

# Electronic Filing Instructions for your 2015 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Claire E Nessler  
625 Pennsylvania Street, Apt. 505  
Denver, CO 80203

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$2,373.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1080002406690 Routing Transit Number: 302075128.		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2016. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2015 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	16,887.00
	Taxable Income	\$	6,587.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	2,373.00
	Amount to be Refunded	\$	2,373.00
	Effective Tax Rate		0.00%



Hi Claire,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Freedom Edition:

- Your filed return has 100% guaranteed accurate calculations\*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20		See separate instructions.
Your first name and initial <b>Claire E</b>	Last name <b>Nessler</b>	<b>Your social security number</b> <b>306-06-1130</b>
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>625 Pennsylvania Street</b>		Apt. no. <b>505</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Denver CO 80203</b>		<b>▲ Make sure the SSN(s) above and on line 6c are correct.</b>  <b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

**Filing Status**  
 Check only one box.

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. ▶

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. ▶  
 5 ☐ Qualifying widow(er) 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) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b**  
**No. of children on 6c who:**  
 • 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 ▶**

<b>Income</b>  <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	21,916.		
	8a	Taxable interest. Attach Schedule B if required . . . . .	8a	50.		
	b	Tax-exempt interest. <b>Do not</b> include on line 8a . . . . .	8b			
	9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a			
	b	Qualified dividends . . . . .	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	0.		
	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 ▶ <input type="checkbox"/>	13			
	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				
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 <b>total income</b> ▶	22		21,966.		

<b>Adjusted Gross Income</b>	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	2,579.
	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	2,500.
	34	Tuition and fees. Attach Form 8917 . . . . .	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35 . . . . .	36	5,079.	
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	16,887.	

**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, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,250

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	16,887.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1951, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1951, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	6,300.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	10,587.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,000.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	6,587.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	658.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	658.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	658.
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	658.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	0.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	0.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	2,373.
<b>65</b>	2015 estimated tax payments and amount applied from 2014 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> No	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	2,373.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	2,373.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	2,373.
<b>b</b>	Routing number 3 0 2 0 7 5 1 2 8 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 1 0 8 0 0 0 2 4 0 6 6 9 0		

**Amount You Owe**

<b>77</b>	Amount of line 75 you want <b>applied to your 2016 estimated tax</b> ▶	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee**

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

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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**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, 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 Software Engineer	Daytime phone number (303) 587-1275
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at [www.irs.gov/form8863](http://www.irs.gov/form8863).

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **50**

Name(s) shown on return

Claire E Nessler

Your social security number

306-06-1130

*Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you cannot take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>cannot</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	16,300.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	10,000.
<b>12</b>	Multiply line 11 by 20% (.20) . . . . .	<b>12</b>	2,000.
<b>13</b>	Enter: \$130,000 if married filing jointly; \$65,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	65,000.
<b>14</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	16,887.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	48,113.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	10,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	2,000.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33 . . . . .	<b>19</b>	658.

Name(s) shown on return

Claire E Nessler

Your social security number

306-06-1130



**Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information**

See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) Claire E Nessler	<b>21</b> Student social security number (as shown on page 1 of your tax return) <div style="text-align: center;">306-06-1130</div>
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution Galvanize  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1644 Platte Street Denver CO 80202  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(3)</b> Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked "No" in <b>both (2) and (3)</b> , skip <b>(4)</b> . <b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b> , enter the institution's federal identification number (from Form 1098-T).	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(3)</b> Did the student receive Form 1098-T from this institution for 2014 with Box 2 <input type="checkbox"/> Yes <input type="checkbox"/> No filled in and Box 7 checked? If you checked "No" in <b>both (2) and (3)</b> , skip <b>(4)</b> . <b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b> , enter the institution's federal identification number (from Form 1098-T).
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2015? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2015 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions) <input type="checkbox"/> Yes — Go to line 25. <input checked="" type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2015 (see instructions)? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.	



