

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning

, 2014, ending , 20

See separate instructions.

Your first name and initial LISA A.

Last name BULLOCK

Your social security number

If a joint return, spouse's first name and initial STEPHEN C.

Last name BULLOCK

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

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.

HELENA, MT 59601

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

You [ ] Spouse [X]

Filing Status 1 [ ] Single 2 [X] 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 [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [X] Spouse Boxes checked on 6a and 6b 2 No. of children on 6c who: 3 • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 5

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 133,689. 8a Taxable interest. Attach Schedule B if required 8a 1. b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 179. b Qualified dividends 9b 77. 10 Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 2 10 779. 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ] 13 10,078. 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 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 12,476. 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 22 157,202.

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 37 157,202.

		38	157,202.	
<b>Tax and Credits</b> 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	38	Amount from line 37 (adjusted gross income)		
	39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. } checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		
	41	Subtract line 40 from line 38		
	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see inst.		
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		
	44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>		
	45	Alternative minimum tax. Attach Form 6251		
	46	Excess advance premium tax credit repayment. Attach Form 8962		
	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	600.	Child tax credit. Attach Schedule 8812, if required	
53	53	Residential energy credits. Attach Form 5695		
54	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>		
55	55	Add lines 48 through 54. These are your total credits		
56	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		
57	57	Self-employment tax. Attach Schedule SE		
<b>Other Taxes</b>	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
	60a	Household employment taxes from Schedule H		
	60b	b First-time homebuyer credit repayment. Attach Form 5405 if required		
	61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>		
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)		
	63	Add lines 56 through 62. This is your total tax		
	64	64	14,552.	Federal income tax withheld from Forms W-2 and 1099
	65	65	2014 estimated tax payments and amount applied from 2013 return	
	<b>Payments</b> If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	
66b		Nontaxable combat pay election		
67		Additional child tax credit. Attach Schedule 8812		
68		American opportunity credit from Form 8863, line 8		
69		Net premium tax credit. Attach Form 8962		
70		Amount paid with request for extension to file		
71		Excess social security and tier 1 RRTA tax withheld		
72		Credit for federal tax on fuels. Attach Form 4136		
73		Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>		
74		74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	
<b>Refund</b> Direct deposit? See instructions.	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		
	77	77	Amount of line 75 you want applied to your 2015 estimated tax	
<b>Amount You Owe</b>	78	78	4,967.	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions
	79	79	30.	Estimated tax penalty (see instructions)
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name <b>JUSTIN L. MOSNESS, CPA</b>		Personal identification number (PIN) [REDACTED]	
<b>Sign Here</b> Joint return? See instructions. Keep a copy for your records.	Your signature		Date	Your occupation <b>IT PROGRAM MANAGER</b>
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation <b>GOVERNOR</b>
			Date	Daytime phone number [REDACTED]
			Date	If the IRS sent you an Identify Protection PIN, enter it here
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JUSTIN L. MOSNESS, CPA</b>		Preparer's signature	Date <b>04/01/15</b>
	Firm's name <b>WIPFLI LLP</b>		Check <input type="checkbox"/> if self-employed	PTIN [REDACTED]
	Firm's address <b>P.O. BOX 1699 HELENA, MT 59624-1699</b>		Firm's EIN [REDACTED]	Phone no. [REDACTED]