tuition and fees deduction	34				
35	Domestic production activities deduction	35				
	Line 36 other adjustments					
36	Add lines 23 thru 31a and 32 thru 35	36				
37	Subtract Ln 36 from Ln 22. This is your AGI	37	19,583	14,191	(1,758)	(1,758)

COPY

Employee Reference Copy
W-2 Wage and Tax Statement 2013
Copy C for employee's records. OMB No. 1545-0008

d Control number 0000275379 V60 Dept. 015JO Corp. SC10 Employer use only A 14468

c Employer's name, address, and ZIP code
SECURITAS SECURITY SERVICES USA
INC
TWO CAMPUS DRIVE
PARSIPPANY, NJ 07054

e/f Employee's name, address, and ZIP code
RICHARD T CALDERWOOD
44 BUTTERMILL DRIVE
PALM COAT, FL 32137

b Employer's FED ID number 71-0912217	a Employee's SSA number [REDACTED]
1 Wages, tips, other comp. 14147.80	2 Federal income tax withheld 778.67
3 Social security wages 14147.80	4 Social security tax withheld 877.16
5 Medicare wages and tips 14147.80	6 Medicare tax withheld 205.14
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp, Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

RICHARD T CALDERWOOD
44 BUTTERMILL DRIVE
PALM COAT, FL 32137

Social Security Number: 124-38-0312



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PAGE 01 OF 01

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1 Wages, tips, other comp. 14147.80	2 Federal income tax withheld 778.67		
3 Social security wages 14147.80	4 Social security tax withheld 877.16		
5 Medicare wages and tips 14147.80	6 Medicare tax withheld 205.14		
d Control number 0000275379 V60	Dept. 015JO	Corp. SC10	Employer use only A 14468

c Employer's name, address, and ZIP code
SECURITAS SECURITY SERVICES USA
INC
TWO CAMPUS DRIVE
PARSIPPANY, NJ 07054

b Employer's FED ID number 71-0912217	a Employee's SSA number [REDACTED]
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9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
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	12c
	12d
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e/f Employee's name, address and ZIP code
RICHARD T CALDERWOOD
44 BUTTERMILL DRIVE
PALM COAT, FL 32137

15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
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TWO CAMPUS DRIVE
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	12d
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RICHARD T CALDERWOOD
44 BUTTERMILL DRIVE
PALM COAT, FL 32137

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SECURITAS SECURITY SERVICES USA
INC
TWO CAMPUS DRIVE
PARSIPPANY, NJ 07054

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7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp, Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
RICHARD T CALDERWOOD
44 BUTTERMILL DRIVE
PALM COAT, FL 32137

15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

COPY

Employee Reference Copy
W-2 Wage and Tax Statement 2013

Copy C for employee's records. OMB No. 1545-0008

d Control number 0000461230 V60 Dept 015JO Corp SC10 Employer use only A 45185
c Employer's name, address, and ZIP code
**SECURITAS SECURITY SERVICES USA INC
TWO CAMPUS DRIVE
PARSIPPANY, NJ 07054**

e/f Employee's name, address, and ZIP code
**DENISE L CALDERWOOD
44 BUTTERMILL DRIVE
PALM COAST, FL 32137**

Table with 2 columns: Description and Amount. Rows include: 1 Wages, tips, other comp. 18119.68; 2 Federal income tax withheld 952.41; 3 Social security wages 18471.56; 4 Social security tax withheld 1145.24; 5 Medicare wages and tips 18471.56; 6 Medicare tax withheld 267.84; 7 Social security tips; 8 Allocated tips; 10 Dependent care benefits; 11 Nonqualified plans; 12a See instructions for box 12 D 351.88; 14 Other; 15 State Employer's state ID no.; 16 State wages, tips, etc.; 17 State income tax; 18 Local wages, tips, etc.; 19 Local income tax; 20 Locality name.

