| or the year Jan. 1-Dec. | 0.5. | Individual Inco | ne rax re | , 2014, er | | The second secon | And in concession, which we will not be a property of | write or staple in this space. | | | |
|-------------------------------------|---|---|---|--|---|--|--|---|--|--|--|
| Your first name and in | 31, 2014, nitial | or other tax year beginning | Last name | 12013/10 | | , 20 | | parate instructions. | | | |
| BENJAMIN J. | | | HOCHSTER | | | | | 987919 | | | |
| If a joint return, spous | se's first i | name and initial | Last name | | | | The Party of the P | s social security number | | | |
| RONIT | | | HOCHSTER | ane | | I feet o | | 8 4 1 5 7 3 | | | |
| Home address (numb | er and st | treet). If you have a P.O. b | ox, see instruction | ons. | | Apt.n | A 1918 | Make sure the SSN(s) above and on line 6c are correct. | | | |
| 13 NACHAL KATL | AV ST. | of 210 code. If you have a for | reign address, also | o complete spaces below (se | e instructions). | 11 | - | dential Election Campaign | | | |
| |), state, an | d ZIP code. If you have a for | | | | | Check he | re if you, or your spouse if filing. | | | |
| SET SHEMESH Foreign country name | 0 | | | Foreign province/state/co | unty | Foreign postal | a box be | ant \$3 to go to this fund. Checki low will not change your tax or | | | |
| SRAEL | | | | | . 🗆 | 9962043 | refund. | You Spous | | | |
| | . [| 011- | | | 4 Han | d of household swith | auslifyina ner | month Man bankaraktaria t 11 | | | |
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| 0. | 4/20/2 | 010 | | | | | | | | | |
| 02 | +/20/2 | 010 | Note Ro | egarding This S | ıhmissio | n. | | | | | |
| | | | NOTO IN | sgarding This C | DITIOUIO | | | | | | |
| T | hie for | m is hereby res | uhmitted | | | | | | | | |
| " | 113 101 | III is fieleby les | ubilitted. | | | | | | | | |
| 1.8 | 2010 | originally submit | tod form 1 | 040, for the yea | r 2014 o | n 19DEC20 | 17 It wo | s cont | | | |
| | | 0 | | | | | | | | | |
| | | | | ears 2015 and 2 | | | | | | | |
| | | | | wo forms (2015 | | 6) have bee | n proces | sed by | | | |
| yo | ou, an | d the 2014 form | seems to | have been lost. | | | | | | | |
| | | | | | | | | 4 | | | |
| H | ence, | I am resubmitti | ing the 20 | 14 form 1040. | | | | | | | |
| 0. | | | | | | | | H | | | |
| Si | nce it | is identical to th | e previous | s submission, pl | ease dis | card the old | one, sh | ould it | | | |
| ev | er be | found. | | | | | | | | | |
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| Ir | nank \ | ou, | | | | | | | | | |
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| Ве | enjam | in J Hochster | | | | | | | | | |
| SS | SN: 06 | 63-98-7919 | | | | | | | | | |
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| and the same | | manufacture M | | and the second s | | | | | | | |
| | 22 | Combine the amounts i | n the far right c | olumn for lines 7 through | 21. mis is yo | our total income | 22 | 54,178 | | | |
| | 23 | Educator expenses | | | 23 | | | | | | |
| divetod | 24 | Certain business expens | ses of reservists | s, performing artists, and | | | | | | | |
| | Harry. | fee-basis government of | fficials. Attach F | orm 2106 or 2106-EZ | 24 | | | | | | |
| Gross | OF | Health savings accou | int deduction. | Attach Form 8889 | 25 | | | | | | |
| Gross | 25 | | tach Form 390 | 03 | 26 | | | | | | |
| Gross | 26 | Moving expenses. At | | Attach Schodule SE | 27 | | | | | | |
| Gross | 26 27 | Deductible part of self- | employment tax | . Attaci ochedule or | | The second secon | | | | | |
