

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

Your first name and initial: **MONICA M** Last name: **SANDOVAL LAVADO** Your social security number: **771-98-2626**

If a joint return, spouse's first name and initial: **BART** Last name: **DE NEF** Spouse's social security number: _____

Home address (number and street): **120 N CEDAR ST** Apt. no.: **3616**

City, town or post office, state, and ZIP code: **Charlotte NC 28202**

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

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above _____

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.

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) Chk 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 **2**

Boxes checked on 6a and 6b: **2**

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 **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **30,107**

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ **1,179**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** **15b** Taxable amount

16a Pensions and annuities **16a** **16b** Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** **20b** Taxable amount

21 Other income

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **31,286**

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889 **400**

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE **84**

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction

33 Student loan interest deduction **2,500**

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35 **2,984**

37 Subtract line 36 from line 22. This is your adjusted gross income **28,302**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	28,302
	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	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	12,600
	41	Subtract line 40 from line 38	41	15,702
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8,000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	7,702
	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"/>	44	773
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
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	47	Add lines 44, 45, and 46	47	773
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	773
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	167
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	190
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	1,130	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	4,287
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
Refund	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,287
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,157
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,157
	b	Routing number 0 6 3 1 0 7 5 1 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1 0 1 0 3 2 0 5 9 8 2 9 4		
	77	Amount of line 75 you want applied to your 2016 estimated tax	77	
	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	
	Third Party Designee	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 ANGELA CAMACHO Phone no. 305-748-2800 Personal identification number (PIN) 5 0 9 1 8				
Sign Here	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 EMPLOYEE Daytime phone number 786-320-3562	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign. _____ Date _____		Spouse's occupation _____ Identity Protection PIN (see inst.) _____	
	Preparer's signature _____ Date 03-25-2016		Check <input type="checkbox"/> if PTIN self-employed P00760549	
Paid Preparer Use Only	Print/Type preparer's name ANGELA L CAMACHO			
	Firm's name LATINO TAX FINANCIAL SERVICES CORP		Firm's EIN 45-3065455	
	Firm's address 9554 NW 41ST STREET Miami, FL 33178		Phone no. 305-748-2800	

**SCHEDULE C-EZ
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Net Profit From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

► Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

2015

Attachment
Sequence No. **09A**

MONICA M SANDOVAL LAVADO

Social security number (SSN)

771-98-2626

Part I

General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A Principal business or profession, including product or service

DELIVERY

B Enter business code (see page 2)

999999

C Business name. If no separate business name, leave blank.

DELIVERY DRIVERS INC

D Enter your EIN (see page 2)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

2 VENTURE SUITE 430

City, town or post office, state, and ZIP code

Irvine CA 92618

F Did you make any payments in 2015 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) ☐ Yes ☐ No

G If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part II

Figure Your Net Profit

1	Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	1	2,556
2	Total expenses (see instructions). If more than \$5,000, you must use Schedule C	2	1,377
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 , and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	3	1,179

Part III

Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ► _____.
- 5** Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
- a** Business _____ **b** Commuting (see instructions) _____ **c** Other _____
- 6** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040).

Schedule C-EZ (Form 1040) 2015

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► **Attach to Form 1040 or Form 1040NR.**

