

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

Your first name and initial Last name Your social security number

RICHARD E. NEAL

If a joint return, spouse's first name and initial Last name Spouse's social security number

MAUREEN P. NEAL

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

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

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

**Filing Status** 1 ☐ Single 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. ▶ 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 & full name here. ▶

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☒ Spouse. Boxes checked on 6a and 6b No. of children on 6c who: 2

**c Dependents:** (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax cr (see instrs) ☐ lived with you ☐ did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above. Add numbers on lines above. 2

d Total number of exemptions claimed. 2

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 217,340.

8a Taxable interest. Attach Schedule B if required. 8a 39.

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

9a Ordinary dividends. Attach Schedule B if required. 9a 362.

b Qualified dividends. 9b 93.

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

11 Alimony received. 11

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

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. ☒ 13 587.

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

15a IRA distributions. 15a b Taxable amount. 15b

16a Pensions and annuities. 16a 21,064. b Taxable amount. 16b 19,396.

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

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

19 Unemployment compensation. 19

20a Social security benefits. 20a b Taxable amount. 20b

21 Other income. 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 237,724.

**Adjusted Gross Income** 23 Educator expenses. 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24

25 Health savings account deduction. Attach Form 8889. 25

26 Moving expenses. Attach Form 3903. 26

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

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

29 Self-employed health insurance deduction. 29

30 Penalty on early withdrawal of savings. 30

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

32 IRA deduction. 32

33 Student loan interest deduction. 33

34 Tuition and fees. Attach Form 8917. 34

35 Domestic production activities deduction. Attach Form 8903. 35

36 Add lines 23 through 35. 36 0.

37 Subtract line 36 from line 22. This is your adjusted gross income. 37 237,724.



**Tax and Credits****Standard Deduction for —**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

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

38 Amount from line 37 (adjusted gross income) 38 237,724.

39a Check ☒ You were born before January 2, 1950. ☐ Blind. ☐ Total boxes checked ☐ 39a 2  
if: ☒ Spouse was born before January 2, 1950. ☐ Blind.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 22,011.

41 Subtract line 40 from line 38 41 215,713.

42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instrs. 42 7,900.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 207,813.

44 Tax (see instrs). Check if any from: a ☐ Form(s) 8814 c ☐ 44 45,346.b ☐ Form 4972 45 0.

45 Alternative minimum tax (see instructions). Attach Form 6251. 46

46 Excess advance premium tax credit repayment. Attach Form 8962. 47 45,346.

47 Add lines 44, 45 and 46. 48

48 Foreign tax credit. Attach Form 1116 if required. 49

49 Credit for child and dependent care expenses. Attach Form 2441. 50

50 Education credits from Form 8863, line 19. 51

51 Retirement savings contributions credit. Attach Form 8880. 52

52 Child tax credit. Attach Schedule 8812, if required. 53

53 Residential energy credits. Attach Form 5695. 54

54 Other crs from Form: a ☐ 3800 b ☐ 8801 c ☐ 55

55 Add lines 48 through 54. These are your total credits 56 45,346.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 57

**Other Taxes**

57 Self-employment tax. Attach Schedule SE. 58

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919. 59

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required. 60a

60a Household employment taxes from Schedule H. 60b

b First-time homebuyer credit repayment. Attach Form 5405 if required. 61

61 Health care: individual responsibility (see instructions) Full-year coverage ☒ 6262 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instrs; enter code(s) 63 45,346.

63 Add lines 56-62. This is your total tax. 64

**Payments**

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099. 65 31,858.

65 2014 estimated tax payments and amount applied from 2013 return. 66a

66a Earned income credit (EIC). 67

b Nontaxable combat pay election. ☐ 66b 68

67 Additional child tax credit. Attach Schedule 8812. 69

68 American opportunity credit from Form 8863, line 8. 70

69 Net premium tax credit. Attach Form 8962. 71

70 Amount paid with request for extension to file. 72

71 Excess social security and tier 1 RRTA tax withheld. 73

72 Credit for federal tax on fuels. Attach Form 4136. 74 31,858.

73 Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ Reserved d ☐ 75

74 Add lns 64, 65, 66a, &amp; 67-73. These are your total pmts. 76a

**Refund**

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76a

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. ☐ 77b Routing number ☐ c Type: ☐ Checking ☐ Savings 78 13,667.

