

If your status has changed, so will your taxes due. Immediately report change of status at IRS.gov/status or 885-NEWSTATUS. A one-week extension from receipt of the revised form will be allowed for status changes reported within one week of receipt of this form.

Form 1040 Department of the Treasury—Internal Revenue Service (99) 2015 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning 2015, ending 20

See separate instructions.

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name 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 (see instructions).

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 ☐ Single 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

Check only one box. 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

Exemptions 6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☐ Spouse

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☐ If child under age 17 qualifying for child tax credit (see instructions)

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 ▶

You are confirming information already supplied to the IRS. You are responsible for the complete and accurate return and will be penalized for any discrepancies that subsequently arise.

Make corrections and additions on sheet marked with Item Number from Left Col. and any Form noted.

				Correct? Circle Y or N	Initial
				(or arrow down and initial at bottom)	
7	W2(s)	J Employer Co	\$26,000	[Y] [N]	_____
		H Employer Co	26,000	[Y] [N]	_____
8	Taxable interest	Bank A	300	[Y] [N]	_____
		Bank B	101	[Y] [N]	_____
		Bank C	45	[Y] [N]	_____
9(a)	Pub corp dividends	Corp A	300	[Y] [N]	_____
		Corp B	101	[Y] [N]	_____
		Corp C	45	[Y] [N]	_____
(b)	Priv corp dividends	Corp A	_____	[Y] [N]	_____
10(a)	Refunds	State tax	512	[Y] [N]	_____
(b)		Local tax	38	[Y] [N]	_____
11	Alimony received		_____	[Y] [N]	_____
12	Business income		_____	[Y] [N]	_____
13	Capital gain or loss	Brokerage A	-5429	[Y] [N]	_____
		Brokerage B	4476	[Y] [N]	_____
14	Other gains or losses from Form 4797		_____	[Y] [N]	_____
15	Taxable IRA distributions		19427	[Y] [N]	_____
16	Pensions and annuities		29725	[Y] [N]	_____
17	Schedule E income	Royalty- Sony Music	416	[Y] [N]	_____
		Royalty- WB Music	967	[Y] [N]	_____
		S Corp income-Dawn	412	[Y] [N]	_____
		Trust- Bessemer	394	[Y] [N]	_____
18	Schedule F Farm income		7243	[Y] [N]	_____
19	Unemployment compensation		_____	[Y] [N]	_____