| Gross | 26 27 28 | Deductible part of self-e Self-employed SEP, | employment tax SIMPLE, and | qualified plans | 28 | | | | | | |
| Gross | 26 27 28 29 | Deductible part of self- Self-employed SEP, Self-employed health | employment tax SIMPLE, and on insurance de | qualified plans eduction | 29 | | | | | | |
| Gross | 26 27 28 29 30 | Deductible part of self-e Self-employed SEP, 3 Self-employed health Penalty on early with | employment tax SIMPLE, and on insurance de drawal of savi | qualified plans | 29 30 | | | | | | |
| Gross | 26 27 28 29 30 31a | Deductible part of self-e Self-employed SEP, Self-employed health Penalty on early with Alimony paid b Reci | employment tax SIMPLE, and on insurance de drawal of savi ipient's SSN I | qualified plans eduction | 29 30 31a | | | | | | |
| Gross | 26 27 28 29 30 31a 32 | Deductible part of self-e Self-employed SEP, Self-employed health Penalty on early with Alimony paid b Reci IRA deduction | employment to SIMPLE, and insurance de drawal of savi ipient's SSN I | qualified plans eduction | 29 30 31a 32 | | | | | | |
| Gross | 26 27 28 29 30 31a 32 33 | Deductible part of self-e Self-employed SEP, 3 Self-employed health Penalty on early with Alimony paid b Reci IRA deduction Student loan interest | employment tax SIMPLE, and a n insurance de drawal of savi ipient's SSN I | qualified plans | 29 30 31a 32 33 | | | | | | |
| Adjusted Gross Income | 26 27 28 29 30 31a 32 33 | Deductible part of self-e Self-employed SEP, 3 Self-employed health Penalty on early with Alimony paid b Reci IRA deduction . Student loan interest Tuition and fees. Atta | employment tax SIMPLE, and on insurance de drawal of savi ipient's SSN I | qualified plans | 29 30 31a 32 33 34 | | | | | | |
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| § 1040 | U.S. Individual Inc | ome Tax Return | 2014 om | B No. 1545-0074 IRS Use (| bray - Do not write or staple in this space. | | | |
|----------------------------------|--|--|--|---|--|--|--|--|
| For the year lan 1-D | ec. 31, 2014, or other tax year beginning | | , 2014, ending | ,20 | See separate instructions. | | | |
| Your first name and | | Last name | | | Your social security number | | | |
| | . 11.100 | HOCHSTER | | | 0 6 3 9 8 7 9 1 9 | | | |
| BENJAMIN J. | use's first name and initial | Last name | | | Spouse's social security number | | | |
| | dad a mar marrie area. | HOCHSTER | | | 9 6 6 8 4 1 5 7 3 | | | |
| Home address form | nber and street). If you have a P.O. | | | Apt. no. | ▲ Make sure the SSN(s) above | | | |
| Troine acciess (noi | aper and strooty in your income | | | 11 | and on line 6c are correct. | | | |
| 13 NACHAL KAT | Ce, state, and ZIP code. If you have a | foreign address, also complete | spaces below (see instruction | ns). | Presidential Election Campaign | | | |
| | CE, State, and Ell Cook in Johnson | | | | Check here if you, or your spouse if fling jointly, want \$3 to go to this fund. Checking | | | |
| Foreign country nar | na . | Foreign pro | ovince/state/county | Foreign postal code | a box below will not change your last or | | | |
| | NO. | | | 9962043 | refund. You Spouse | | | |
| ISRAEL | 1 Single | | 4 🗆 H | ead of household (with quali | fying person). (See instructions.) if | | | |
| Filing Status | 1 ☐ Single 2 ✓ Married filing joint | ly (even if only one had in | | e qualifying person is a child | but not your dependent, enter this | | | |
| Chaoli anhi ana | 3 Married filing sepa | rately. Enter spouse's SS | N above ct | nild's name here. | | | | |
| Check only one box. | and full name here | a. > | 5 Q | ualifying widow(er) with d | Boxes checked | | | |
