

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

(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 TIMOTHY J.		Last name RYAN		Your social security number	
If a joint return, spouse's first name and initial ANDREA M.		Last name RYAN		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				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. [REDACTED]				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	
Foreign country name		Foreign province/state/county		Foreign postal code	
Filing Status		1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ►		
		2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)			
		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b		
		b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:		
		c Dependents: (1) First name [REDACTED] Last name [REDACTED]	(2) Dependent's social security number [REDACTED]	(3) Dependent's relationship to you [REDACTED]	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit X
		[REDACTED]	[REDACTED]	[REDACTED]	X
		[REDACTED]	[REDACTED]	[REDACTED]	
		d Total number of exemptions claimed.	Dependents on 6c not entered above Add numbers on lines above ► 4		
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 4	7	204,228.
		8a Taxable interest. Attach Schedule B if required		8a	
		b Tax-exempt interest. Do not 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	STMT 1	10	690.
		11 Alimony received	STMT 2	11	
		12 Business income or (loss). Attach Schedule C or C-EZ		12	
		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►		13	
		14 Other gains or (losses). Attach Form 4797		14	
		15a IRA distributions	15a	15b	
		16a Pensions and annuities	16a	16b	
		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	12,834.
		18 Farm income or (loss). Attach Schedule F		18	
		19 Unemployment compensation		19	
		20a Social security benefits	20a	20b	
		21 Other income. List type and amount		21	
		22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►		22	217,752.
Adjusted Gross Income		23 Educator expenses	23	250.	
		Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
		25 Health savings account deduction. Attach Form 8889	25		
		26 Moving expenses. Attach Form 3903	26		
		27 Deductible part of self-employment tax. Attach Schedule SE	27		
		28 Self-employed SEP, SIMPLE, and qualified plans	28		
		29 Self-employed health insurance deduction	29		
		30 Penalty on early withdrawal of savings	30		
		31a Alimony paid b Recipient's SSN ►	31a		
		32 IRA deduction	32		
		33 Student loan interest deduction	33		
		34 Tuition and fees. Attach Form 8917	34		
		35 Domestic production activities deduction. Attach Form 8903	35		
		36 Add lines 23 through 35		36	250.
		37 Subtract line 36 from line 22. This is your adjusted gross income ►		37	217,502.

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

38	Amount from line 37 (adjusted gross income)	38	217,502.
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 ► 39a <input type="checkbox"/>	40	19,016.
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/>	41	198,486.
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	42	16,000.
41	Subtract line 40 from line 38	43	182,486.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst.	44	38,148.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	45	
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	46	
45	Alternative minimum tax. Attach Form 6251	47	38,148.
46	Excess advance premium tax credit repayment. Attach Form 8962		
47	Add lines 44, 45, and 46		
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 credits. 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	38,148.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
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	829.
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	38,977.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	44,074.
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	
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	44,074.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,097.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	76a	5,097.
b	Routin [REDACTED] c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number [REDACTED]		

77 Amount of line 75 you want applied to your 2016 estimated tax ► 77

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
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Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below.
 Designee's name [REDACTED]

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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		U.S. CONGRESSMAN	
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 [REDACTED]
		EDUCATOR	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
[REDACTED]				[REDACTED]

Firm's name ► [REDACTED]	Firm's EIN [REDACTED]
Firm's address [REDACTED]	Phone no. [REDACTED]

Child Tax Credit Worksheet (keep for your records)