20	Taxable Social Security benefits	_____	[Y] [N]	_____
21	Other income Separate sheet with type and amount		[Y] [N]	_____
22	Calculated income from lines 7-21	_____	[Y] [N]	_____
<b>CREDITS AND ADJUSTMENTS</b>				
23	Educator expenses	_____	[Y] [N]	_____
24	Form 2106 and 2106E expenses			
	Fee-based gov work	34521	[Y] [N]	_____
	Reservist	4892	[Y] [N]	_____
	Performing artist	98736	[Y] [N]	_____
	Other	_____	[Y] [N]	_____
25	Health-savings-account deduction	4988	[Y] [N]	_____
26	Form 3903 Moving expenses	_____	[Y] [N]	_____
27	Schedule SE deductible part of self-employment tax		[Y] [N]	_____
28	Self-employed SEP, SIMPLE, and qualified plans		[Y] [N]	_____
29	Self-employed health insurance deduction	_____	[Y] [N]	_____
30	Penalty on early withdrawal of savings		[Y] [N]	_____
31	Alimony paid b Recipient's SSN	458493	[Y] [N]	_____
32	IRA Deduction	5500	[Y] [N]	_____
33	Student loan interest deduction	_____	[Y] [N]	_____
34	Form 8917 tuition and fees	_____	[Y] [N]	_____
35	Form 8903 Domestic production activities deduction	_____	[Y] [N]	_____
36	Add lines 23 through 35	_____	[Y] [N]	_____
37	Subtract			
37	Adjusted gross income	_____	[Y] [N]	_____
38	Amount from line 37 inc additions (adj gross inc)	_____	[Y] [N]	_____
<b>TAX AND CREDITS</b>				
39(a)	Blind		[Y] [N]	_____
(b)	Born before January 2, 1951		[Y] [N]	_____
(c)	Spouse blind		[Y] [N]	_____
(d)	Spouse born before January 2, 1951		[Y] [N]	_____
(e)	Did your spouse itemize on separate account or you a dual-status alien?		[Y] [N]	_____
40	Mark N if itemized deduction. Otherwise deduction	_____	[Y] [N]	_____
41	Line 40 subtracted from line 38	_____	[Y] [N]	_____
42	Exemptions. If line 38 is less than \$154,951, 4,000 x 6d (total exemptions)			
		_____	[Y] [N]	_____
43	Taxable income	_____	[Y] [N]	_____
44	Tax calculated	_____	[Y] [N]	_____
45	Alternative Minimum Tax from Form 5251. Applied Y/N		[Y] [N]	_____
46	Excess advance premium ax credit repayment from Form 8962		[Y] [N]	_____
47	Add lines 44, 45, and 46	_____		
48	Foreign tax credit from Form 1116	_____	[Y] [N]	_____
49	Credit for child and dependent care expenses from Form 2441	_____		
50	Form 8863 line 19 Education credits	_____	[Y] [N]	_____
51	Retirement savings contributions credit from Form 8880	_____	[Y] [N]	_____
52	Child tax credit from Schedule 8812	_____	[Y] [N]	_____
53	Residential energy credits. Attach Form 5695	_____	[Y] [N]	_____
54	Other credits from Form 3800 [Y] [N] or 8801 [Y] [N]	_____		
55	Lines 48 thru 54 total credits	_____	[Y] [N]	_____
56	Line 55 subtracted from Line 47. -0- if Line 55 larger	_____	[Y] [N]	_____
<b>OTHER TAXES</b>				

- 57 Schedule SE Self-employment tax [Paid][Due] [Circle one] \_\_\_\_ [Y] [N] \_\_\_\_
- 58 Unreported social security and medicare tax from  
     a Form 4137 \_\_\_\_ [Y] [N] \_\_\_\_  
     b Form 8919 \_\_\_\_ [Y] [N] \_\_\_\_
- 59 Additional tax on IRAs, other qualified retirement plans \_\_\_\_ [Y] [N] \_\_\_\_  
     Add Form 5329 if necessary
- 60a Household employment taxes from Schedule H \_\_\_\_ [Y] [N] \_\_\_\_  
     b First-time homebuyer credit repayment. \_\_\_\_ [Y] [N] \_\_\_\_  
         Attach form 5405
- 61 Health care: individual responsibility. Full year coverage \_\_\_\_ [Y] [N] \_\_\_\_
- 62 Taxes from a Form 8959 b Form 8960 c Instructions code \_\_\_\_ [Y] [N] \_\_\_\_
- 63 Add lines 58 through 62. This your total tax \_\_\_\_\_

**PAYMENTS**

- 64 Federal income tax withheld from Forms W-2 and 1099 \_\_\_\_\_
- 65 2015 estimated tax payments and mount applied from 2015 return \_\_\_\_\_
- 66a Earned income credit \_\_\_\_\_  
     b Nontaxable combat pay election \_\_\_\_\_
- 67 Additional child tax credit. Attach Form 8962 \_\_\_\_\_
- 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 n fuels. Attach Form 4136 \_\_\_\_\_
- 73 Credits from Form a 2439 c 8885 d \_\_\_\_\_
- 74a Add lines 64, 66a, and 67 through 73 supplied by us. These are your payments \_\_\_\_\_

- b Add your additions that we had not included.

These are payments or credits we owe you.

<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75		
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		76a		
Direct deposit? See instructions.	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number				
	77	Amount of line 75 you want applied to your 2016 estimated tax		77		
<b>Amount You Owe</b>	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions		78		
	79	Estimated tax penalty (see instructions)		79		
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No					
	Designee's name	Phone no.	Personal identification number (PIN)			
<b>Sign Here</b> 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	Daytime phone number		
	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.)	
					PTIN	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	
	Firm's name		Firm's EIN		Phone no.	
	Firm's address					