For the year Jan. 1-De	ec. 31, 2013	, or other tax year beginn	ing		, 2013, end	ing	, 20	Weg F	Se	e separate instructions.
Your first name and initial Last name				ne			******	-	Yo	ur social security number
Matthew			Redmo	nd					2	4 0 6 3 8 0 1 4
If a joint return, spo	use's first	name and initial	Last nan	ne	TO TO			24 6	Spo	ouse's social security numbe
Home address (num	nber and s	treet). If you have a P.	O. box, see ins	structions.				Apt. no.	A	Make sure the SSN(s) abo
Rob Swaim I		nd ZIP code. If you have	a foreign addres	ss, also complete sp	aces helow (see	instruction	5)	- 1 1		and on line 6c are correct residential Election Campaig
		na zir coac. ii you nave	a loreign addres	ss, also complete sp	acco below (see	instruction.	5).		1	ck here if you, or your spouse if filing
High Point, NC 2 Foreign country nar		71		Foreign prov	ince/state/cou	nty	Foreign	postal cod	joint	y, want \$3 to go to this fund. Check x below will not change your tax or
Filing Status	2	✓ Single Married filing joi				th		son is a ch		person). (See instructions.) In not your dependent, enter the
Check only one oox.	3	Married filing se and full name he		er spouse's SSI	N above		ualifying wido	-	depen	dent child
Exemptions	6a	✓ Yourself. If so	meone can	claim you as a d	ependent, de	not che	eck box 6a .			Boxes checked
zkemptions	b									on 6a and 6b No. of children
	С	Dependents:		(2) Dependent's		ependent's	(4) ✓ if chil qualifying for			on 6c who: • lived with you
	(1) First	name Last	name	social security numb	per relation	ship to you		structions)		did not live with
f more than four							[10	you due to divorce or separation
dependents, see							l l			(see instructions) Dependents on 6c
nstructions and	8									not entered above
check here ▶ □	d	Total number of ex	remptions cl	aimed					_	Add numbers on lines above
20000	7	Wages, salaries, ti	The second second second	Market and the second second second					7	mico disoro p
ncome	8a	Taxable interest.			i				8a	
	b	Tax-exempt interes	est. Do not i	nclude on line 8	a	8b				N
Attach Form(s) V-2 here. Also	9a	Ordinary dividends	s. Attach Sch	nedule B if requi	red				9a	* p
ttach Forms	b	Qualified dividend	s			9b		_		
V-2G and	10	Taxable refunds, of	redits, or off	sets of state and	d local incom	e taxes			10	
099-R if tax	11								11	
	12	Business income					to the second	· 🚊	12	21625
you did not	13	Capital gain or (los Other gains or (los				equirea, o	check here		13	
et a W-2,	15a	IRA distributions	1	rom 4/9/		Taxable	amount		15b	
ee instructions.	16a	Pensions and annu		1		Taxable			16b	
	17	Rental real estate,		rtnerships. S co				dule E	17	1.7
	18	Farm income or (lo							18	
	19	Unemployment co							19	A plpmike
	20a	Social security ben	efits 20a			Taxable	amount .		20b	
	21	Other income. List							21	7
	22	Combine the amoun	ts in the far rig	ght column for line	es 7 through 2	1. This is y	our total inco	me ▶	22	19.
Adjusted	23	Educator expense				23				
Gross	24	Certain business exp								
ncome		fee-basis governmer				24		-		1
	25	Health savings acc Moving expenses.				25		-	-	
	26 27	Deductible part of se				27	11	528		11 11 1
	28	Self-employed SE	1			28	1	,	6.20	
	29	Self-employed be				29				* * J ()
	30	Penalty on early w				30				1
	31a	Alimony paid b R			1919	31a		10 July	Das	
	32	IRA deduction .				32			THE RE	M - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	33	Student loan interes				33				
	34	Tuition and fees. A				34				105
	35	Domestic production				35				976
	36	Add lines 23 throu							36	1528
	37	Subtract line 36 fr	om line 22. T	his is your adjust	sted gross i	ncome			37	20097