Name(s): First TIMOTHY J. & ANDREA M.	Last RYAN	Your SSN [REDACTED]
Part 1 <ol style="list-style-type: none"> 1. Number of qualifying children: <u>2</u> X \$1,000. Enter the result. <u>1</u> <u>2,000.</u> 2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. <u>2</u> <u>217,502.</u> 3. 1040 filers: Enter the total of any- <ul style="list-style-type: none"> • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. } <u>3</u> <u>0.</u> 1040A and 1040NR filers: Enter -0-. 4. Add lines 2 and 3. Enter the total. <u>4</u> <u>217,502.</u> 5. Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly - \$110,000 • Single, head of household, or qualifying widow(er) - \$75,000 • Married filing separately - \$55,000 } <u>5</u> <u>110,000.</u> 6. Is the amount on line 4 more than the amount on line 5? <p><input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7.</p> <p><input checked="" type="checkbox"/> Yes. Subtract line 5 from line 4. <u>6</u> <u>108,000.</u></p> <p>If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).</p> 7. Multiply the amount on line 6 by 5% (.05). Enter the result. <u>7</u> <u>5,400.</u> 8. Is the amount on line 1 more than the amount on line 7? <p><input checked="" type="checkbox"/> No. STOP</p> <p>You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49. You also cannot take the additional child tax credit.</p> <p><input type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <u>8</u></p> 		
Part 2 <ol style="list-style-type: none"> 9. Enter the amount from Form 1040, line 47, Form 1040A, line 30, or Form 1040NR, line 45. <u>9</u> 10. 1040 filers: Enter the total of the amounts from lines 48 through 51.* 1040A filers: Enter the total of the amounts from lines 31 through 34. 1040NR filers: Enter the total of the amounts from lines 46 through 48.* } <u>10</u> 11. Are you claiming any of the following credits? <ul style="list-style-type: none"> • Residential energy efficient property credit, Form 5695, Part I. • Mortgage interest credit, Form 8396 • Qualified adoption expenses, Form 8839 • District of Columbia first-time homebuyer credit, Form 8859 <p><input type="checkbox"/> No. Enter the amount from line 10.</p> <p><input type="checkbox"/> Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet to figure the amount to enter here. } <u>11</u></p> 12. Subtract line 11 from line 9. Enter the result. <u>12</u> 13. Is the amount on line 8 of this worksheet more than the amount on line 12? <p><input type="checkbox"/> No. Enter the amount from line 8. } This is your</p> <p><input type="checkbox"/> Yes. Enter the amount from line 12. } child tax credit. <u>13</u></p> 		

* Also include amounts from:
 Form 5695, line 30
 Form 8910, line 15
 Form 8936, line 23
 Schedule R, line 22

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service
(99)
Name(s) shown on Form 1040

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

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2015

Attachment

Sequence No. 07

Your social security number

TIMOTHY J. & ANDREA M. RYAN

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes }	5	8 , 308 .
	6 Real estate taxes (see instructions)	6	6 , 589 .
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	14 , 897 .
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	3 , 194 .
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
Note: Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	3 , 194 .
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	430 .
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 SEE STATEMENT 6	17	495 .
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	925 .
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► UNION AND PROFESSIONAL DUES FROM FORM 2106-EZ 480 . 3 , 000 .	21	3 , 480 .
	22 Tax preparation fees	22	125 .
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	3 , 605 .
	25 Enter amount from Form 1040, line 38	25	217 , 502 .
	26 Multiply line 25 by 2% (.02)	26	4 , 350 .
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0 .
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$154,950? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	19 , 016 .
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

► Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

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2015

Attachment Sequence No. 13

Name(s) shown on return

TIMOTHY J. & ANDREA M. RYAN

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1a Physical address of each property (street, city, state, ZIP code)

A [REDACTED]

B ROYALTIES

C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365		
B	6		B		
C			C		

Type of Property:

1 Single Family Residence	3 Vacation/Short-Term Rental	5 Land	7 Self-Rental
2 Multi-Family Residence	4 Commercial	6 Royalties	8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	4,865.		
4 Royalties received	4		12,834.	

Expenses:

5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7	2,858.	
8 Commissions	8		
9 Insurance	9	1,853.	
10 Legal and other professional fees	10		
11 Management fees	11		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14	13,093.	
15 Supplies	15		
16 Taxes	16	2,720.	
17 Utilities	17		
18 Depreciation expense or depletion	18	5,673.	
19 Other (list) ►	19		
20 Total expenses. Add lines 5 through 19	20	26,197.	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-21,332.	12,834.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0.))
23a Total of all amounts reported on line 3 for all rental properties	23a	4,865.	
b Total of all amounts reported on line 4 for all royalty properties	23b	12,834.	
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d	5,673.	
e Total of all amounts reported on line 20 for all properties	23e	26,197.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24	12,834.	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	0.)	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	12,834.	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

2015 DEPRECIATION AND AMORTIZATION REPORT

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	[REDACTED]	10/11/14	SL	27.50	17	156,000.			156,000.	5,436.		5,673.
2	[REDACTED]	11/4/11	I			39,000.			39,000.			0.
TOTAL SCH E DEPRECIATION						195,000.			195,000.	5,436.		5,673.

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

SCHEDULE H
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

- Attach to Form 1040, 1040NR, 1040-SS, or 1041.
 ► Information about Schedule H and its separate instructions is at www.irs.gov/scheduleh.