OMB No. 1545-0074

2015

Attachment
Sequence No. **17**

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

MONICA M SANDOVAL LAVADO

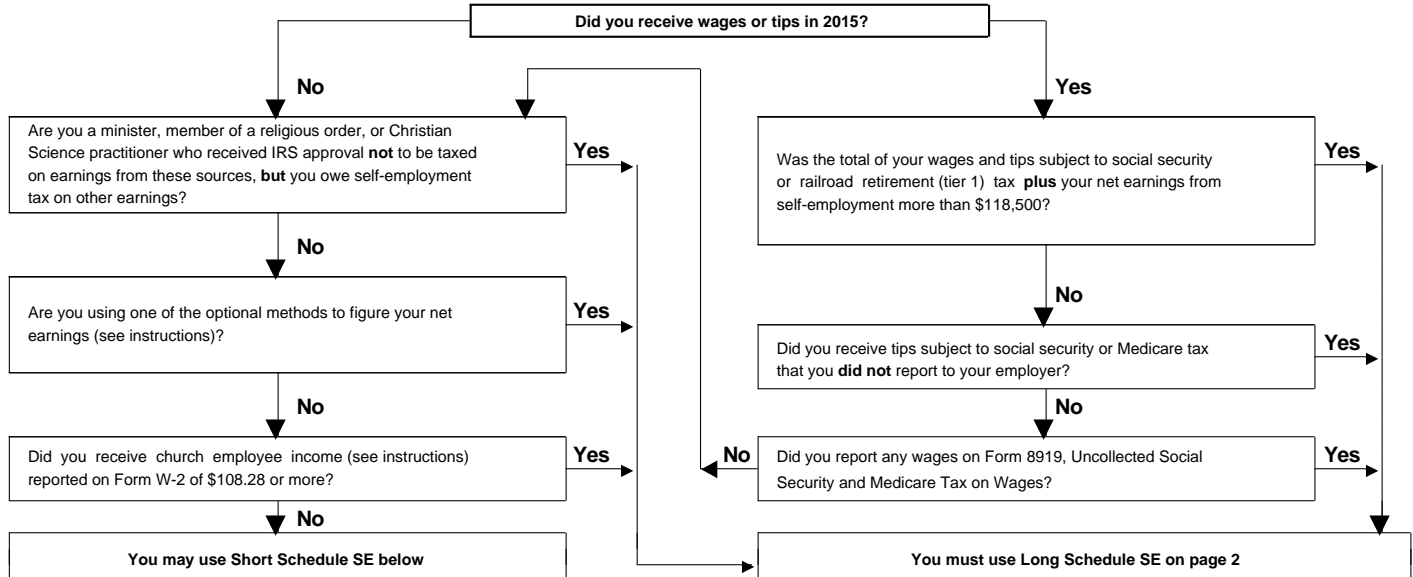
Social security number of person
with **self-employment** income ►

771-98-2626

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	1,179
3 Combine lines 1a, 1b, and 2	3	1,179
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ►	4	1,089
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	167
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	84

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2015

Health Savings Accounts (HSAs)Department of the Treasury
Internal Revenue Service► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

► Attach to Form 1040 or Form 1040NR.

2015
Attachment
Sequence No. **53**

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

MONICA M SANDOVAL LAVADO & BART DE

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

771-98-2626

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.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions)	►	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)		2	400
3	If you were under age 55 at the end of 2015, and on the first day of every month during 2015, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,650 for family coverage). All others , see the instructions for the amount to enter		3	3,350
4	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		4	
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	3,350
6	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		6	3,350
7	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)		7	
8	Add lines 6 and 7		8	3,350
9	Employer contributions made to your HSAs for 2015	9	400	
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11	400	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,950	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	400	

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.

14a	Total distributions you received in 2015 from all HSAs (see instructions)	14a	
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)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. 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	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here	►	<input type="checkbox"/>
b	Additional 20% tax (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	17b	

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.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. 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	20	
21	Additional tax. 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	21	

Credit for Qualified Retirement Savings Contributions

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 8880 and its instructions is at www.irs.gov/form8880.**2015**Attachment
Sequence No. **54**

Name(s) shown on return

MONICA M SANDOVAL LAVADO & BART DE NEF

Your social security number

771-98-2626

You **cannot** take this credit if **either** of the following applies.**CAUTION!** • The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$30,500 (\$45,750 if head of household; \$61,000 if married filing jointly).• The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 1998, **(b)** is claimed as a dependent on someone else's 2015 tax return, or **(c)** was a **student** (see instructions).