| | 6a ✓ Yourself. If som | eone can claim you as a | dependent, do not che | ck box 6a | on 6a and 6b | | | |
| Exemptions | b ✓ Spouse | | | | No. of children | | | |
| | c Dependents: | (2) Dependent's | (3) Dependent's | (4) ✓ if child under age 17 qualifying for child tax credit | | | | |
| | (1) First name Last nam | ne social security num | nber relationship to you | (see instructions) | - aid not live with | | | |
| | YOAV A HOCHSTER | 0639896 | | 7 | or separation (see instructions) | | | |
| If more than four | YAEL HOCHSTER | 0639896 | The second secon | 7 | Dependents on 6c not entered above | | | |
| dependents, see | SHIRA E HOCHSTER | 0639896 | The Contract of the Contract o | 7 | Add numbers on 6 | | | |
| instructions and check here ▶□ | CILAD D HOCHSTER | 0639896 | | | lines above | | | |
| CHECK HOLD - | d Total number of exer | nptions claimed | | | 7 54,178 | | | |
| Incomo | 7 Wages, salaries, tips, | , etc. Attach Form(s) W-2 | | | Ва | | | |
| Income | 8a Taxable interest. Atta | ach Schedule B if required | a 8b | | | | | |
| | b Tax-exempt interest. | . Do not include on line 8 | a Ob | | ea ea | | | |
| Attach Form(s) W-2 here. Also | | Attach Schedule B if requi | 9b | | | | | |
| attach Forms | b Qualified dividends | dits, or offsets of state and | | | 0 | | | |
| W-2G and | 10 Taxable refunds, cred | dits, or offsets of state and | | | 1 | | | |
| 1099-R if tax was withheld. | | | or C-EZ | | 3 | | | |
| was willineid. | 12 Business income or (I | Business income or (loss). Attach Schedule C or C-EZ Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | |
| If you did not | 13 Capital gain or (loss). | s). Attach Form 4797 | | | 4 | | | |
| get a W-2, | 14 Other gains or (losses | 15a | b Taxable a | mount . | 5b | | | |
| see instructions. | 111 | 16a | b Taxable a | mount - | 7 Sb | | | |
| | The second secon | altice partnerships S col | porations, trusts, etc. A | ttach Schedule E | 8 | | | |
| | (1) | Attach Schedule F | | | 9 | | | |
| | 19 Unemployment comp | ensation | | mount 20 | | | | |
| | 20a Social security benefits | 20a | D Taxable a | 2 | | | | |
| | 21 Other income. List typ | the far right column for lines | 7 through 21. This is you | r total income ▶ 2 | 2 54,178 | | | |
| | 22 Combine the amounts in | | 23 | | | | | |
| * Huntad | 23 Educator expenses | es of reservists, performing a | rtists, and | | | | | |
| Adjusted Gross | 24 Certain business expens | icials. Attach Form 2106 or 2 | 106-EZ 24 | Sold Services | | | | |
| Income | or Health savings accoun | nt deduction. Attach Form | 8889 . 25 | | | | | |
| IIICOIIIC | Maying expenses. Atta | ach Form 3903 | 20 | | | | | |
| | noductible part of self-er | mployment tax. Attach Sched | Jule SE . ZI | | | | | |
| | on Solf-employed SEP, S | IMPLE, and qualified plans | s 28 | | | | | |
| | self-employed health i | insurance deduction . | 29 | | | | | |
| | 30 Penalty on early withd | rawal of savings | 30 | | | | | |
| | 31a Alimony paid b Recip | ient's SSN - : : | 31a 32 | | | | | |
| | and lean interest of | leduction | 33 | | | | | |
| | - was and food Attac | h Form 8917 | 34 | | The state of the s | | | |
| | - Was production act | livities deduction. Attach For | m 8903 35 | | | | | |
| | 36 Add lines 23 through 3 | 5 | | | | | | |
| | 37 Subtract line 36 from li | ne 22. This is your adjuste | ed gross income | 36 | | | | |
| For Disclosure, Pr | ivacy Act, and Paperwork Red | luction Act Notice, see se | eparate instructions. | Cat. No. 11320B | 54,178 | | | |