OMB No. 1545-1971

2015Attachment
Sequence No. 44

Name of employer

TIMOTHY J. & ANDREA M. RYANSocial security number
[REDACTED]Employer identification number
[REDACTED]

Calendar year taxpayers having no household employees in 2015 do not have to complete this form for 2015.

- A** Did you pay **any one** household employee cash wages of \$1,900 or more in 2015? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
 No. Go to line B.

- B** Did you withhold federal income tax during 2015 for any household employee?

- Yes.** Skip line C and go to line 7.
 No. Go to line C.

- C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2014 or 2015 to **all** household employees?
 (Do not count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Do not file this schedule.
 Yes. Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1 Total cash wages subject to social security tax	1	3,100.	
2 Social security tax. Multiply line 1 by 12.4% (.124)	2	384.	
3 Total cash wages subject to Medicare tax	3	3,100.	
4 Medicare tax. Multiply line 3 by 2.9% (.029)	4	90.	
5 Total cash wages subject to Additional Medicare Tax withholding	5		
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009)	6		
7 Federal income tax withheld, if any	7	289.	
8 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	763.	

- 9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2014 or 2015 to **all** household employees?
 (Do not count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you are not required to file Form 1040, see the line 9 instructions.

- Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

- 10** Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.") **10** **X**
- 11** Did you pay all state unemployment contributions for 2015 by April 18, 2016? Fiscal year filers see instructions **11** **X**
- 12** Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? **12** **X**

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.

If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	►		
14 Contributions paid to your state unemployment fund	14		
15 Total cash wages subject to FUTA tax		15	
16 FUTA tax. Multiply line 15 by .6% (.006). Enter the result here, skip Section B, and go to line 25		16	

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by .054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					
OH	3,100.	01/01/15	12/31/15	.0270	167.	84.	83.	84.

18 **Totals** **18** **83.** **84.**

19 Add columns (g) and (h) of line 18 **19** **167.**

20 Total cash wages subject to FUTA tax (see the line 15 instructions) **20** **3,100.**

21 Multiply line 20 by 6.0% (.060) **21** **186.**

22 Multiply line 20 by 5.4% (.054) **22** **167.**

23 Enter the **smaller** of line 19 or line 22 (Employers in a credit reduction state must use the worksheet and check here) **STATEMENT 7** **X** **23** **120.**

24 **FUTA tax.** Subtract line 23 from line 21. Enter the result here and go to line 25 **24** **66.**

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- **25** **763.**

26 Add line 16 (or line 24) and line 25 **26** **829.**

27 Are you required to file Form 1040?

Yes. Stop. Include the amount from line 26 above on Form 1040, line 60a. **Do not** complete Part IV below.

No. You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part **only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail is not delivered to street address	Apt., room, or suite no.
--	--------------------------

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Employer's signature	► Date
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN
Firm's name ►	Firm's EIN ►
Firm's address ►	Phone no.

Passive Activity Loss Limitations

► See separate instructions.

► Attach to Form 1040 or Form 1041.

► Information about Form 8582 and its instructions is available at www.irs.gov/form8582.**2015**

Name(s) shown on return

Identifying number

TIMOTHY J. & ANDREA M. RYAN**Part I | 2015 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))

1a

b Activities with net loss (enter the amount from Worksheet 1, column (b))

1b (21 , 332 ,

c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))

1c (8 , 181 ,

d Combine lines 1a, 1b, and 1c

1d - 29 , 513 .

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)

2a ()

b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)

2b ()

c Add lines 2a and 2b

2c ()

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))

3a

b Activities with net loss (enter the amount from Worksheet 3, column (b))

3b ()

c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))

3c ()

d Combine lines 3a, 3b, and 3c

3d

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

4 - 29 , 513 .

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II | Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4

5 29 , 513 .

6 Enter \$150,000. If married filing separately, see instructions

6 150 , 000 .

7 Enter modified adjusted gross income, but not less than zero (see instructions)

7 217 , 502 .

Note: If line 7 is greater than or equal to line 6, skip lines 8 and

9, enter -0- on line 10. Otherwise, go to line 8.

8

8 Subtract line 7 from line 6

9

9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions

10 0 .

10 Enter the smaller of line 5 or line 9

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III | Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions

11

12 Enter the loss from line 4

12

13 Reduce line 12 by the amount on line 10

13

14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13

14

Part IV | Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total

15

16 Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

SEE STATEMENT 11

16 0 .

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c ►		-21,332.	-8,181.		