**You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Do not enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
	16,300.

**Health Savings Accounts (HSAs)**

► **Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).**  
 ► **Attach to Form 1040 or Form 1040NR.**

Name(s) shown on Form 1040 or Form 1040NR

Claire E Nessler

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ►

306-06-1130

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions).	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	<b>2</b>	2,579.
<b>3</b>	If you were under age 55 at the end of 2015, and on the first day of <b>every</b> month during 2015, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,350 (\$6,650 for family coverage). <b>All others</b> , see the instructions for the amount to enter.	<b>3</b>	6,650.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs.	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	6,650.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter.	<b>6</b>	6,650.
<b>7</b>	If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions).	<b>7</b>	0.
<b>8</b>	Add lines 6 and 7.	<b>8</b>	6,650.
<b>9</b>	Employer contributions made to your HSAs for 2015	<b>9</b>	244.
<b>10</b>	Qualified HSA funding distributions	<b>10</b>	
<b>11</b>	Add lines 9 and 10.	<b>11</b>	244.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0-	<b>12</b>	6,406.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	<b>13</b>	2,579.

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2015 from all HSAs (see instructions).	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a.	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions).	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box.	<b>17b</b>	



**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	



# Tax History Report

► Keep for your records

**2015**

Name(s) Shown on Return

Claire E Nessler

	Five Year Tax History:				
	2011	2012	2013	2014	2015
Filing status . . . . .				Single	Single
Total income . . . . .				7,236.	21,966.
Adjustments to income				2,500.	5,079.
Adjusted gross income				4,736.	16,887.
Tax expense . . . . .				579.	1,189.
Interest expense . . .					
Contributions . . . . .				60.	336.
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .				6,200.	6,300.
Exemption amount . .				3,950.	4,000.
Taxable income . . . .				0.	6,587.
Tax. . . . .					658.
Alternative min tax . .					
Total credits . . . . .					658.
Other taxes . . . . .					
Payments . . . . .				782.	2,373.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund. . . . .				782.	2,373.
Effective tax rate % . .				-10.47	0.00
**Tax bracket % . . .					10.0

\*\*Tax bracket % is based on Taxable income.

# Healthcare Entry Sheet

► Keep for your records

2015

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

*Short Gap  
Eligible\**  
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	T
1 Claire Nessler	306-06-1130	07/08/88	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ►

**Completion checkbox:**

☐ Check this box once you are finished with all the healthcare related entries.

**1098-T**  
Worksheet

**Tuition Statement**  
► Keep for your records

**2015**

Taxpayer's name <u>Claire E Nessler</u>	Social Security No. <u>306-06-1130</u>
--	---

**1098-T Information (Required):**

- A** A Form 1098-T was received from this institution . . . . . Yes ☐ No ☒
- B** A Form 1098-T was received from this institution for **2014** with Box 2 filled in and Box 7 checked . . . . . Yes ☐ No ☒

**Identify Student (Required):**

- A** If student is Claire  
**Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet** . . . . . ► Claire
- B** If student is \_\_\_\_\_  
**Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet** . . . . . ► \_\_\_\_\_

Filer's name <u>Galvanize</u> Street address <u>1644 Platte Street</u> City _____ State _____ Zip Code _____ <u>Denver</u> <u>CO</u> <u>80202</u> Foreign province/county _____ Foreign postal code _____ Foreign country _____		<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ <u>18,000.</u>	
<b>Filer's</b> Federal identification number _____		<b>Student's</b> Social Security Number. <u>306-06-1130</u>	
<b>Student's</b> name <u>Claire</u> Street address _____ Apt. No. _____ <u>625 Pennsylvania Street</u> <u>505</u> City _____ State _____ Zip Code _____ <u>Denver</u> <u>CO</u> <u>80203</u>		<b>4</b> Adjustments made for a prior year \$ _____	<b>5</b> Scholarships or grants \$ _____
Service Provider/ Acct No _____		<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____	<b>7</b> Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2016 . . . . ► <input type="checkbox"/>
<b>8</b> Check if at least half-time student ► <input type="checkbox"/>		<b>9</b> Checked if a graduate student . . ► <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund \$ _____

**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**

- A** Enter box 1 amount **not** paid during 2015 . . . . . 0.
- B** Enter box 1 amount actually paid during 2015 . . . . . 18,000.

**Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses**

- A** Enter box 2 amount **not** paid during 2015 . . . . . \_\_\_\_\_
- B** Enter box 2 amount actually paid during 2015 . . . . . \_\_\_\_\_

**Reconciliation of Box 5, Scholarships or Grants**

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . . \_\_\_\_\_
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . . \_\_\_\_\_
- C** Portion of box 5 amount from scholarships or grants . . . . . \_\_\_\_\_
- D** Box 5 amount includes veteran- or employer-provided educational assistance . . . . . ☐

## 2015

Name(s) Shown on Return  
Claire E Nessler

Social Security Number  
306-06-1130

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/15		04/15/15			04/15/15		
2	06/15/15		06/15/15			06/15/15		
3	09/15/15		09/15/15			09/15/15		
4	01/15/16		01/15/16			01/15/16		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2015 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2015 extensions . . . . .					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				2,373.	737.	
11	Forms W-2G . . . . .						
12	Forms 1099-R . . . . .						
13	Forms 1099-MISC and 1099-G . . . . .						
14	Schedules K-1 . . . . .						
15	Forms 1099-INT, DIV and OID . . . . .						
16	Social Security and Railroad Benefits . . . . .						
17	Form 1099-B . . . . .	St		Loc			
18 a	Other withholding . . . . .	St		Loc			
b	Other withholding . . . . .	St		Loc			
c	Other withholding . . . . .	St		Loc			
d	Positive Adjustment . . . . .	St		Loc			
e	Negative Adjustment . . . . .	St		Loc			
f	Additional Medicare Tax . . . . .						
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .				2,373.	737.	
20	<b>Total Tax Payments for 2015</b> . . . . .				2,373.	737.	

Prior Year Taxes Paid In 2015 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
<b>21</b>	Tax paid with 2014 extensions . . . . .				
<b>22</b>	2014 estimated tax paid after 12/31/2014 . . . . .				
<b>23</b>	Balance due paid with 2014 return . . . . .				
<b>24</b>	Other (amended returns, installment payments, etc) . .				

Name(s) Shown on Return  
Claire E NesslerSocial Security Number  
306-06-1130**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
US Department of Education	Taxpayer	306-06-1130	4,340.	3,752.
Total student loan interest. . . . .				3,752.

**Part II Computation of Student Loan Interest Deduction**

<b>1</b>	Enter the total interest you paid in 2015 on qualified student loans . . . . . (see Form 1040 instructions).	<b>1</b>	3,752.
<b>2</b>	Enter the <b>smaller</b> of line 1 or \$2,500. . . . .	<b>2</b>	2,500.
<b>3</b>	Modified AGI . . . . . <b>Note:</b> If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$160,000 or more if married filing jointly, <b>stop here</b> . You <b>cannot</b> take the deduction.	<b>3</b>	19,387.
<b>4</b>	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly. . . . .	<b>4</b>	65,000.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 . . . . .	<b>5</b>	0.
<b>6</b>	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	0.0000
<b>7</b>	Multiply line 2 by line 6 . . . . .	<b>7</b>	0.
<b>8</b>	<b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. <b>Do not</b> include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	<b>8</b>	2,500.

\* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

# Education Tuition and Fees Summary

**2015**

► Keep for your records

Name(s) Shown on Return <u>Claire E Nessler</u>	Your Social Security No. <u>306-06-1130</u>
--	--

## Part I - Qualified Education Expense Summary

(a) Student's name First Name <u>          </u> MI <u>          </u> Last Name <u>          </u> Suffix <u>          </u> Social Security Number <u>          </u>	(b) Qualified Education Expenses	(c) Qualified for:  Yes No	(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
<u>Claire</u> <u>E</u>	16,450.	Amer Opp Cr . . . ► <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Nessler</u>	16,300.	Lifetime Cr . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>306-06-1130</u>	16,300.	Tuition Ded . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16,450.	Total Qualified Expenses		
		Amer Opp Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tuition Ded . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses		
		Amer Opp Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tuition Ded . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses		
Total qualified expenses . . . . .	16,450. 16,300. 16,300.	Amer Opp Cr Lifetime Cr Tuition Ded		

## Part II - Optimize Education Expenses for the Lowest Tax

### Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now . . . . . ► ☐
- 2 **Automatic** - Check to use the Credit choices calculated in Part I, column (e) above . . . . . ► ☒
- or
- 3 **Manual** - Check to use the Credit choices you entered in Part I, column (d) above . . . . . ► ☐

## Part III - Summary of Deduction and Credits

### Tuition and Fees Deduction Summary

1	Total 2015 tuition and fees paid for purposes of deduction. . . . .	1	
2	Modified adjusted gross income . . . . .	2	
3	Maximum deduction allowed . . . . .	3	
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 3) . . . . .	4	0.

### American Opportunity, Lifetime Learning Credits Summary

5	Tentative American Opportunity Credit . . . . .	5	
6	Tentative Lifetime Learning Credit . . . . .	6	2,000.
7	Total Education Credits (after limitations) . . . . .	7	658.

# Federal Carryover Worksheet

**2015**

► Keep for your records

Name(s) Shown on Return Claire E Nessler	Social Security Number 306-06-1130
---	---------------------------------------

## 2014 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CO			115.		115.	
<b>Totals . .</b>			115.		115.	

## Other Tax and Income Information

			2014	2015
1	Filing status . . . . .	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	639.	1,525.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	4,736.	16,887.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	0.	0.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

**QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►**

## Excess Contributions

			2014	2015
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2014	2015
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2015 . . . . .	b		
	b 2014 . . . . .	c		
	c 2013 . . . . .	d		
	d 2012 . . . . .	e		
	e 2011 . . . . .	f		
	f 2010 . . . . .			



Claire E Nessler

306-06-1130

Loss and Expense Carryovers (cont'd)						2014	2015
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2015 . . .	17 a			
		b	2014 . . .	b			
		c	2013 . . .	c			
		d	2012 . . .	d			
		e	2011 . . .	e			
		f	2010 . . .	f			
<b>Credit Carryovers</b>						<b>2014</b>	<b>2015</b>
18	General business credit . . . . .			18			
19	Adoption credit from:	a	2015 . . . . .	19 a			
		b	2014 . . . . .	b			
		c	2013 . . . . .	c			
		d	2012 . . . . .	d			
20	Mortgage interest credit from:	a	2015 . . . . .	20 a			
		b	2014 . . . . .	b			
		c	2013 . . . . .	c			
		d	2012 . . . . .	d			
21	Credit for prior year minimum tax . . . . .			21			
22	District of Columbia first-time homebuyer credit . . . . .			22			
23	Residential energy efficient property credit . . . . .			23			
<b>Other Carryovers</b>						<b>2014</b>	<b>2015</b>
24	Section 179 expense deduction disallowed . . . . .			24			
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46) . . . . .	25 a			
		b	Taxpayer (Form 2555, line 48) . . . . .	b			
		c	Spouse (Form 2555, line 46) . . . . .	c			
		d	Spouse (Form 2555, line 48) . . . . .	d			

**Charitable Contribution Carryovers**

26	2014 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2014 . . . . .				
b	2013 . . . . .				
c	2012 . . . . .				
d	2011 . . . . .				
e	2010 . . . . .				
27	2015 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015 . . . . .				
b	2014 . . . . .				
c	2013 . . . . .				
d	2012 . . . . .				
e	2011 . . . . .				

