

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning _____, 2013, ending _____, 20 **See separate instructions.**

Your first name and initial **JOHN R.** Last name **KASICH** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **KAREN** Last name **KASICH** Spouse's social security number [REDACTED]

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **WESTERVILLE, OH 43082**

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. **2** Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child
3 Married filing separately. Enter spouse's SSN above and full name here. **▲** Check only one box.

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 2
b Spouse No. of children on 6c who: **2**
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
EMMA KASICH [REDACTED] **DAUGHTER**
REESE KASICH [REDACTED] **DAUGHTER**
If more than four dependents, see instructions and check here Dependents on 6c not entered above
d Total number of exemptions claimed **4**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	129,172.
	8a	Taxable interest. Attach Schedule B if required	8a	4,020.
	b	Tax-exempt interest. Do not include on line 8a	8b	72,626.
	9a	Ordinary dividends. Attach Schedule B if required	9a	81,231.
	b	Qualified dividends	9b	49,007.
	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	54.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	97,086.
	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	2,038.
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	104.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
	b	Taxable amount	20b	
	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	313,705.

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	313,705.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for 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, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for other taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for payments.

If you have a qualifying child, attach Schedule EIC.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for amount owed.

Third Party Designee

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

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.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Phone no.