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 2500, lines 2a					

**Total. Enter on Form 8582, lines 3a,
3b, and 3c**

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total	►				

Total

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

SEE ATTACHED STATEMENT FOR WORKSHEET 5

Total ► 29,513. 1.000000000 29,513.

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED		STATEMENT FOR WORKSHEET		6
Total	►	29,513.	29,513.	

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	►				
b Net income from form or schedule	►				
c Subtract line 1b from line 1a. If zero or less, enter -0-	►				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	►				
b Net income from form or schedule	►				
c Subtract line 1b from line 1a. If zero or less, enter -0-	►				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	►				
b Net income from form or schedule	►				
c Subtract line 1b from line 1a. If zero or less, enter -0-	►				
Total	►				

ALTERNATIVE MINIMUM TAX
Passive Activity Loss Limitations

► See separate instructions.

► Attach to Form 1040 or Form 1041.

► Information about Form 8582 and its instructions is available at www.irs.gov/form8582.**2015**

Name(s) shown on return

TIMOTHY J. & ANDREA M. RYANIdentifying number
[REDACTED]**Part I | 2015 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))

1a [REDACTED]

b Activities with net loss (enter the amount from Worksheet 1, column (b))

1b (21 , 332 ,

c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))

1c (8 , 181 ,

d Combine lines 1a, 1b, and 1c

1d - 29 , 513 .

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)

2a ()

b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)

2b ()

c Add lines 2a and 2b

2c ()

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))

3a [REDACTED]

b Activities with net loss (enter the amount from Worksheet 3, column (b))

3b ()

c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))

3c ()

d Combine lines 3a, 3b, and 3c

3d

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

4 - 29 , 513 .

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II | Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	29 , 513 .
6 Enter \$150,000. If married filing separately, see instructions	6	150 , 000 .
7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	217 , 502 .
8 Subtract line 7 from line 6	8	
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10 Enter the smaller of line 5 or line 9	10	0 .

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III | Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV | Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	
16 Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0 .

SEE STATEMENT 16

ALTERNATIVE MINIMUM TAX

Form 8582 (2015) TIMOTHY J. & ANDREA M. RYAN

Page 2

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

SEE ATTACHED STATEMENT FOR WORKSHEET 1

**Total. Enter on Form 8582, lines 1a,
1b, and 1c.**

-21,332. -8,181.

Worksheet 2 - For Form 8582. Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

**Total. Enter on Form 8582, lines 2a
and 2b.**

Worksheet 3 - For Form 8582. Lines 3a, 3b, and 3c (See instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 2500, lines 2a					

**Total. Enter on Form 8582, lines 3a,
3b, and 3c**

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total	►				

Total

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED	STATEMENT FOR WORKSHEET	5		

SEE ATTACHED STATEMENT FOR WORKSHEET 5

Total

29,513. 1.000000000 | 29,513.

ALTERNATIVE MINIMUM TAX

Form 8582 (2015) TIMOTHY J. & ANDREA M. RYAN

Page 3

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED		STATEMENT FOR WORKSHEET		6
Total	►	29,513.	29,513.	

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	►				
b Net income from form or schedule	►				
c Subtract line 1b from line 1a. If zero or less, enter -0-	►				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	►				
b Net income from form or schedule	►				
c Subtract line 1b from line 1a. If zero or less, enter -0-	►				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	►				
b Net income from form or schedule	►				
c Subtract line 1b from line 1a. If zero or less, enter -0-	►				
Total	►				

Form 8582 (2015)

Unreimbursed Employee Business Expenses

2015

Attachment
Sequence No. 129A

Your name

TIMOTHY J. RYAN

Occupation in which you incurred expenses

U.S. CONGRESSMAN

Social security number

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2015.

Caution: You can use the standard mileage rate for 2015 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

- 1 Complete Part II. Multiply line 8a by 57.5¢ (.575). Enter the result here 1
- 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work 2
- 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc.
Do not include meals and entertainment 3
- 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment STATEMENT 17 4 3,000
- 5 Meals and entertainment expenses: \$ x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) 5
- 6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) 6 3,000

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ► ____ / ____ / ____

8 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 _____

9 Was your vehicle available for personal use during off-duty hours? Yes No10 Do you (or your spouse) have another vehicle available for personal use? Yes No11a Do you have evidence to support your deduction? Yes Nob If "Yes," is the evidence written? Yes No

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

Form 2106-EZ (2015)

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT **1**

2014

2013

2012

OHIO

GROSS STATE/LOCAL INC TAX REFUNDS 690.
LESS: TAX PAID IN FOLLOWING YEAR

NET TAX REFUNDS OHIO 690.

