

Your first name and initial: **DAVID E** Last name: **TAYLOR**
 If a joint return, spouse's first name and initial: Last name:
 Home address (number and street). If you have a P.O. box, see instructions: **2008 VICTORY WAY LN.**
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete special table (see instructions): **SAINT LOUIS, MO 63138-1317**
 Foreign country name: Foreign province/county: Foreign postal code:

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here: **JOSEPHUA C TAYLOR**
 4 Head of household (over qualifying person) (See instructions) if the qualifying person is a child (or NA) you depend on, enter this child's name here: **JOSEPHUA C TAYLOR**
 5 Qualifying widower (with dependent child)

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse.
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If 7 or over under age 17 qualifying for credit (see instructions)
BROOKLYN B MITCHELL Other
CHRISTIAN J WARE Other
ASHLEY K WARE Other
CLIFTON R WARE Other
 d Total number of exemptions claimed: **5**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	28,897.
	8a	Taxable interest. Attach Schedule B if required	8a	
	9a	Tax-exempt interest. Do not include on line 8a	9a	
	9b	Ordinary dividends. Attach Schedule B if required	9b	
	10	Qualified dividends	10	
	11	Taxable refunds, credits, or offsets of state and local income taxes	11	
	12	Alimony received	12	
	13	Business income or (loss). Attach Schedule C or C-EZ	13	
	14	Capital gain or (loss). Attach Schedule D if required. If not required, check here: <input type="checkbox"/>	14	
	15a	Other gains or (losses). Attach Form 4797	15a	
	16a	IRA distributions	16a	
	16b	b Taxable amount	16b	
	17	Pensions and annuities	17	
	18	b Taxable amount	18	
	19	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	19	
	20a	Farm income or (loss). Attach Schedule F	20a	
	20b	b Taxable amount	20b	
	21	Unemployment compensation	21	
	22	Social security benefits	22	
	23	b Taxable amount	23	
	24	Other income. List type and amount	24	
	25	Combine the amounts in the far right column for lines 7 through 24. This is your total income	25	28,897.

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	2,041.
	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	2,041.
	37	Subtract line 36 from line 25. This is your adjusted gross income	37	26,856.

38	Amount from line 37 (adjusted gross income)	38	26,856.
39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind } Total boxes checked <input type="checkbox"/> 39a 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,700.
41	Subtract line 40 from line 38	41	18,156.
42	Exemptions. Multiply \$3,600 by the number on line 6d	42	19,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 952 election	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	0.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.
56	Self-employment tax. Attach Schedule SE	56	3,549.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
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	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	3,549.
62	Federal income tax withheld from Forms W-2 and 1099	62	3,606.
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC). CLERGY	64a	
b	Nontaxable combat pay election. <input type="checkbox"/> 64b	64b	
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	3,606.
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	57.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	57.
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0.
77	Estimated tax penalty (see instructions)	77	

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

Designee's name **JAMES H TAYLOR** Phone no. Personal identification number (PIN)

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.

Your signature	Date	Your occupation	Daytime phone number
<i>JAMES H TAYLOR</i>		APOSTLE	(314) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
JAMES H TAYLOR	<i>JAMES H TAYLOR</i>	02/04/2014		
Firm's name	Firm's EIN		Phone no.	
TAYLOR INCOME TAX SERVICE	5			

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

Social security number of person with self-employment income ▶

DAVID E TAYLOR

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

1a Net farm profit or (loss) from Schedule F, line 34 and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see inst.)	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 Y.	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. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	28,897.
3 Combine lines 1a, 1b, and 2.	3	28,897.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	26,686.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue ▶	4c	26,686.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income.	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-.	5b	0.
6 Add lines 4c and 5b	6	26,686.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2012	7	110,100.
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 \$110,100 or more, skip lines 8b through 10, and go to line 11	8a	
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)	8c	
d Add lines 8a, 8b, and 8c.	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11. . . ▶	9	110,100.
10 Multiply the smaller of line 6 or line 9 by 10.4% (.104).	10	2,775.
11 Multiply line 6 by 2.9% (.029)	11	774.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56 or Form 1040NR, line 54	12	3,549.
13 Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27 or Form 1040NR, line 27.	13	2,041.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$8,780 or (b) your net farm profits² were less than \$4,894.

