

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning 2014, ending ,20 See separate instructions.

Your first name and initial **RAFAEL E.** Last name **CRUZ** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **HEIDI S.** Last name **CRUZ** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **HOUSTON, TX 77019**

Foreign country name Foreign province/state/county Foreign postal code 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). 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) if child under age 17 qualifying for child tax credit
CAROLINE C CRUZ [REDACTED] DAUGHTER
CATHERINE C CRUZ [REDACTED] DAUGHTER
 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 **2**
 ● did not live with you due to divorce or separation (see instructions)
 Dependents on 6c not entered above
 Add numbers on lines above **4**

Income		7	8a	9a	10	11	12	13	14	15b	16b	17	18	19	20b	21	22	
7	Wages, salaries, tips, etc. Attach Form(s) W-2																	883,161.
8a	Taxable interest. Attach Schedule B if required																	161.
8b	Tax-exempt interest. Do not include on line 8a		12,997.															
9a	Ordinary dividends. Attach Schedule B if required																	25,362.
9b	Qualified dividends																	
10	Taxable refunds, credits, or offsets of state and local income taxes																	
11	Alimony received																	
12	Business income or (loss). Attach Schedule C or C-EZ																	190,000.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>																	11,698.
14	Other gains or (losses). Attach Form 4797																	
15a	IRA distributions	15a		b Taxable amount														
16a	Pensions and annuities	16a		b Taxable amount														
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																	0.
18	Farm income or (loss). Attach Schedule F																	
19	Unemployment compensation																	
20a	Social security benefits	20a		b Taxable amount														
21	Other income. List type and amount																	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ►																	1,210,382.

Adjusted Gross Income		23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37	
23	Educator expenses																
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ																
25	Health savings account deduction. Attach Form 8889																
26	Moving expenses. Attach Form 3903																
27	Deductible part of self-employment tax. Attach Schedule SE					2,544.											
28	Self-employed SEP, SIMPLE, and qualified plans																
29	Self-employed health insurance deduction																
30	Penalty on early withdrawal of savings																
31a	Alimony paid b Recipient's SSN ►																
32	IRA deduction																
33	Student loan interest deduction																
34	Tuition and fees. Attach Form 8917																
35	Domestic production activities deduction. Attach Form 8903																
36	Add lines 23 through 35																2,544.
37	Subtract line 36 from line 22. This is your adjusted gross income ►																1,207,838.

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 with amounts like 1,207,838, 72,767, 1,135,071, 390,368, 1,244, 389,124, 5,088, 38,193, 10,296, 442,701, 239,659, 38,193, 166,887, 444,739, 2,038.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 with amounts like 5,088, 38,193, 10,296, 442,701.

Payments

If you have a qualifying child, attach Schedule EIC

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 with amounts like 239,659, 38,193, 166,887, 444,739.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 with amounts like 2,038, 0.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 with amounts like 0, 2,038.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No. Designee's name: KAREN JONES, CPA. Phone no: 512-472-0795. Personal identification number (PIN): [REDACTED]

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. Your signature: SENATOR. Date: [REDACTED]. Spouse's signature: DIRECTOR. Date: [REDACTED].

Print/Type preparer's name: KAREN JONES, CPA. Preparer's signature: [REDACTED]. Date: [REDACTED]. Check self-employed: [REDACTED]. Firm's name: MEADOR & JONES, LLP. Firm's address: 2414 EXPOSITION BLVD, SUITE BC-230, AUSTIN, TX 78703. Firm's EIN: [REDACTED]. Phone no: 512-472-0795.