TOTAL NET TAX REFUNDS 690.

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	2	
		2014	2013	2012
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	690.			
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1 NET REFUNDS FOR RECALCULATION	690.			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	24,985.			
3 DEDUCTION NOT SUBJ TO PHASEOUT				
4 NET REFUNDS FROM LINE 1	690.			
5 LINE 2 MINUS LINES 3 AND 4	24,295.			
6 MULT LN 5 BY APPL SEC. 68 PCT	19,436.			
7 PRIOR YEAR AGI	208,836.			
8 ITEM. DED. PHASEOUT THRESHOLD	305,050.			
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-96,214.			
10 MULT LN 9 BY APPL SEC. 68 PCT				
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)				
12 ITEM DED. NOT SUBJ TO PHASEOUT				
13A TOTAL ADJ. ITEMIZED DEDUCTIONS				
13B PRIOR YR. STD. DED. AVAILABLE				
14 PRIOR YR. ALLOWABLE ITEM. DED.				
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14				
16 TAXABLE REFUNDS	690.			
17 ALLOWABLE PRIOR YR. ITEM. DED.	24,985.			
18 PRIOR YEAR STD. DED. AVAILABLE	12,400.			
19 SUBTRACT LINE 18 FROM LINE 17	12,585.			
20 LESSER OF LINE 16 OR LINE 19	690.			
21 PRIOR YEAR TAXABLE INCOME	168,051.			
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21				690.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2012				
TOTAL TO FORM 1040, LINE 10				690.

FORM 1040

STUDENT LOAN INTEREST DEDUCTION

STATEMENT 3

1.	ENTER THE TOTAL INTEREST PAID IN 2015 ON QUALIFIED STUDENT LOANS. DO NOT ENTER MORE THAN \$2,500	2,412.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 22	217,752.
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	250.
4.	SUBTRACT LINE 3 FROM LINE 2	217,502.
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	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 [X] YES. SUBTRACT LINE 5 FROM LINE 4	87,502.
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	1.000
8.	MULTIPLY LINE 1 BY LINE 7	2,412.
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1040, LINE 33	0.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 4

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP - MEMBER SERVICES	165,300.	38,721.	7,309.		7,347.	2,523.
S WEATHERSFIELD LOCAL SCHOOL DISTRICT	38,928.	5,353.	999.			646.
TOTALS	204,228.	44,074.	8,308.		7,347.	3,169.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	5
DESCRIPTION		AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
BOWLING GREEN STATE UNIVERSITY		100.	
BLESSED SACRAMENT PARISH CATHOLIC CHURCH		330.	
SUBTOTALS		430.	
TOTAL TO SCHEDULE A, LINE 16			430.

SCHEDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK	STATEMENT	6	
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
MISCELLANEOUS		495.		
SUBTOTALS		495.		
TOTAL TO SCHEDULE A, LINE 17			495.	

SCHEDULE H HOUSEHOLD EMPLOYERS IN A CREDIT REDUCTION STATE STATEMENT 7

1. ENTER THE SMALLER OF THE AMOUNT FROM SCHEDULE H, LINE 19 OR LINE 22 167.
2. ENTER THE TOTAL TAXABLE FUTA WAGES FROM SCHEDULE H, LINE 20 3,100.
3. CHECK THE BOX OF EVERY STATE IN WHICH YOU WERE REQUIRED TO PAY STATE UNEMPLOYMENT TAX THIS YEAR. IF THE CREDIT REDUCTION RATE FROM A STATE IS GREATER THAN ZERO, IT IS A CREDIT REDUCTION STATE. IF ALL OF THE STATES YOU CHECK HAVE A CREDIT REDUCTION RATE OF ZERO, DO NOT ENTER AN AMOUNT ON LINE 23. FOR CREDIT REDUCTION STATES, ENTER THE FUTA TAXABLE WAGES PAID IN THE STATE, MULTIPLY BY THE REDUCTION RATE, AND THEN ENTER THE CREDIT REDUCTION AMOUNT FOR THAT STATE. IF ANY STATES DO NOT APPLY TO YOU, LEAVE THEM BLANK.