| Form 1040 @01 | 4) | | | | Page |
|--------------------------------|----------|--|---|------------------------|-------------------------------|
| 1 1001 70000 4000 | - | Amount | | 38 | 54,178 |
| | 38 | Amount from line 37 (adjusted gross income) | 12200000 | 30 | |
| Tax and | 39a | | Blind. Total boxes | | |
| Credits | | if: Spouse was born before January 2, 1950, | Blind. checked > 39a | 1 | |
| | р | If your spouse itemizes on a separate return or you were a dual-st | BUT BREET, CHECK THE | 40 | 12,400 |
| Standard | 40 | Itemized deductions (from Schedule A) or your standard ded | luction (see left margin) | 41 | 41,778 |
| Deduction or— | 41 | Subtract line 40 to 10 to 10 | | 42 | 23,700 |
| People who | 42 | Expensed and White on the Association and the Administration of the purpose | on tine 6d. Otherwise, see also | 43 | 18,078 |
| check any box on line | 43 | Tayable income. Subtract line 42 from line 41. If line 42 is more | te than me and | 44 | 1,808 |
| 19a or 39b or | 44 | Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b | Form 4972 6 L | 45 | |
| vho can be laimed as a | 45 | Alternative minimum tax (see instructions). Attach Form 6251 | | 46 | |
| dependent, | 46 | Excess advance premium tax credit repayment. Attach Form 85 | 962 | 47 | 1,808 |
| nstructions. | | | | | |
| All others: | 47 | Add lines 44, 45, and 46 Foreign tax credit. Attach Form 1116 if required | 48 1,808 | | |
| Single or | 48 | Foreign tax credit. Attach Form 1116 il required | 49 | | |
| Married filing separately, | 49 | Credit for child and dependent care expenses. Attach Form 2441 | 50 | | |
| 6,200 | 50 | Education credits from Form 8863, line 19 | 51 | 1 | |
| Married filing | 51 | Retirement savings contributions credit. Attach Form 8880 | 52 | 1 | |
| ointly or Qualifying | 52 | Child tax credit. Attach Schedule 8812, if required. | 53 | | |
| vidow(er). | 53 | Residential energy credits, Attach Form 5695 | 54 | 55 | 1,808 |
| 12,400 | 54 | 2000 6 8801 6 | | 56 | 0 |
| lead of ousehold, | 55 | Other credits from Form: a 3800 b 380 | r-0 | 57 | |
| 9,100 | 56 | Add lines 48 through 54. These are your total cristials Subtract line 55 from line 47. If line 55 is more than line 47, ente | | | |
| | 57 | Self-employment tax, Attach Schedule SE | 4137 b 8919 | 58 | |
| | | Self-employment tax. Attach Schedule SE Unreported social security and Medicare tax from Form: a Unreported social security and Medicare tax from Form: Attach Additional tax on IRAs, other qualified retirement plans, etc. Attach | Form 5329 if required | 59 | |
| Other | 58 | onreported social sessions | Political | 60a | |
| Taxes | 59 | Additional tax on IRAs, other qualified retirement plans, etc., visual Household employment taxes from Schedule H Household employment taxes from Schedule H Household employment Attach Form 5405 if require | | 60b | |
| anco | 60a | Household employment taxes from Schedule H First-time homebuyer credit repayment, Attach Form 5405 if requir First-time homebuyer credit repayment, Attach Form 5405 if requir Full-year (Full-year) | ed . | 61 | |
| | b | First-time homebuyer credit repayment. Attach Form 5403 illowers. Full-year of the latter individual responsibility (see instructions) | coverage | 62 | |