- 1** Traditional and Roth IRA contributions for 2015. **Do not** include rollover contributions
- 2** Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2015 (see instructions)
- 3** Add lines 1 and 2
- 4** Certain distributions received **after** 2012 and **before** the due date (including extensions) of your 2015 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- 5** Subtract line 4 from line 3. If zero or less, enter -0-
- 6** In each column, enter the **smaller** of line 5 or \$2,000
- 7** Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- 8** Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- 9** Enter the applicable decimal amount shown below:

	(a) You	(b) Your spouse
1		
2		
3		
4		
5		
6		
7		
8		

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9 -				
---	\$18,250	.5	.5	.5
\$18,250	\$19,750	.5	.5	.2
\$19,750	\$27,375	.5	.5	.1
\$27,375	\$29,625	.5	.2	.1
\$29,625	\$30,500	.5	.1	.1
\$30,500	\$36,500	.5	.1	.0
\$36,500	\$39,500	.2	.1	.0
\$39,500	\$45,750	.1	.1	.0
\$45,750	\$61,000	.1	.0	.0
\$61,000	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

- 10** Multiply line 7 by line 9
- 11** Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- 12** **Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

For Paperwork Reduction Act Notice, see your tax return instructions.Form **8880** (2015)

Preparer's Summary of Affordable Care Act

2015

Name(s) as shown on return

Social Security Number

MONICA M SANDOVAL LAVADO & BART DE NEF

771-98-2626

Definition of codes for each month:

MC - Marketplace Coverage - shown on screen 95A

OC - Other coverage - shown on screen 8965

ECN - Exemption Certificate Number - shown on screen 8965

EX - Exemption code claimed - shown on screen 8965 or
automatically applied by the software - see right column

blank - No coverage and no exemption - ISRP is due and
computed on WK_89651

Ex A - Coverage considered unaffordable

Ex B - Short coverage gap (less than 3 months)

Ex C - Noncitizen or was living abroad

Ex D - Member of health care sharing ministry

Ex E - Member of Indian tribe

Ex F - Incarcerated after disposition of charges

Ex G - Self-only unaffordable or nonMedicaid-expansion state

Ex H - Added to household or died during year

Name	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
MONICA M SANDOVA	OC								OC	OC	OC	OC
BART DE NEF	Ex C	Ex C	Ex C	Ex C	Ex C	Ex C	Ex C	Ex C	Ex C	Ex C	Ex C	Ex C

INDIVIDUAL SHARED RESPONSIBILITY PAYMENT (ISRP) DUE. Because everyone in the taxhousehold did not have health insurance coverage for the entire year, and no exemption from coverage was noted on screen 8965, an ISRP was calculated on WK_89651. Many different types of exemptions from coverage are available to taxpayers. Some can be applied for through the marketplace and some can be applied for directly on the tax return using Form 8965. For a complete list and explanation of available exemptions, see the instructions for Form 8965 which can be accessed through the screen help of screen 8965.

Next year, the ISRP will be even higher. Drake Software provides a means of estimating what next year's ISRP will be. Go to screen ACA (available from the "Health Care" tab of Data Entry Menu) and complete the required fields of the Affordable Care Act Calculators. Return to View mode to see form ACA. It shows the projected ISRP and explains the requirements of the ACA and how to use the marketplace to sign up for required healthcare coverage. This form can be printed and presented to your client or it can be emailed to them by choosing "Email to client - Affordable Care Act (ACA) Assessment" from the email menu within the view mode.