28 Amount overpaid less earned income credit . . . . . 286.

**2014 State Capital Loss Carryovers** (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

# Electronic Filing Instructions for your 2015 Colorado Tax Return

Important: Your taxes are not finished until all required steps are completed.



Claire E Nessler  
625 Pennsylvania Street Apt 505  
Denver, CO 80203

<b>Balance Due/Refund</b>	Your Colorado state tax return (Form 104) shows a refund due to you in the amount of \$447.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1080002406690 Routing Transit Number: 302075128.		
<b>Where's My Refund?</b>	Before you call the Colorado Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Colorado Department of Revenue directly at 1-303-238-7378. From outside of Colorado use 1-303-238-3278. You can also visit the Colorado Department of Revenue web site at <a href="http://www.taxcolorado.com">www.taxcolorado.com</a> .		
<b>What You Need to Sign</b>	Sign and date Form DR 8453 within 1 day of acceptance.		
<b>Do Not Mail</b>	Do not mail a paper copy of your tax return. Since you filed electronically, the Colorado Department of Revenue already has your return.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) - Form DR 8453 Printed copy of your state and federal returns All W-2's, W-2G's and 1099's that report Colorado withholding		
<b>2015 Colorado Tax Return Summary</b>	Taxable Income	\$	6,587.00
	Total Tax	\$	303.00
	Total Payments/Credits	\$	737.00
	Amount to be Refunded	\$	447.00



158453 11555

DR 8453 (11/19/15)  
COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0005  
www.TaxColorado.com

# State of Colorado

## Individual Income Tax Declaration for Electronic Filing

**Do not mail** this form to the IRS or the  
Colorado Department of Revenue  
**Retain with your records**

Submission ID

Taxpayer Last Name Nessler	Taxpayer First Name Claire	Middle Initial E	SSN 306-06-1130
Spouse Last Name (If Joint Return)	Spouse First Name (If Joint Return)	Middle Initial	SSN
Street Address 625 Pennsylvania Street Apt 505			Phone Number (303) 587-1275
City Denver		State CO	Zip 80203

### Part I—Tax Return Information

1. Total Income, line 22 from your federal form 1040, line 15 on form 1040A, or line 4 on form 1040EZ	1	21966
2. Taxable Income, line 43 on federal form 1040, line 27 on form 1040A, line 6 on form 1040EZ	2	6587
3. Colorado Tax, line 26 on Colorado form 104	3	303
4. Colorado Tax Withheld, line 38 on Colorado form 104	4	737
5. Refund, line 66 Colorado form 104	5	447
6. Amount You Owe, line 71 on Colorado form 104	6	

### Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2015 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date (MM/DD/YY)	Spouse's Signature (If Joint Return, Both Must Sign)	Date (MM/DD/YY)
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### Part III —Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here ☒

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2015 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2015 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature Self-Prepared	Preparer Identification Number or Your SSN
Check if also preparer <input type="checkbox"/>	Date (MM/DD/YY)

FORM 104 (11/16/15)  
**COLORADO DEPARTMENT OF REVENUE**  
 Denver, CO 80261-0005  
 www.TaxColorado.com

**2015**  
**(0013)**

# Colorado Individual Income Tax Form 104



Full-Year



Part-Year or Nonresident  
 (or resident, part-year, non-  
 resident combination)