FUTA			FUTA		
POSTAL X ABBREV.	TAXABLE WAGES	CREDIT REDUCTION RATE	POSTAL X ABBREV.	TAXABLE WAGES	CREDIT REDUCTION
AK	X.000		NC	X.000	
AL	X.000		ND	X.000	
AR	X.000		NE	X.000	
AZ	X.000		NH	X.000	
CA	X.015		NJ	X.000	
CO	X.000		NM	X.000	
CT	X.021		NV	X.000	
DC	X.000		NY	X.000	
DE	X.000		X OH	3,100.	X.015 47.
FL	X.000		OK	X.000	
GA	X.000		OR	X.000	
HI	X.000		PA	X.000	
IA	X.000		RI	X.000	
ID	X.000		SC	X.000	
IL	X.000		SD	X.000	
IN	X.000		TN	X.000	
KS	X.000		TX	X.000	
KY	X.000		UT	X.000	
LA	X.000		VA	X.000	
MA	X.000		VT	X.000	
MD	X.000		WA	X.000	
ME	X.000		WI	X.000	
MI	X.000		WV	X.000	
MN	X.000		WY	X.000	
MO	X.000		PR	X.000	
MS	X.000		VI	X.015	
MT	X.000				

4. TOTAL CREDIT REDUCTION 47.
-
5. SUBTRACT LINE 4 OF THIS WORKSHEET FROM LINE 1 OF THIS WORKSHEET AND ENTER THE RESULT HERE AND ON SCHEDULE H, LINE 23 120.
-

FORM 8582

ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT

8

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RENTAL - [REDACTED]	0.	-21,332.	-8,181.		-29,513.
TOTALS	0.	-21,332.	-8,181.		-29,513.

FORM 8582

ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT

9

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
RESIDENTIAL RENTAL - [REDACTED]	SCH E	29,513.	1.000000000	29,513.
TOTALS		29,513.	1.000000000	29,513.

FORM 8582

ALLOWED LOSSES - WORKSHEET 6

STATEMENT

10

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
RESIDENTIAL RENTAL - [REDACTED]	SCH E	29,513.	29,513.	
TOTALS		29,513.	29,513.	

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 11

R

R

E

A NAME

X RESIDENTIAL
RENTAL -

TOTALS

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16

	FORM OR SCHEDULE	PRIOR GAIN/LOSS	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X RESIDENTIAL RENTAL -	SCH E	-21,332.	-8,181.	-29,513.	29,513.
TOTALS		<u>-21,332.</u>	<u>-8,181.</u>	<u>-29,513.</u>	<u>29,513.</u>

COPY

FORM 8582

MODIFIED AGI

STATEMENT 12

INCOME

WAGES, SALARIES, TIPS ETC. 204,228.
DIVIDEND INCOME
TAXABLE REFUNDS 690.
ALIMONY RECEIVED
TAXABLE IRA DISTRIBUTIONS
TAXABLE PENSIONS AND ANNUITIES
UNEMPLOYMENT COMPENSATION
OTHER INCOME

INTEREST INCOME

ADD: SERIES EE AND I EXCLUSION _____

BUSINESS INCOME OR LOSS
ADD: PASSIVE LOSSES
SUBTRACT: PASSIVE INCOME _____

SALE OF ASSETS
ADD: PASSIVE/RREA PROFESSIONAL LOSSES
SUBTRACT: PASSIVE INCOME _____

RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS 12,834.
ADD: PASSIVE/RREA PROFESSIONAL LOSSES
SUBTRACT: PASSIVE INCOME _____

FARM OR FARM RENTAL INCOME OR LOSS 12,834.
ADD: PASSIVE/RREA PROFESSIONAL LOSSES
SUBTRACT: PASSIVE INCOME _____

TOTAL INCOME 217,752.

ADJUSTMENTS

MOVING EXPENSES
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION
PENALTY ON EARLY WITHDRAWAL OF SAVINGS
ALIMONY PAID
KEOGH/SEP DEDUCTION
OTHER ADJUSTMENTS 250.

TOTAL ADJUSTMENTS 250.

TOTAL TO FORM 8582, LINE 7 217,502.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 13

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS	GAIN	LOSS	
[REDACTED]	0.	-21,332.	-8,181.		-29,513.
TOTALS	0.	-21,332.	-8,181.		-29,513.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 14

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
	SCH E			
[REDACTED]		29,513.	1.000000000	29,513.
TOTALS		29,513.	1.000000000	29,513.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 15

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
	SCH E			
[REDACTED]		29,513.	29,513.	
TOTALS		29,513.	29,513.	