Direct deposit?  
See instructions.

d Account number ☐ 79

77 Amount of line 75 you want applied to your 2015 estimated tax. 78

**Amount You Owe**

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79 179.

79 Estimated tax penalty (see instructions). 80

**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ NoDesignee's name ☐ Gerard N Aubrey CPA Phone no. ☐ Personal identification number (PIN) ☐**Sign Here**

Joint return?  
See instructions.

Keep a copy  
for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, based on all information of which preparer has any knowledge.

Your occupation ☐ Congressman Daytime phone number ☐Spouse's occupation ☐ Administration If the IRS sent you an Identity Protection PIN, enter it here (see instrs) ☐**Paid Preparer Use Only**Print/type preparer's name ☐ Gerard N Aubrey CPA Preparer's signature ☐ Date ☐ 4/06/15 Check ☒ if self-employed ☐Firm's name ☐ Aubrey & Dixon, LLC Firm's EIN ☐Firm's address ☐ 330 Whitney Ave. Suite 440 Holyoke, MA 01040 Phone no. ☐



**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

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

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

**RICHARD E. AND MAUREEN P. NEAL**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) .....	1		
	2	Enter amount from Form 1040, line 38. .... <b>2</b>			
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	
<b>Taxes You Paid</b>	5 State and local (check only one box):				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	11,076.	
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions) .....	6	4,676.	
	7	Personal property taxes .....	7		
	8	Other taxes. List type and amount ► .....	8		
	9	Add lines 5 through 8 .....	9	15,752.	
	<b>Interest You Paid</b>	10	Home mtg interest and points reported to you on Form 1098. ....	10	1,835.
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► .....	11		
Note. Your mortgage interest deduction may be limited (see instructions).					
12		Points not reported to you on Form 1098. See instrs for spll rules .....	12		
13		Mortgage insurance premiums (see instructions) .....	13		
14		Investment interest. Attach Form 4952 if required. (See instrs.) .....	14		
15		Add lines 10 through 14 .....	15	1,835.	
<b>Gifts to Charity</b>		16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs. ....	16	1,500.
		17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. ....	17	
		18	Carryover from prior year .....	18	
	19	Add lines 16 through 18 .....	19	1,500.	
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	20	0.	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► .....	21	7,678.	
	Form 2106 (Taxpayer) 7,678.		22		
	22	Tax preparation fees .....	22		
	23	Other expenses — investment, safe deposit box, etc. List type and amount ► .....	23		
	24	Add lines 21 through 23 .....	24	7,678.	
	25	Enter amount from Form 1040, line 38. .... <b>25</b> 237,724.	25		
	26	Multiply line 25 by 2% (.02) .....	26	4,754.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....	27	2,924.	
<b>Other Miscellaneous Deductions</b>	28	Other — from list in instructions. List type and amount ► .....	28	0.	
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$152,525? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	22,011.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. .... <input type="checkbox"/>			

Form **2106-EZ****Unreimbursed Employee Business Expenses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at [www.irs.gov/form2106](http://www.irs.gov/form2106).**2014**Attachment  
Sequence No. **129A**

Your name

RICHARD E. NEAL

Occupation in which you incurred expenses

U. S. Congressman

Social security number

**You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2014.

**Caution:** You can use the standard mileage rate for 2014 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997

**Part I Figure Your Expenses**

1	Complete Part II. Multiply line 8a by 56¢ (.56). Enter the result here .....	1	
2	Parking fees, tolls, and transportation, including train, bus, etc, that <b>did not</b> involve overnight travel or commuting to and from work .....	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3	
4	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....	4	7,678.
5	Meals and entertainment expenses: \$ ..... x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) .....	5	
6	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) .....	6	7,678.

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ .....

8 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business ..... b Commuting (see instr) ..... c Other .....

9 Was your vehicle available for personal use during off-duty hours? ..... ☐ Yes ☐ No

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

11 a Do you have evidence to support your deduction? ..... ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ..... ☐ Yes ☐ No

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Form **2106-EZ** (2014)