	rom 1040 (2013)	·				raye =
	Tax and	38	Amount from line 37 (adjusted gross income)		38	20097	
		39a	Check You were born before January 2, 1949, Blind. Total boxes				
	Credits		if: ☐ Spouse was born before January 2, 1949, ☐ Blind. ☐ checked ▶ 39a			I	
1	Standard	ь	<u> </u>	9b 🗔		I	
	Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .	. –	40	6100	ا
	• People who	41	Subtract line 40 from line 38		41	13997	1
	check any	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instruction	nne	42	3900	1
	box on line 39a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	10097	
	who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	1065	-
l	dependent,				45	1003	'
l	see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251		46	1000	.
l	All others:	46	Add lines 44 and 45	•	40	1065	
	Single or	47	Foreign tax credit. Attach Form 1116 if required 47			I	
	Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441	\vdash		İ	
l	\$6,100	49	Education credits from Form 8863, line 19	\vdash	ŀ		1
l	Married filing jointly or	50	Retirement savings contributions credit. Attach Form 8880 50				
l	Qualifying	51	Child tax credit. Attach Schedule 8812, if required 51				
l	widow(er), \$12,200	52	Residential energy credits. Attach Form 5695		New 1	,	
l	Head of	53	Other credits from Form: a 3800 b 8801 c 53		1		
l	household, \$8,950	54	Add lines 47 through 53. These are your total credits		54	0	
ĺ		55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	•	55	1065	<u> </u>
	Other	56	Self-employment tax. Attach Schedule SE		56	3056	3
	_	57	Unreported social security and Medicare tax from Form: a \(\begin{pmatrix} 4137 \\ b \end{pmatrix} 8919 \\ . \end{pmatrix}		57		
	Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .		58		
		59a	Household employment taxes from Schedule H		59a		
		b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b		
		60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60		
		61	Add lines 55 through 60. This is your total tax		61	4121	
	Payments		Federal income tax withheld from Forms W-2 and 1099 62				
,		63	2013 estimated tax payments and amount applied from 2012 return 63				
ĺ	If you have a	64a	Earned income credit (EIC) 64a				
	qualifying	L_P	Nontaxable combat pay election 64b				
l	child, attach Schedule EIC.	65	Additional child tax credit, Attach Schedule 8812 65				
l	Scriedule ElC.	66					
		67	Reserved		1 1		
		68	Amount paid with request for extension to file 68	\vdash			
		69	Excess social security and tier 1 RRTA tax withheld 69	-			
		70	Credit for federal tax on fuels. Attach Form 4136	-			
		71	Credits from Form: a 2439 b Reserved c 8885 d 71				
		72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	ļc	기
	Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpa	aid	73		ļ
		74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here .		74a		_
	Direct deposit?	► b	Routing number	ngs			
	See instructions.	► d	Account number				
		75	Amount of line 73 you want applied to your 2014 estimated tax ► 75		1		
	Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	. ▶	76	4121	<u> </u>
	You Owe	77	Estimated tax penalty (see instructions)				
	Third Party	, Do	you want to allow another person to discuss this return with the IRS (see instructions)?] Yes	. Com	plete below.	No
	Designee		signee's Phone Personal	identifi	ication		
	-		me ▶ no. ▶ number (<u> </u>		
	Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a by are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which				elief,
		Yo	our signature / Date Your occupation			me phone number	
	Joint return? See	1 4	Alla Called 7/10/24		Jayui	priorio number	
	instructions. Keep a copy for	- S			If the !!	DC cont you on Identity De-	taction
	your records.	y ∃ρ	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		PIN, en		7.0000H
		Dri	int/Type preparer's name Preparer's signature Date		nere (s	ee inst.) PTIN	<u>t</u>
	Paid	• "	nt/Type preparer's name Preparer's signature Date			k ∐if [
	Preparer				Self-6	mployed	
	Use Only		m's name ► Firm's EIN ▶	<u>*</u>			
		Fin	m's address ▶ Phone no				

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service (99) ► For information on Schedule C and its instructions, go to www.irs.gov/schedulec.

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

Sequence No. 09

Name of proprietor Social security number (SSN) Matthew Redmond 240-63-8014 Principal business or profession, including product or service (see instructions) B Enter code from instructions C D Employer ID number (EIN), (see instr.) Business name. If no separate business name, leave blank. E Business address (including suite or room no.) ▶ ⊕ Rob Swaim Rd City, town or post office, state, and ZIP code High Point, NC 27262 F Accounting method: (2) Accrual (3) ☐ Other (specify) ▶ G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses √ No Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) Yes □ No If "Yes," did you or will you file required Forms 1099? Part I Income 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 . . . 46515 2 2 Returns and allowances . 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 24740 5 Gross profit. Subtract line 4 from line 3. 5 21775 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 21775 Enter expenses for business use of your home only on line 30. Part II Expenses 8 Advertising 8 18 18 Office expense (see instructions) 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 20 instructions). . . . Rent or lease (see instructions): 10 Commissions and fees 10 Vehicles, machinery, and equipment 20a Other business property . . 11 Contract labor (see instructions) 11 20h 12 Depletion 21 Repairs and maintenance . 21 13 Depreciation and section 179 22 Supplies (not included in Part III) . 22 expense deduction 23 Taxes and licenses 23 included in Part III) (see instructions). 13 24 Travel, meals, and entertainment: Travel 24a Employee benefit programs a 14 (other than on line 19). . 14 Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) . 24h 16 Interest: 25 25 Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits). 26 a b Other 16b Other expenses (from line 48) . . 27a 150 17 Legal and professional services 17 27h b Reserved for future use . . 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 150 29 29 21625 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: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 . 30 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. 31 21625 . If a loss, you must go to line 32. 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 32a All investment is at risk. on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and Some investment is not 32b trusts, enter on Form 1041, line 3. at risk. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