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 16

R R E A NAME	FORM OR SCHEDULE	PRIOR GAIN/LOSS	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X [REDACTED]	SCH E	-21,332.	-8,181.	-29,513.	29,513.
TOTALS		-21,332.	-8,181.	-29,513.	29,513.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 16

FORM 2106-EZ

OTHER BUSINESS EXPENSES

STATEMENT 17

U.S. CONGRESSMAN

DESCRIPTION	AMOUNT
TEMPORARY LIVING EXPENSES - MEMBERS OF CONGRESS	3,000.
TOTAL TO FORM 2106-EZ, PART I, LINE 4	3,000.

OhioDepartment of
Taxation
Rev. 11/15

Do not use staples. Use only black ink and UPPERCASE letters.

2015 Universal IT 1040
Individual Income Tax Return**Note: For taxable year 2015 and forward, this form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.**Are you filing this as an amended return? Yes No If yes, attach Ohio IT RE, 2015 Reason and Explanation of CorrectionsIs this a Net Operating Loss (NOL) carryback? Yes No If yes, attach Schedule IT NOLTaxpayer Social Security no. (required) ►►► If deceased Spouse's Social Security no. (if filing jointly) ►►► If deceased Enter school district # for this return (see instructions).
 check box SD # ►►► 7808First name M.I. Last name
TIMOTHY J **RYAN**Spouse's first name (only if married filing jointly) M.I. Last name
ANDREA M **RYAN**Mailing address (for faster processing, use a street address)
City State ZIP code Ohio county (first four letters)
Home address (if different from mailing address) - do NOT show city or state ZIP code Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable boxFull-year Part-year Nonresident
 resident resident Indicate state ►►►

Check applicable box for spouse (only if married filing jointly)

Full-year Part-year Nonresident
 resident resident Indicate state ►►►**Ohio Political Party Fund**Do you want \$1 to go to this fund? Yes No If joint return, does your spouse want \$1 to go to this fund?

Note: Checking "Yes" will not increase your tax or decrease your refund.

Filing Status - Check one (as reported on federal income tax return, with limited exceptions - see instructions)

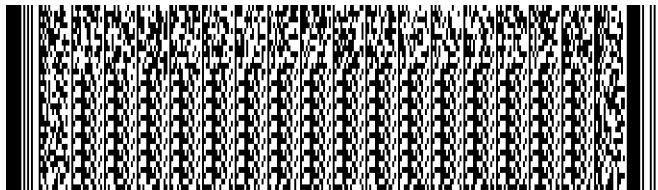
Single, head of household or qualifying widow(er)

 Married filing jointly Married filing separatelyYes No Did you file federal extension form 4868? Is someone else claiming you or your spouse (if joint return) Yes No
as a dependent? If yes, enter "0" on line 4 1. **Federal adjusted gross income** (from IRS forms 1040, line 37; 1040A, line 21;

1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10)

1. 217 502 00

2a. Additions to federal adjusted gross income (attach Ohio Schedule A, line 11)	2a. 00
2b. Deductions from federal adjusted gross income (attach Ohio Schedule A, line 35)	2b. 10 316 00
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b)	3. 207 186 00
4. Personal and dependent exemption deduction (if claiming dependent(s), attach Schedule J) 4.	4. 6 800 00
5. Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-)	5. 200 386 00
6. Taxable business income (attach Ohio Schedule IT BUS, line 13)	6. 3 208 00
7. Line 5 minus line 6 (if less than -0-, enter -0-)	7. 197 178 00

Enclose your federal income tax return
if line 1 of this return is -0- or negative.

<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	Postmark date	<input type="checkbox"/>	Code
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2015 Universal IT 1040
Individual Income Tax Return



SSN [REDACTED]

7a. Amount from line 7 on page 1	7a.	197 178 00
8a. Tax liability on line 7a (see instructions for tax tables)	8a.	7 471 00
8b. Business income tax liability (attach Ohio Schedule IT BUS, line 14)	8b.	16 00
8c. Tax liability before credits (line 8a plus line 8b)	8c.	7 487 00
9. Ohio nonrefundable credits/grants (attach Ohio Schedule of Credits, line 35)	9.	374 00
10. Tax liability after nonrefundable credits/grants (line 8c minus line 9; if less than -0-, enter -0-)	10.	7 113 00
11. Interest penalty on underpayment of estimated tax (attach Ohio IT/SD 2210)	11.	00
12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions). If you certify that no sales or use tax is due, check the box to the right	X 12.	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	7 113 00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12)	14.	8 308 00
15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return	15.	00
16. Refundable credits (attach Ohio Schedule of Credits, line 41)	16.	00
17. Amended return only - amount previously paid with original/amended return	17.	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	8 308 00
19. Amended return only - overpayment previously received on original/amended return	19.	00
20. Line 18 minus line 19	20.	8 308 00