**DENISE L CALDERWOOD
44 BUTTERMILL DRIVE
PALM COAST, FL 32137**

Social Security Number: 591-16-1514



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Table with 2 columns: Description and Amount. Rows include: 1 Wages, tips, other comp. 18119.68; 2 Federal income tax withheld 952.41; 3 Social security wages 18471.56; 4 Social security tax withheld 1145.24; 5 Medicare wages and tips 18471.56; 6 Medicare tax withheld 267.84; d Control number 0000461230 V60 Dept 015JO Corp SC10 Employer use only A 45185; c Employer's name, address, and ZIP code: SECURITAS SECURITY SERVICES USA INC, TWO CAMPUS DRIVE, PARSIPPANY, NJ 07054; b Employer's FED ID number 71-0912217; a Employee's SSA number; 7 Social security tips; 8 Allocated tips; 10 Dependent care benefits; 11 Nonqualified plans; 12a See instructions for box 12 D 351.88; 14 Other; 13 Stat emp, Ret. plan, 3rd party sick pay X; e/f Employee's name, address and ZIP code: DENISE L CALDERWOOD, 44 BUTTERMILL DRIVE, PALM COAST, FL 32137; 5 State Employer's state ID no.; 16 State wages, tips, etc.; 7 State income tax; 18 Local wages, tips, etc.; 9 Local income tax; 20 Locality name.

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COPY

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

METROPOLITAN LIFE INSURANCE CO
METLIFE RETIREE SERVICE CENTER
P.O. BOX 25754
SALT LAKE CITY, UT 84125-0754

CORRECTED (if checked)

1 Gross distribution \$4,012.92	2013 FORM 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount \$4,012.92		
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service. 1-800-553-3803
3 Capital gain (included in box 2a)	4 Federal income tax withheld	
5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	14 State distribution
7 Distribution code 7	8 Other %	
9a Your percentage of total distribution %	9b Total employee contributions	17 Local distribution
12 State tax withheld	13 State/Payer's state no. FL	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	
15 Local tax withheld	16 Name of locality	
Account number (see instructions) 07M4114534 010		

Form 1099-R 4114534

www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

METROPOLITAN LIFE INSURANCE CO
METLIFE RETIREE SERVICE CENTER
P.O. BOX 25754
SALT LAKE CITY, UT 84125-0754

CORRECTED (if checked)

1 Gross distribution \$4,012.92	OMB No. 1545-0119 2013 FORM 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount \$4,012.92		
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service. 1-800-553-3803
3 Capital gain (included in box 2a)	4 Federal income tax withheld	
5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	14 State distribution
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15 Local tax withheld	16 Name of locality	
Account number (see instructions) 07M4114534 010		

Form 1099-R 4114534

www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

METROPOLITAN LIFE INSURANCE CO
METLIFE RETIREE SERVICE CENTER
P.O. BOX 25754
SALT LAKE CITY, UT 84125-0754

CORRECTED (if checked)

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2a Taxable amount \$4,012.92		
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy 2 File this copy with your state, city, or local income tax return, when required. 1-800-553-3803
3 Capital gain (included in box 2a)	4 Federal income tax withheld	
5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	14 State distribution
7 Distribution code 7	8 Other %	
9a Your percentage of total distribution %	9b Total employee contributions	17 Local distribution
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15 Local tax withheld	16 Name of locality	
Account number (see instructions) 07M4114534 010		

Form 1099-R 4114534

www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

COPY

PARCEL ID NUMBER	ESCROW CD	MILLAGE CODE
0711317035004000440		061

R

0711317035004000440

Application for Partial Payments on back of this notice.

7 - 5432

CALDERWOOD DENISE & JUDITH
CIARAVELLA
44 BUTTERMILL DR
PALM COAST FL 32137-9411

PALM COAST SEC 35 BLK 40 LOTS
44 & 15 SUBDIVISION
COMPLETION YEAR 1981 OR 184/
463 OR 187/547 OR 405/809
See Tax Roll for extra legal.

