

51.

Form 1040 Department of the Treasury—Internal Revenue Service (99) 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
Your first name and initial		Last name	See separate instructions.
ASHLEY		PANDA	Your social security number
If a joint return, spouse's first name and initial		Last name	123-45-6789
			Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
1310 MEADOW LANE			
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).			
WAYNE OH 43466			
Foreign country name		Foreign province/state/county	Foreign postal code
Filing Status 1 <input checked="" type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.			
Check only one box. 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 5 <input type="checkbox"/> Qualifying widow(er) with dependent child			
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.			
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.			
b <input type="checkbox"/> Spouse.			
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)			
If more than four dependents, see instructions and check here <input type="checkbox"/>			
d Total number of exemptions claimed			
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0			
8a Taxable interest. Attach Schedule B if required 8a 600			
b Tax-exempt interest. Do not include on line 8a 8b 800			
9a Ordinary dividends. Attach Schedule B if required 9a 145			
b Qualified dividends 9b 145			
10 Taxable refunds, credits, or offsets of state and local income taxes 10 0			
11 Alimony received 11			
12 Business income or (loss). Attach Schedule C or C-EZ 12 135,421			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 13 2,925			
14 Other gains or (losses). Attach Form 4797 14			
15a IRA distributions 15a b Taxable amount 15b 0			
16a Pensions and annuities 16a b Taxable amount 16b 0			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17			
18 Farm income or (loss). Attach Schedule F 18 0			
19 Unemployment compensation 19			
20a Social security benefits 20a b Taxable amount 20b 0			
21 Other income. List type and amount 21			
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 139,091			
Adjusted Gross Income 23 Educator expenses 23 0			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0			
25 Health savings account deduction. Attach Form 8889 25 0			
26 Moving expenses. Attach Form 3903 26 0			
27 Deductible part of self-employment tax. Attach Schedule SE 27 9,068			
28 Self-employed SEP, SIMPLE, and qualified plans 28 0			
29 Self-employed health insurance deduction 29 23,000			
30 Penalty on early withdrawal of savings 30 0			
31a Alimony paid b Recipient's SSN 123-45-6788 31a 25,000			
32 IRA deduction 32 0			
33 Student loan interest deduction 33			
34 Tuition and fees. Attach Form 8917 34			
35 Domestic production activities deduction. Attach Form 8903 35 0			
36 Add lines 23 through 35 36 57,068			
37 Subtract line 36 from line 22. This is your adjusted gross income 37 82,023			
KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2014)			