14 Maximum income for optional methods	14	4,520.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,520. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$4,894 and also less than 72.180% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

16 Subtract line 15 from line 14.	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² 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.

³ 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.

⁴ From 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.

Form W-2 Wage and Tax Statement 2012

1. Employer's name, address and ZIP code
JOSHUA MEDIA MINISTRY
2008 VICTORY WAY LN
ST LOUIS MO 63138

2. Federal income tax withheld
3605.79

3. Social Security wages
28897.35

4. Social Security tax withheld

5. Medicare wages and tips
75100.00

6. Medicare tax withheld

7. Social Security tips

8. Allocated tips

9. Dependent care benefits

10. Nonqualified plans

11. State wages, tips, etc.
28897.35

12. State income tax
939.00

13. Local wages, tips, etc.

14. Local income tax

15. Locality name

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10. Nonqualified plans

11. State wages, tips, etc.
28897.35

12. State income tax
939.00

13. Local wages, tips, etc.

14. Local income tax

15. Locality name

Form W-2 Wage and Tax Statement 2012

Copy C, for employee's records

This information is being furnished to the Internal Revenue Service if you are required to file a tax return. A negligence penalty or other sanction may be assessed if you do not file a tax return and you fail to report it.

a Control number		b Employer's name, address and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0047	
c Social Security number		JOSHUA MEDIA MINISTRY 2008 VICTORY WAY LN ST LOUIS MO 63138		1 Wages, tips, other compensation 28897.35	
13 Statutory employee		Retirement plan		2 Federal income tax withheld 3605.79	
14 Other MINIS		75100.00		3 Social Security wages	
15 See instructions for Box 12		16 Other MINIS		4 Social Security tax withheld	
17 See instructions for Box 12		18 Other MINIS		5 Medicare wages and tips 75100.00	
19 See instructions for Box 12		20 Other MINIS		6 Medicare tax withheld	
21 See instructions for Box 12		22 Other MINIS		7 Social Security tips	
23 See instructions for Box 12		24 Other MINIS		8 Allocated tips	
25 See instructions for Box 12		26 Other MINIS		9 Dependent care benefits	
27 See instructions for Box 12		28 Other MINIS		10 Nonqualified plans	
11 State		Employer's state I.D. No.		12 State wages, tips, etc. 28897.35	
MO		19922582		13 State income tax 939.00	
14 Local		wages, tips, etc.		15 Local income tax	
				16 Locality name	

Form W-2 Wage and Tax Statement 2012

Copy B, to be filed with employee's FEDERAL tax return

This information is being furnished to the Internal Revenue Service if you are required to file a tax return. A negligence penalty or other sanction may be assessed if you do not file a tax return and you fail to report it.

a Control number		b Employer's name, address and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0047	
c Social Security number		JOSHUA MEDIA MINISTRY 2008 VICTORY WAY LN ST LOUIS MO 63138		1 Wages, tips, other compensation 28897.35	
13 Statutory employee		Retirement plan		2 Federal income tax withheld 3605.79	
14 Other MINIS		75100.00		3 Social Security wages	
15 See instructions for Box 12		16 Other MINIS		4 Social Security tax withheld	
17 See instructions for Box 12		18 Other MINIS		5 Medicare wages and tips 75100.00	
19 See instructions for Box 12		20 Other MINIS		6 Medicare tax withheld	
21 See instructions for Box 12		22 Other MINIS		7 Social Security tips	
23 See instructions for Box 12		24 Other MINIS		8 Allocated tips	
25 See instructions for Box 12		26 Other MINIS		9 Dependent care benefits	
27 See instructions for Box 12		28 Other MINIS		10 Nonqualified plans	
11 State		Employer's state I.D. No.		12 State wages, tips, etc. 28897.35	
MO		19922582		13 State income tax 939.00	
14 Local		wages, tips, etc.		15 Local income tax	
				16 Locality name	

Form W-2 Wage and Tax Statement 2012

Copy 2, to be filed with employee's tax return for MO

This information is being furnished to the Internal Revenue Service if you are required to file a tax return. A negligence penalty or other sanction may be assessed if you do not file a tax return and you fail to report it.

a Control number		b Employer's name, address and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0047	
c Social Security number		JOSHUA MEDIA MINISTRY 2008 VICTORY WAY LN ST LOUIS MO 63138		1 Wages, tips, other compensation 28897.35	
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				16 Locality name	