D	•
Page	4

Part	Cost of Goods Sold (see instructions)				
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch exi	olanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor		pianation		
01	If "Yes," attach explanation		. 🗌 Yes	□ ¹	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		1	
33		33			
36	Purchases less cost of items withdrawn for personal use	36			
37	Cost of labor. Do not include any amounts paid to yourself	37			
38	Materials and supplies	38		24740	
39	Other costs	39			
40	Add lines 35 through 39	40			
41	Inventory at end of year	41			
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4			24740	
Part	Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for file Form 4562.	truck ne 1	c expenses or 3 to find out if	i line 9 you m	nust
		,			
43	When did you place your vehicle in service for business purposes? (month, day, year) /	<u>/</u>			
44	Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle during 2013, enter the number of miles you were your vehicle during 2013, enter the number of miles you were your vehicle during 2013, enter the number of miles you were your vehicle during 2013, enter the number of miles you	ehicle	for:		
а	Business b Commuting (see instructions) c O	ther			
45	Was your vehicle available for personal use during off-duty hours?	•	Tyes	<u> </u>	No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	<u> </u>	No
47a	Do you have evidence to support your deduction?		🗌 Yes	□ N	lo
b	If "Yes," is the evidence written?		🗌 Yes		No
Part		ie 30	•		
Tool				140	
100	<u>~</u>			140	
•••••			_		
•••••					
48	Total other expenses. Enter here and on line 27a	48		140	

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

2013

Attachment
Sequence No. 17

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

Matthew Redmond

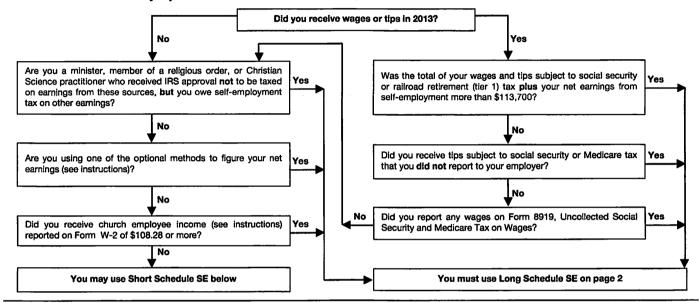
Social security number of person with self-employment income ▶

240-63-8014

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		
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	()
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	21625	
3	Combine lines 1a, 1b, and 2	3	21625	
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do	<u> </u>	2,020	•
•	not file this schedule unless you have an amount on line 1b	4	19971	
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5	Self-employment tax. If the amount on line 4 is:			
	• \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54			
	 More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. 			
	Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	3055.52	
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			

		Social security number of with self-employment inc			
Cocti	on B-Long Schedule SE	man con chipicyment me			
Part					
	If your only income subject to self-employment tax is church employee inc	ome, see instructions, Also	see ins	tructions for the	
	ion of church employee income.				
A	If you are a minister, member of a religious order, or Christian Science had \$400 or more of other net earnings from self-employment, check the self-employment of the self-employmen	nere and continue with Par			
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, S box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional me		1a		
b	If you received social security retirement or disability benefits, enter the amount Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (F		1b ()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Sc box 14, code A (other than farming); and Schedule K-1 (Form 10 Ministers and members of religious orders, see instructions for types this line. See instructions for other income to report. Note. Skip this line optional method (see instructions)	65-B), box 9, code J1. of income to report on e if you use the nonfarm	2		
3	Combine lines 1a, 1b, and 2		3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, e		4a		
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments				
b	If you elect one or both of the optional methods, enter the total of lines		4b		
С	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-e Exception. If less than \$400 and you had church employee income , e		4c		
5a	instructions for definition of church employee income 5a				
b			5b		
6	Add lines 4c and 5b	<i></i>	6		
7	Maximum amount of combined wages and self-employment earnings stax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2		7	113,700	oc
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$113,700 or more, skip lines 8b through 10, and go to line 11				
b	Unreported tips subject to social security tax (from Form 4137, line 10) 8b				
C	Wages subject to social security tax (from Form 8919, line 10)]		
d	Add lines 8a, 8b, and 8c		8d	<u> </u>	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10	_	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)		10		
11	Multiply line 6 by 2.9% (.029)		11		
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 5	6, or Form 1040NR, line 54	12		
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on		Service Control		•
Part	Form 1040, line 27, or Form 1040NR, line 27				
than \$	Optional Method. You may use this method only if (a) your gross farm \$6,960, or (b) your net farm profits² were less than \$5,024.	n income was not more			
14	Maximum income for optional methods		14	4,640	00
15	Enter the smaller of: two-thirds (2/3) of gross farm income1 (not less th	an zero) or \$4,640. Also	1 1		

amount on line 16. Also include this amount on line 4b above . ¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

16

17

of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits were less than \$5,024 and also less than 72.189% of your gross nonfarm income,4 and (b) you had net earnings from self-employment

Enter the smaller of: two-thirds (2/3) of gross nonfarm income4 (not less than zero) or the

15

16

17

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.