51. continued

Form 1040 (2014)		ASHLEY	PANDA	123-45-6789	Page 2
Tax and Credits				38	82,023
38 Amount from line 37 (adjusted gross income)				38	82,023
39a Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked 0					
if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. 39a					
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b					
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)				40	14,137
41 Subtract line 40 from line 38				41	67,886
42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions				42	3,950
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-				43	63,936
44 Tax (see instructions). Check if any from: <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972 <input type="checkbox"/>				44	11,536
45 Alternative minimum tax (see instructions). Attach Form 6251				45	0
46 Excess advance premium tax credit repayment. Attach Form 8962				46	
47 Add lines 44, 45, and 46				47	11,536
48 Foreign tax credit. Attach Form 1116 if required				48	0
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	0
52 Child tax credit. Attach Schedule 8812, if required				52	
53 Residential energy credits. Attach Form 5695				53	
54 Other credits from Form: <input type="checkbox"/> 3800 <input type="checkbox"/> 8801 <input type="checkbox"/>				54	0
55 Add lines 48 through 54. These are your total credits				55	0
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-				56	11,536
57 Self-employment tax. Attach Schedule SE				57	18,135
58 Unreported social security and Medicare tax from Form: <input type="checkbox"/> 4137 <input type="checkbox"/> 8919				58	0
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required				59	0
60a Household employment taxes from Schedule H				60a	0
b First-time homebuyer credit repayment. Attach Form 5405 if required				60b	0
61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>				61	0
62 Taxes from: <input type="checkbox"/> Form 8959 <input type="checkbox"/> Form 8960 <input type="checkbox"/> Instructions; enter code(s)				62	0
63 Add lines 56 through 62. This is your total tax				63	29,671
64 Federal income tax withheld from Forms W-2 and 1099				64	0
65 2014 estimated tax payments and amount applied from 2013 return				65	30,000
66a Earned income credit (EIC)				66a	
b Nontaxable combat pay election 66b				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	0
72 Credit for federal tax on fuels. Attach Form 4136				72	
73 Credits from Form: <input type="checkbox"/> 2439 <input checked="" type="checkbox"/> Reserved <input type="checkbox"/> Reserved <input type="checkbox"/>				73	0
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments				74	30,000
75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid				75	329
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here				76a	
b Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
d Account number XXXXXXXXXXXXXXXXXXXX					
77 Amount of line 75 you want applied to your 2015 estimated tax				77	329
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	0
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below <input checked="" type="checkbox"/> No					
Designee's name		Phone no.		Personal identification number (PIN)	
Your signature		Date		Your occupation	
Spouse's signature. If a joint return, both must sign.		Date		Spouse's occupation	
Print/Type preparer's name		Preparer's signature		Date	
Firm's name		Firm's EIN		Check <input type="checkbox"/> if self-employed	
Firm's address		Phone no.		PTIN	

51. continued

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)Name(s) shown on Form 1040
ASHLEY PANDA**Itemized Deductions**► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

2014
Attachment
Sequence No. 07Your social security number
123-45-6789

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	1,786
2	Enter amount from Form 1040, line 38	2	82,023
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	8,202
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You Paid	5 State and local (check only one box):		
	a. <input checked="" type="checkbox"/> Income taxes, or	5	1,830
	b. <input type="checkbox"/> General sales taxes	6	3,230
	6 Real estate taxes (see instructions)	7	0
	7 Personal property taxes	8	0
	8 Other taxes. List type and amount ►		
	9 Add lines 5 through 8	9	5,060
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	8,137
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	0
	12 Points not reported to you on Form 1098. See instructions for special rules	12	0
	13 Mortgage insurance premiums (see instructions)	13	0
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	8,137
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	940
	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	940
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	0
	22 Tax preparation fees	22	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	0
	24 Add lines 21 through 23	24	0
	25 Enter amount from Form 1040, line 38	25	82,023
	26 Multiply line 25 by 2% (.02)	26	1,640
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28	0
Total Itemized Deductions	29 Is Form 1040, line 38, over \$152,525? <input checked="" 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 type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	14,137
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

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

Schedule A (Form 1040) 2014

51. continued

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014Attachment
Sequence No. **09**

Name of proprietor ASHLEY PANDA		Social security number (SSN) 123-45-6789
A Principal business or profession, including product or service (see instructions)		B Enter code from instructions 514210
C Business name. If no separate business name, leave blank. PANDA ENTERPRISES, LLC		D Employer ID number (EIN), (see instr.) 98-7654321
E Business address (including suite or room no.) ► 456 HILL STREET City, town or post office, state, and ZIP code WAYNE OH 43466		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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. <input type="checkbox"/>	1	315,000
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	315,000
4 Cost of goods sold (from line 42)	4	0
5 Gross profit. Subtract line 4 from line 3	5	315,000
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	315,000

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

8 Advertising	8		18 Office expense (see instructions)	18	66,759
9 Car and truck expenses (see instructions)	9	0	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	4,000
12 Depletion	12		b Other business property	20b	30,000
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	4,820
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	11,000
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	63,000
			27a Other expenses (from line 48)	27a	0
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28		179,579
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29		135,421
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	0			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter 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.	31	135,421			
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 the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

KIA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2014

51. continued

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

ASHLEY

PANDA

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2014Attachment
Sequence No. **12**