| | 61 | Health care: Individual responsibility (see instructions) Health care: Individual responsibility (see instructions) Taxes from: a Form 8959 b Form 8960 c Instructions Taxes from: a Form 8959 b Form 8960 c Instructions | ions; enter codst, | 63 | 0 |
| | 62 | Taxes from: a Form 8959 b Tolking State Section 1999 Add lines 56 through 62. This is your total tax | | | |
| | 63 | Add lines 56 through 62. This is your Earns W-2 and 1099 | 64 | | |
| Payments | 64 | Federal income tax withheld from Politics 2014 estimated tax payments and amount applied from 2013 return | 65 | | |
| Paymonto | 65 | 2014 estimated tax payments and amount applied. | 66a | | |
| f you have a | 66a | Farned income credit (EIC) | | | |
| qualifying | b | Nontaxable combat pay election 66b | 67 4,000 | | |
| child, attach Schedule EIC. | 67 | | 68 | | |
| Schedule Ele. | | to the credit from Form 6000 min | 69 | | |
| | | tay credit. Attach Form 6502 | 70 | | |
| | | account paid with request for extension to me | 71 | | |
| | | social security and tier 1 RRTA tax with their | 72 | | |
| | | O and it for forderal tax on fuels, Attach Form 4700 | 73 | | |
| | | | | 74 | 4,000 |
| | 73 | Credits from Form: a 2439 b Reserved C Facilities are your total part Add lines 64, 65, 66a, and 67 through 73. These are your total part Add lines 64, 65, 66a, and 67 through 73. These are your total part and the facilities are your total part and you | ayments | 75 | 4,000 |
| | | | | 76a | 4,000 |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from 8888 is atta Amount of line 75 you want refunded to you. If Form 8888 is atta | | 704 | |
| | | | pe: Checking Savings | | |
| Direct deposit? | | Routing number | | | |
| See | - d | Account number | 77 | | |
| nstructions. | 77 / | Amount of line 75 you want applied to your 2015 estimated tax ► Amount you owe. Subtract line 74 from line 63. For details on ho | ow to pay, see instructions | 78 | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 65. For details of the | 79 | | |
| | 79 E | Estimated tax penalty (see instructions) | | . Complete b | elow. No |
| Third Party | Do y | ou want to allow another person to discuss this return with the IF | Personal ider | tification r | |
| Designee | | Phone | i - miki | | Index and halist |
| Jesignee | name | 110. F | | he bost of my kn | owledge and belief vledge. |
| Sign | Under | penalties of perjury, I declare that I have examined this return and accompanying true, correct, and complete. Declaration of preparer (other than taxpayer) is because of the period of | pased on all information of which prepare | Daytime phon | e number |
| Here | | | ccupation | | 4-8040040 |
| oint return? See | 10 | main Tales Hocketon 4/20/18 | | 14+9-7 | on Identity Protecti |
| nstructions. | | The state of the s | e's occupation | If the IRS sent you | xu an Identity Protecti |
| eep a copy for our records. | 0 | | | here (see inst.) | |
| our roomus. | | III IIOCAO LA TARRANTE DE LA CARRANTE DE LA CARRATTE DE LA CARRANTE DE LA CARRANTE DE LA CARRANTE DE LA CARRATTE DE LA CARRANTE DE LA CARRATTE DE LA CARRANTE DE LA CARRANTE DE LA CARRANTE DE LA CARRANTE DE LA CARRATTE DE LA CARRATT | | | PTIN |
| | Print/T | ype preparer's name Preparer's signature | Date | Check if self-employed | |
| aid | | | | | |
| | | | | | |
| aid reparer - se Only - | Firm's r | name ► | | Firm's EIN ▶ | |