Health Coverage Exemptions

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.**2015**Attachment
Sequence No. **75**

Name as shown on return

Your social security number

MONICA M SANDOVAL LAVADO

771-98-2626

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I

Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II**Coverage Exemptions Claimed on Your Return for Your Household**

7a Are you claiming an exemption because your household income is below the filing threshold? ☐ Yes ☒ No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? ☐ Yes ☒ No

Part III

Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	BART DE NEF		C	X												
9																
10																
11																
12																
13																

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

Form **8965** (2015)

W-2 Detail Listing

2015

Name(s) as shown on return	Social Security No.
MONICA M SANDOVAL LAVADO & BART DE NEF	771-98-2626

FEDERAL				STATE		
T/S	Employer Name	Gross	W/H	State Code	Gross	W/H
T	SCHAEFFLER GROUP USA INC	6,238	781	SC	6,238	379
T	INTERNATIONAL SECURITY AND	2,548	320			
T	FALCON FASTENING SOLUTIONS	21,321	3,186	NC	21,321	1,025
Totals		30,107	4,287		27,559	1,404

Student Loan Interest Deduction Worksheet

Form 1040, Line 33, or Form 1040A, Line 18

(Keep for Your Records)

Name(s) as shown on return MONICA M SANDOVAL LAVADO & BART DE NEF		Your social security number 771-98-2626
---	--	---

1. Enter the total interest you paid in 2015 on qualified student loans (see instructions). **Do not** enter more than \$2,500 1. 2,500

2. Enter the amount from Form 1040, line 22 or Form 1040A, line 15 2. 31,286
3. Enter the total of the amounts from Form 1040, lines 23 through 32, plus any write-in adjustments you entered on the dotted line next to line 36 or from Form 1040A, lines 16 and 17 3. 484
4. Subtract line 3 from line 2 4. 30,802

5. Enter the amount shown below for your filing status.

- Single, head of household, or qualifying widow(er) - \$65,000
 - Married filing jointly - \$130,000

. 5. 130,000

6. Is the amount on line 4 more than the amount on line 5?

☒ **No.** Skip lines 6 and 7, enter -0- on line 8, and go to line 9.

☐ **Yes.** Subtract line 5 from line 4 6.

7. Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 7.

8. Multiply line 1 by line 7 8. 0

9. **Student loan interest deduction.** Subtract line 8 from line 1. Enter the result here and on Form 1040, line 33 or Form 1040A, line 18. **Do not** include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) 9. 2,500

FOR TAX YEAR 2015

MONICA M SANDOVAL LAVADO & BART DE NEF

LATINO TAX FINANCIAL SERVICES CORP

9554 NW 41ST STREET

Miami, FL 33178

(305)748-2800

LATINO TAX FINANCIAL SERVICES CORP

9554 NW 41ST STREET

Miami, FL 33178

latinotaxservices@hotmail.com

Phone: (305)748-2800 | Fax: (609)385-2515

March 25, 2016

MONICA M SANDOVAL LAVADO & BART DE NEF

120 N CEDAR ST APT 3616

Charlotte, NC 28202

MONICA M SANDOVAL LAVADO & BART DE NEF:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$3,157 Refund	Direct Deposit to **8294
North Carolina Income Tax	\$260 Refund	Receive a check
South Carolina Income Tax	\$379 Refund	Debit Card

Sign and date these return(s) and mail them on or before the filing deadline to the address provided:

Federal Income Tax

Department of the Treasury

Internal Revenue Service

Kansas City, MO 64999-0002

North Carolina Income Tax

NCDOR

PO Box R

Raleigh, NC 27634-0001

South Carolina Income Tax

SC1040 Processing Center

PO Box 101100

Columbia, SC 29211-0100

Sincerely,

ANGELA L CAMACHO

LATINO TAX FINANCIAL SERVICES CORP

Account Transaction Summary**2015**

Name(s) as shown on return

Your ID Number

MONICA M SANDOVAL LAVADO & BART DE NEF

XXX-XX-2626

Account #1

Financial Institution Name WELLS FARGO BANK**Routing Transit Number** 063107513**Account Number** 1010320598294**Account Type** Checking**Federal Deposit** 3,157**Net Deposit** 3,157

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize LATINO TAX FINANCIAL SERVICES CORP to use this account to deposit my refund.

Date_____
Date