Your social security number

123-45-6789

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	0	0		0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	1,235	1,730	0	-495
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	0	0	0	0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	0	0	0	0
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				0
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				0
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the next page				-495

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	0	0		0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	4,710	1,290	0	3,420
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	0	0	0	0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	0	0	0	0
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				0
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				
13 Capital gain distributions. See the instructions				0
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				0
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				3,420

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

Schedule D (Form 1040) 2014

51. continued

Schedule D (Form 1040) 2014 ASHLEY

PANDA

123-45-6789 Page 2

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	2,925
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 			
17	Are lines 15 and 16 both gains?		
	<input checked="" type="checkbox"/> Yes. Go to line 18.		
	<input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	0
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	0
20	Are lines 18 and 19 both zero or blank?		
	<input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	<input type="checkbox"/> No. Complete the rest of Form 1040 and Form 1040NR.		

KIA

Schedule D (Form 1040) 2014

51. continued

Form 8949 (2014)

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on Page 1 ASHLEY PANDA	Social security number or taxpayer identification number 123-45-6789
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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	GARLAND	10/11/07	10/11/14	4,710	1,290		0	3,420
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)				4,710	1,290		0	3,420

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2014)

51. continued

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014Attachment
Sequence No. 17

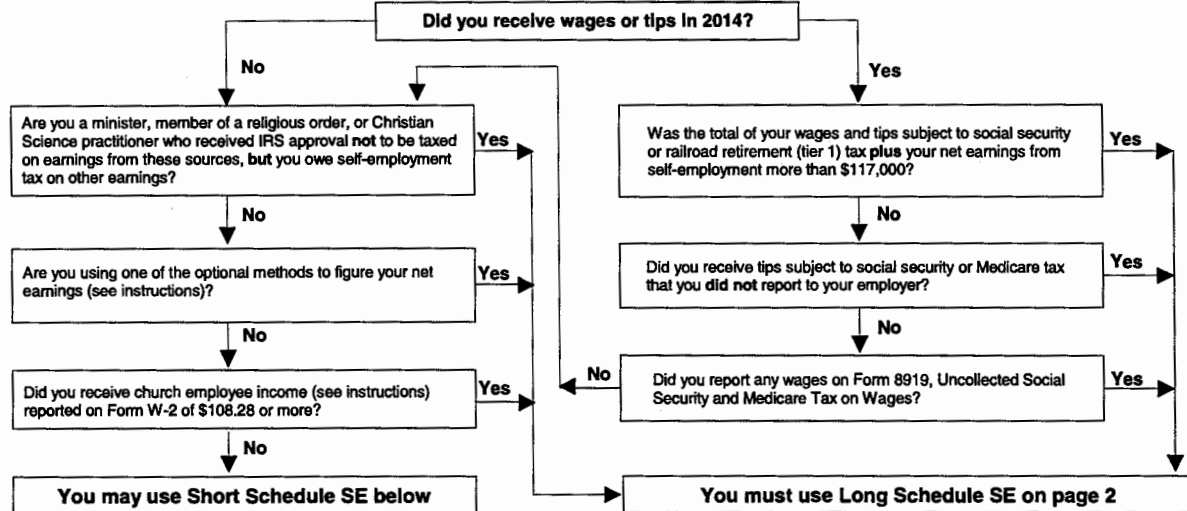
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

ASHLEY

PANDA

Social security number of person
with self-employment income ►

123-45-6789

Before you begin: To determine if you must file Schedule SE, see the instructions.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE in the instructions*.**Section A—Short Schedule SE.** Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.	1a	0
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z.	1b	(0)
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report.	2	135,421
3 Combine lines 1a, 1b, and 2.	3	135,421
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b. Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	125,061
5 Self-employment tax. If the amount on line 4 is: • \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55. • More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.	5	18,135
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27.	6	9,068

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

Schedule SE (Form 1040) 2014