Department of the Treasury

Foreign Tax Credit

(Individual, Estate, or Trust)
► Attach to Form 1040, 1040NR, 1041, or 990-T.

► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121 Attachment Sequence No. 19

| | hert of the Treasury Pervenue Service (99) | ► Inform | mation about | Form 1116 | and its seen | nto instruction | e is at www. | irs.gov/form | 1116. | | sequence (vo. |
|-----------|--|-------------------------|-----------------|---------------|---------------------------------|--|-----------------|-----------------------|-------------|------------------|---------------------------------|
| Name | course sauce (aa) | anott | duon about | rom 1116 | and its sepai | ate instruction | Identif | ring number | 13 3170 | on page | e 1 of your tax return |
| | AMM I DOODET | D . Doi: | | | | | loer an | | 063-98- | 7919 | s box on each |
| Linna | AMIN J HOCHSTE separate Form 111 1116. Report all an | R & RONIT | HOCHSTER | | | · · · · · · · · · · · · · · · · · · · | come in the i | nstructions. (| Check or | nly one | BOX OII Cam |
| Form | 1116. Report all art | io for each o | category of inc | come listed b | ielow, See Ci aailiad in Par | tegones of in | come ar are | | | | |
| _ | | | | , | | (ii below | a∏ Lum | np-sum distri | butions | | |
| | Passive category in | | | | | | e Lui | | | | |
| | General category in | | | | ne re-sourced | | | | | | |
| | ident of (name of If you paid taxes than one foreign | | | | | | | | n Part I | I If vo | ou paid taxes to |
| f Res | sident of (name of | f country) | ISRAEL | | 2 | n use colum | n A in Part I | and line A | n raiti | ion. | |
| Note: | If you paid taxes than one foreign | to only on | ne foreign co | untry or U.S | o, possessic o conarate (| column and lir | ne for each i | country or p | Check | ced A | Above) |
| more | than one loreign | n country o | or U.S. posse | SSION, USE | Outside t | he United S | tates (for | Category | Choo | | Total |
| Par | Taxable In | come or | Loss From | Sources | Uutside t | Foreign Count | ry or U.S. Po | ssession | | (Add | cols. A, B, and C.) |
| | | | | | A | | В | | | Tente. | |
| g | Enter the name | e of the fo | oreign count | ry or U.S. | | | | | THE SECOND | | |
| | possession . | | | | ISRAEL | | | | | | |
| 1a | Gross income fr | om source | s within cour | ntry shown | | | | | | | |
| | above and of | the type | checked a | bove (see | | | | | | 214 | |
| | instructions): S | | | | | | | | Salar Salar | 1a | 54,178 |
| | - | | | | | 54,178 | | | | 10000 | |
| | | | | | | 34,170 | | | | | |
| ь | Check if line 1a | is compen | nsation for pe | ersonal | | | | | | | |
| | | | | | | | | | | | |
| | compensation fr more, and you | nos lls mor | alternative ba | asis to | | | | English Control | | 4000000 | 1 |
| | more, and you determine its sou | irce (see ins | structions) . | . ▶ ⊔ | | | | | | | |
| Dod w | tions and losses (| Caution: Se | ee instructions | <i>)</i> - | - | The same of the sa | | | | | |
| | Expenses defini | tely related | d to the incor | ne on line | | | | | | | |
| 2 | 4 - Jottach staten | nent) | | | | | | | | | |
| _ | Pro rata share o | of other dec | ductions not | definitely | | | | | | | |
| 3 | -alatad | | | | minute to the second | | | | | | |
| | Certain itemized | deductions | or standard | deduction | | | | | | | |
| а | (see instructions) | deddono | | | | | | | | | |
| _ | Other deductions | (attach sta | tement) | | | | | | | | 1 |
| ь | Add lines 3a and | 3h | | | | | | | | | |
| c | Gross foreign son | urce income | e (see instruct | ions) . | | | | | | | |
| ď | Gross income fro | m all source | es (see instru | ctions) . | | | | | | | |
| _ | Divide line 3d by | line 3e (see | instructions) | [| | | | | | | |
| f | Multiply line 3c by | v line 3f | | [| | | | Act of the last | | | |
| g | Pro rata share of i | nterest exne | ense (see instr | uctions): | and Maria as Well and Maria | | | Daniel Marie Commence | | | |
| 4 | Home mortgage | interest /u | se the Work | sheet for | | | | | | | 1 |
| а | Home mortgage I | interest in th | ne instructions | s) | | | | | | | |
| _ | Other interest exp | ANCE OSE III LI | | · | | | | | | | |
| ь | Other interest exp | 00 8011700 | | | | | | | | - | |
| 5 | Add lines 2, 3g, 4 | a. 4b. and 5 | | | | part of spe | | | | 6 | r4 470 |
| <u>-6</u> | Subtract line 6 fro | m line 1a F | nter the resul | t here and o | n line 15. pa | age 2 | | | . ▶ | 7 | 54,178 |
| 7 | Foreign Tax | oc Paid o | r Accrued | (see instr | uctions) | | | | | | |
| والتحق | Credit is claimed | los raid o | , Addition | 1000 | | | | | | | |
| | for taxes | | | | Fo | reign taxes paid | d or accrued | | | | |
| Country | you must check one) (h) ☑ Paid | | In foreign | Clittency | | | | In U.S. de | ollars | | |
| 5 | | 7 | | | 1 1 20 | <u> </u> | ithheld at soul | | (r) Ot | her | (s) Total foreign taxes paid or |
| 8- | (i) Accrued | laxes | withheld at sou | rce on: | (n) Other foreign taxes | laxes w | ithneid at soul | Ce on. | foreign 1 | axes | accrued (add cols. |
| | (j) Date paid | [/ki Dividends '/ [m] | (m) Interest | paid or | (o) Dividends | (p) Rents | (q) Interest | paid accru | | (o) through (r)) | |
| | or accrued | | and royalties | | accrued | | and royalties | | | $\overline{}$ | 3,019 |
| A | 12/31/2014 | | | | 10,804 | | | | | 3,019 | |
| В | | | | | , , | | | | | | |
| C | | | | | | | | | | | |
| | | | | | | | | | | 8 | 3,019 |