Mark if Abroad on due  
 date - see instructions



150104V211555

Last Name	First Name	Middle Initial	Deceased	Date of Birth	SSN
Yoursself			<input type="checkbox"/>	(MM/DD/YYYY)	
Nessler	Claire	E	<input type="checkbox"/>	07/08/1988	306-06-1130
Enter the following information from your current driver license or state identification card.			State of Issue	Last 4 characters of ID number	Date of Issuance
			CO	0284	04/13/15
Last Name	First Name	Middle Initial	Deceased	Date of Birth	SSN
Spouse, if joint			<input type="checkbox"/>	(MM/DD/YYYY)	
Enter the following information from your spouse's current driver license or state identification card.			State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone number		
625 Pennsylvania Street Apt 505			(303) 587-1275		
City	State	ZIP Code	Foreign Country (if applicable)		
Denver	CO	80203			
<b>Round To The Next Dollar</b>					
1. Enter Federal Taxable Income from your federal income tax form: 1040EZ line 6; 1040A line 27; 1040 line 43				• 1	658700
<b>Additions</b>					
2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5 (see instructions)				• 2	00
3. Other Additions, explain (see instructions)				• 3	00
Explain					
4. Subtotal, add lines 1 through 3				4	658700

Staple W-2s and 1099s with CO withholding here. ◀



150104V221555

FORM 104 (11/16/15)  
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Name		Account Number	
Claire E Nessler		306-06-1130	
<b>Subtractions</b>			
5. State Income Tax Refund from federal income tax form 1040, line 10; enter \$0 if filing 1040A or 1040EZ		• 5	0 00
6. U.S. Government Interest		• 6	00
7. Primary Taxpayer Pension/Annuity Income Deceased SSN:		• 7	00
8. Spouse Pension/Annuity Income Deceased SSN:		• 8	00
9. Colorado Source Capital Gain; 5-year assets acquired on or after 5/9/1994		• 9	00
10. Tuition Program Contribution: (see instructions) • Owner's SSN:		• 10	00
• Total Contribution	• Owner's Name		
		• Total Contribution	
11. Qualifying Charitable Contribution		\$	• 11 00
12. Qualified Reservation Income		• 12	00
13. PERA/DPSRS Subtraction, for PERA contributions made in 1984–1986 or DPSRS contributions made in 1986		• 13	00
14. Railroad Benefit Subtraction, tier I or II only		• 14	00
15. Wildfire Mitigation Measures Subtraction		• 15	00
16. Colorado Marijuana Business Deduction		• 16	00
17. Non-Resident Disaster Relief Worker Subtraction		• 17	00
18. Other Subtractions, explain below (see instructions)		• 18	00
Explain			
19. Subtotal, add lines 5 through 18		19	0 00
20. Colorado Taxable Income, line 4 minus line 19		• 20	6587 00
<b>Modified AGI for TABOR</b>			
21. Federal Adjusted Gross Income from your federal income tax form: 1040EZ line 4; 1040A line 21; 1040 line 37		• 21	16887 00
22. Nontaxable Social Security Income		• 22	0 00
23. Nontaxable Lump-sum Distributions from pension and profit sharing plans.		• 23	00
24. Nontaxable interest income from state and local bonds.		• 24	00
25. Sum of lines 21 through 24: Modified AGI for TABOR.		25	16887 00



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Name	Account Number
Claire E Nessler	306-06-1130
<b>Tax, Prepayments and Credits: full-year residents turn to page 26 and part-year and nonresidents go to 104PN</b>	
26. Colorado Tax from tax table or 104PN line 36	● 26 303 00
27. Alternative Minimum Tax from Form 104AMT	● 27 00
28. Recapture of prior year credits	● 28 00
29. Use Tax: Enter the total purchases for which sales or use tax was not previously paid	● 29 0 00
30. Multiply line 29 by 0.029. Enter the result in whole dollars here.	● 30 00
31. Enter the SDCU Code for any applicable special district(s). See instructions.	● 31
32. Enter the corresponding use tax rate. See instructions.	32
33. Multiply line 29 by the rate on line 32. Enter the result in whole dollars here.	● 33 00
34. Subtotal, add lines 26 through 28 and lines 30 and 33	34 303 00
35. Nonrefundable Credits from 104CR line 35, cannot exceed the sum of lines 26 and 27	● 35 00
36. Total Nonrefundable Enterprise Zone credits used – as calculated, or from DR 1366 line 87	● 36 00
37. Net Tax, subtract lines 35 and 36 from line 34	37 303 00
38. CO Income Tax Withheld from W-2s and 1099s.	● 38 737 00
39. Prior-year Estimated Tax Carryforward	● 39 00
40. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	● 40 00
41. Extension Payment remitted with form 158-I	● 41 00
42. Other Prepayments: ● <input type="checkbox"/> 104BEP ● <input type="checkbox"/> DR 0108 ● <input type="checkbox"/> DR 1079	● 42 00
43. Gross Conservation Easement Credit from DR 1305G line 33	● 43 00
44. Innovative Motor Vehicle Credit from form DR 0617	● 44 0 00
45. Refundable Credits from 104CR line 8	● 45 00