MAILING ADDRESS: P. O. BOX 846 • BUNNELL, FL 32110

AD VALOREM TAXES						
TAXING AUTHORITY	ASSESSED VALUE	MILLAGE RATE	EXEMPTION AMOUNT	TAXABLE AMOUNT	TAXES LEVIED	
C100	FLAGLER COUNTY GENERAL FUND	104,443	6.2232	104,443	649.97	
	2005 ESL BONDS	104,443	0.0905	104,443	9.45	
	2005 OBLIGATION BOND	104,443	0.3082	104,443	32.19	
	2009/2010 ESL BONDS	104,443	0.1595	104,443	16.66	
S200	FLAGLER COUNTY SCHOOL BOARD GENERAL FUND	104,443	5.5330	104,443	577.89	
	DISCRETIONARY	104,443	0.9980	104,443	104.23	
	CAP. OUTLAY	104,443	1.5000	104,443	156.66	
WWMD	ST. JOHNS RIVER WATER MGMT	104,443	0.3313	104,443	34.60	
FIND	FIND	104,443	0.0345	104,443	3.60	
EFMC	MOSQUITO CONTROL	104,443	0.2390	104,443	24.96	
T400	CITY OF PALM COAST	104,443	3.9900	104,443	416.73	
TOTAL MILLAGE				19.4072	AD VALOREM TAXES	\$2,026.94

For information regarding your tax bill, call (386) 313-4160.
For information regarding your assessment or exemptions, call (386) 313-4150.

NON-AD VALOREM ASSESSMENTS		
LEVYING AUTHORITY	RATE	AMOUNT
		\$0.00
NON-AD VALOREM ASSESSMENTS		\$0.00

COMBINED TAXES AND ASSESSMENTS \$2,026.94 See reverse side for important information.

If Postmarked by Please Pay	NOV 30, 2011 1,945.86	DEC 31, 2011 1,966.13	JAN 31, 2012 1,986.40	FEB 29, 2012 2,006.67	MAR 31, 2012 2,026.94	IF PAID
-----------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	---------

SUZANNE JOHNSTON
FLAGLER COUNTY TAX COLLECTOR

2011 REAL ESTATE
NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

42210.0000

If Postmarked by Please Pay	NOV 30, 2011 1,945.86	DEC 31, 2011 1,966.13	JAN 31, 2012 1,986.40	FEB 29, 2012 2,006.67	MAR 31, 2012 2,026.94	IF PAID
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R

0711317035004000440
CALDERWOOD DENISE & JUDITH
CIARAVELLA
44 BUTTERMILL DRIVE
PALM COAST FL 32137

PALM COAST SEC 35 BLK 40 LOTS
44 & 15 SUBDIVISION
COMPLETION YEAR 1981 OR 184/
463 OR 187/547 OR 405/809
See Tax Roll for extra legal.

1138.07
2013

To consent to receive future tax notices electronically: E-Mail Address: _____ Phone: _____

PLEASE PAY IN U.S. FUNDS TO SUZANNE JOHNSTON, TAX COLLECTOR • P.O. BOX 846 • BUNNELL, FL 32110 • (386) 313-4160
TAXES CAN BE PAID ON-LINE AT WWW.FLAGLERTAX.COM SEE BACK FOR ON-LINE PAYMENT DETAILS. YOUR PAYMENT MAY BE ELECTRONICALLY PROCESSED (ACH).

PARCEL ID NUMBER	ESCROW CD	MILLAGE CODE
0711317035004000440		061

COPY


RETAIN THIS PORTION FOR YOUR RECORDS

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2013

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name
RICHARD T CALDERWOOD

Box 2. Beneficiary's Social Security Number


Box 3. Benefits Paid in 2013
\$15,972.80

Box 4. Benefits Repaid to SSA in 2013
\$442.00

Box 5. Net Benefits for 2013 (Box 3 minus Box 4)
\$15,530.80

DESCRIPTION OF AMOUNT IN BOX 3


Paid by check or direct deposit	\$13,986.22
Medicare Part B premiums deducted from your benefits	\$1,258.80
Deductions for work or other adjustments	\$442.00
Benefit payment offset--Treasury	\$285.78
Total Additions	\$15,972.80
Benefits for 2013	\$15,972.80

DESCRIPTION OF AMOUNT IN BOX 4

Deductions for work or other adjustments	\$442.00
Benefits repaid to SSA in 2013	\$442.00

Box 6. Voluntary Federal Income Tax Withheld
NONE

Box 7. Address
**RICHARD T CALDERWOOD
 44 BUTTERMILL DR
 PALM COAST FL 32137-9411**

Box 8. Claim Number (Use this number if you need to contact SSA.)


CI1826846-11A71027150
 CI1826846-11A71027150

COPY