| Form 1 | 116 (2014) | | | | rup L |
|----------|--|---------|---------------------------|------------|------------------|
| Pari | -: -: | 1 | | | |
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 3,019 | | |
| 40 | Carryback or carryover (attach detailed computation) | 10 | | | |
| 10 | Add lines 9 and 10 | 11 | 3,019 | | |
| 11 | | 12 | 1 | | |
| 12 | Reduction in foreign taxes (see instructions) | | | | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | 14 | 3.019 |
| | This is the total amount of foreign taxes | avail | able for credit | 14 | 3,515 |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes | | | | |
| 15 | Combine lines 11, 12, and 13. This is the state of the st | | | | |
| ,,, | sources outside the United States (before adjustments) | 15 | 54,178 | 4 | |
| | | 16 | | - | |
| 16 | La Lino 15 (SPA INSTRUCTIONS) | | | | |
| | Adjustments to line 15 (see lines 15 and 16. This is your net foreign Combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts on lines 15 and 16. This is your net foreign combine the amounts of the properties of the proper | | | | |
| 17 | Combine the amounts on lines 15 and 10. This is you have no source taxable income. (If the result is zero or less, you have no source taxable income.) | | | | |
| | source taxable income. (If the result is zero of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above foreign tax credit for the category of income you checked above for income you checked abo | | | | |
| | foreign tax credit for the category of income you are filing more than Part I. Skip lines 18 through 22. However, if you are filing more than | 17 | 54,178 | | |
| | | | | | |
| 18 | from Form 1040, IIIO 71, 01 | | | | |
| | 1040NR, line 39. Estates and trusts. Little years | 18 | 41,778 | Samuel . | |
| | without the deduction for your exemption | ivider | nds or capital gains, see | | |
| | Caution: If you figured your tax using the lower rates on quantities | | | | 1 |
| | instructions. | | | 19 | <u>·</u> |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, effect 18. If line 17 is more than line 18, effect 18. If lines 18 and 19. If lines 19. In 19. I | you | are a nonresident alien, | | |
| 20 | Individuals: Enter the amounts from Form 1040, lines 44 and 40. If enter the amounts from Form 1040NR, lines 42 and 44. Estates and the enter the amounts from Form 1040NR, lines 42 and 44. Estates and the enter the amounts from Form 1040NR, lines 36 and 1040NR. | rusts | : Enter the amount from | | 1,808 |
| | | | | 20 | 1,000 |
| | Form 1041, Schedule G, line 1a, of the total of roman and a category e (I Caution: If you are completing line 20 for separate category e (I | ump- | sum distributions), see | | |
| | Caution: If you are completing line 20 for separate salage, | - | | _ | 1,808 |
| | instructions. Multiply line 20 by line 19 (maximum amount of credit) | | | 21 | 1,000 |
| 21 | | you | are filing, skip lines 23 | | |
| 22 | and enter this amount on line 28. Otherwise, complete the | | | | 1,808 |
| | | | | 22 | 1,000 |
| groups' | IV Summary of Credits From Separate Parts III (see instructions) | ction | s) | | |
| | Credit for taxes on passive category income | 23 | | | |
| 23 | Credit for taxes on general category income | 24 | | | |
| 24 | Credit for taxes on certain income re-sourced by treaty | 25 | | | |
| 25 26 | Credit for taxes on lump-sum distributions | 26 | | 27 | |
| 26 27 | | | | 27 | 1,808 |
| 27 28 | 00 100 07 | • | · · · · · · · - | 28 29 | 1,000 |
| 29 | | 101 111 | 110 12 · · · · | 23 | |
| 30 | on This is your foreign tay credit Enter ner | anu | 0111 01111 10 10, | 30 | 1,808 |
| | Subtract line 29 from line 28. This is your loreign tax credit and street from 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, li | ine 40 | Ja | | Form 1116 (2014) |

SCHEDULE 8812 (Form 1040A or 1040)

Child Tax Credit

► Attach to Form 1040, Form 1040A, or Form 1040NR. ▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule3312.



Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

BENJAMIN J HOCHSTER & RONIT HOCHSTER

083-98-7919

Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number) Part I Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.



Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that

| | • | tification Number) and that you indicated is a quantification Number) | |
|---------|---|--|------------------------------|
| 4 | For the first depend | ent identified with an ITIN and listed as a qualifying child for the child tax credit, did this ci eparate instructions. | hild meet the substantial |
| | ☐ Yes | □ No | |
| В | For the second deperence test? See | endent identified with an ITIN and listed as a qualifying child for the child tax credit, did this separate instructions. | s child meet the substantial |
| | ☐ Yes | □ No | |
| С | For the third depen presence test? See | dent identified with an ITIN and listed as a qualifying child for the child tax credit, did this cl separate instructions. | hild meet the substantial |
| | ☐ Yes | □ No | |
| D | | endent identified with an ITIN and listed as a qualifying child for the child tax credit, did this c separate instructions. | child meet the substantial |
| | ☐ Yes | □ No | |
| Not | and check here . | han four dependents identified with an ITIN and listed as a qualifying child for the child tax cr | edit, see the instructions |
| Pa | Addition | al Child Tax Credit Filers | |
| 1 | 1040 filers: | Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52). | |
| | 1040A filers: | Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). | 1 4,000 |
| | 1040NR filers: | Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). | |
| | If you used Pub. | 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. | |
| 2 | | from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 | 2 0 |
| 3 | | om line 1. If zero, stop; you cannot take this credit | 3 4,000 |
| 4a b | | ee separate instructions) | |
| IJ | | at pay (see separate | |
| 5 | , | ine 4a more than \$3,000? | |
| | | ne 5 blank and enter -0- on line 6. | |
| | ✓ Yes. Subtract | \$3,000 from the amount on line 4a. Enter the result 5 51,178 | |
| 6 | Multiply the amou | nt on line 5 by 15% (.15) and enter the result | 6 7,677 |
| | Next. Do you hav | e three or more qualifying children? | |
| | 1116 2 01 | is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 6 on line 13. | |
| | Yes. If line 6 | is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. | |
| | Otherwis | e, go to line 7. | |

| Sched | ile 8812 (Form 1040) | 4 or 1040) 2014 | ron | | | | |
|-------|--|--|-----|---|--------|----------|--|
| Part | Certain | Filers Who Have Three or More Qualifying Child | ren | T | | | |
| 7 | Withheld socia Form(s) W-2, b amounts with | 1 security, Medicare, and Additional Medicare taxes not oxes 4 and 6. If married filing jointly, include your spouse yours. If your employer withheld or you paid Additional ties. I RRTA taxes see separate instructions. | s | | | | |
| 8 | 1040 filers: | Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. | 8 | | | | |
| | 1040A filers: | Enter -0 | | | | | |
| | 1040NR filers: | Enter 40 Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60. | 9 | | | | |
| 9 | Add lines 7 and | 8 | | | | 3 | 1 |
| 10 | 1040 filers: | Enter the total of the amounts from Form 1040, lines 66a and 71. | | | | | |
| | 1040A filers: | Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). | 10 | | | | |
| | 1040NR filers: | Enter the amount from Form 1040NK, line 07. | | | | 11 | |
| 11 | | complete O. If zero or less, enter -0- | | | | 12 | |
| 12 | T lancon | of line 6 or line 11 | | | | | |
| 12 | Next, enter the si | maller of line 3 or line 12 on line 13. | | | | | |
| Part | TVI Addition | al Child Tax Credit | | | [| 13 | 4,000 Enter this amount on |
| 13 | This is your add | litional child tax credit | | | 1040 | | Form 1040, line 67. |
| | | | | | 1040A | | Form 1040A, line 43, or Form 1040NR, line 64. |
| | | | | | 1040NR | 4 | Form Total and and |
| | | | | | | | |