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Name		Account Number				
Claire E Nessler		306-06-1130				
<b>Modified AGI Tiers for State Sales Tax Refund</b>						
If line 25 is:	\$36,000 or less	\$36,001 – \$77,000	\$77,001 – \$120,000	\$120,001 – \$163,000	\$163,001 – \$204,000	\$204,001 – or more
Single Filers Enter	\$13	\$18	\$21	\$23	\$24	\$41
Joint Filers Enter	\$26	\$36	\$42	\$46	\$48	\$82
46. State Sales Tax Refund: For full-year Colorado residents, born before 1997, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 25 and reference the table above. See instructions if you are filing an extension.					46	13 00
47. Subtotal, add lines 38 through 46					47	750 00
48. Overpayment, if line 47 is greater than 37 then subtract line 37 from line 47					48	447 00
49. Estimated Tax Credit Carry Forward to 2016 first quarter, if any					49	00
<b>Voluntary Contributions enter your donation amount, if any</b>						
50. Nongame and Endangered Wildlife Cash Fund					50	00
51. Colorado Domestic Abuse Program Fund					51	00
52. Homeless Prevention Activities Program Fund					52	00
53. Western Slope Military Veterans Cemetery Fund					53	00
54. Pet Overpopulation Fund					54	00
55. Military Family Relief Fund					55	00
56. Public Education Fund					56	00
57. Roundup River Ranch Fund					57	00
58. 9Health Fair Fund					58	00
59. American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund					59	00
60. Colorado for Healthy Landscapes Fund					60	00
61. Habitat for Humanity of Colorado Fund					61	00
62. Special Olympics of Colorado Fund					62	00
63. Colorado Youth Corps Association Fund					63	00
64. This line reserved for future use						
65. Subtotal, add lines 49 through 63					65	00





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Name	Account Number
Claire E Nessler	306-06-1130

66. Refund, subtract line 65 from line 48 (see instructions) • 66 447 00

## Direct Deposit

Routing Number 3 0 2 0 7 5 1 2 8 Type: ☒ Checking ☐ Savings ☐ CollegeInvest 529

Account Number 1 0 8 0 0 0 2 4 0 6 6 9 0

For questions regarding CollegeInvest direct deposit or to open an account call 800-448-2424 or visit [CollegeInvest.org](http://CollegeInvest.org)

### Amount You Owe

67. Net Tax Due, subtract line 47 from line 37 (include the subtotal from line 65) 67 00

68. Delinquent Payment Penalty (see instructions) • 68 00

69. Delinquent Payment Interest (see instructions) • 69 00

70. Estimated Tax Penalty (see instructions) • 70 00

71. Amount You Owe, add lines 67, 68, 69 and 70 • 71 00

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

### Third Party Designee

Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue? ☐ No ☐ Yes. Complete the following:

Designee's Name	Phone Number

**Sign Below** Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct, and complete.

Your Signature	Date (MM/DD/YY)
Spouse Signature. If joint return, BOTH must sign.	Date (MM/DD/YY)

Paid Preparer's Name	Paid Preparer's Phone		
Self prepared			
Paid Preparer's Address	City	State	Zip