If line 20 is **MORE THAN** line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20)	21.	00
22. Interest and penalty due on late filing or late payment of tax (see instructions)	22.	00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Enclose Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	23.	00
24. Overpayment (line 20 minus line 13)	24.	1 195 00
25. Original return only - amount of line 24 to be credited toward 2016 income tax liability	25.	00
 26. Amount of line 24 to be donated: a. Military injury relief b. Ohio History Fund c. State nature preserves 0 0 0 0 0 0		
d. Breast / cervical cancer e. Wishes for sick children f. Wildlife species 0 0 0 0 0 0	Total ... 26g.	0 0
 27. YOUR REFUND (line 24 minus lines 25 and 26g)	27.	1 195 00

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

► Your signature _____ Date (MM/DD/YYYY) _____

► Spouse's signature (see instructions) _____ Phone number (optional) _____

Preparer's printed name (see instructions) _____ PTIN _____ Phone number _____

Do you authorize your preparer to contact us regarding this return? Yes No

If your refund is \$1.00 or less,
no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

NO Payment Enclosed - Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Enclosed - Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Income Adjustments - Additions and Deductions

Social Security no. of primary filer

**Additions**

(add income items only to the extent not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends	1.	00
2. Certain Ohio pass-through entity and financial institutions taxes paid	2.	00
3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account	3.	00
4. Losses from sale or disposition of Ohio public obligations	4.	00
5. Nonmedical withdrawals from a medical savings account	5.	00
6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income	6.	00
7. Lump sum distribution add-back	7.	00
Federal		
8. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	8.	00
9. Federal interest and dividends subject to state taxation	9.	00
10. Miscellaneous federal income tax additions	10.	00
11. Total additions (add lines 1 through 10 ONLY). Enter here and on Ohio IT 1040, line 2a) ... 11.		00

Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

12. Business income deduction (attach Ohio Schedule IT BUS, line 11)	12.	9	626	00
13. Employee compensation earned in Ohio by full-year residents of neighboring states	13.			00
14. State or municipal income tax overpayments shown on IRS form 1040, line 10	14.		690	00
15. Qualifying Social Security benefits and certain railroad retirement benefits	15.			00
16. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; public service payments received from the state of Ohio or income from a transfer agreement	16.			00
17. Amounts contributed to an individual development account	17.			00

Federal

18. Federal interest and dividends exempt from state taxation	18.			00
19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	19.			00
20. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	20.			00
21. Repayment of income reported in a prior year	21.			00
22. Wage expense not deducted due to claiming the federal work opportunity tax credit	22.			00
23. Miscellaneous federal income tax deductions	23.			00

OhioDepartment of
Taxation
Rev. 11/15**2015 Ohio Schedule A****Income Adjustments - Additions and Deductions**Social Security no. of primary filer
[REDACTED]**Uniformed Services**

24. Military pay for Ohio residents received while the military member was stationed outside Ohio	24.	00
25. Certain income earned by military nonresidents and civilian nonresident spouses	25.	00
26. Uniformed services retirement income	26.	00
27. Military injury relief fund	27.	00
28. Certain Ohio National Guard reimbursements and benefits	28.	00

Education

29. Ohio 529 contributions, tuition credit purchases	29.	00
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	30.	00

Medical

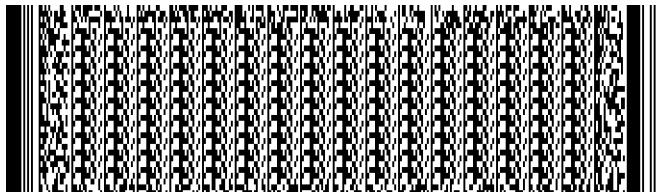
31. Disability and survivorship benefits (do not include pension continuation benefits)	31.	00
32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet)	32.	00
33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet)	33.	00
34. Qualified organ donor expenses (maximum \$10,000 per taxpayer)	34.	00
35. Total deductions (add lines 12 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b	35.	10 316 00

OhioDepartment of
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Rev. 10/15

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2015 Ohio Schedule of Credits**Nonrefundable and Refundable**Social Security no. of primary filer
**Nonrefundable Credits**

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	7 487 00
2. Retirement income credit (limit \$200 per return). See the table in the instructions	2.	00
3. Lump sum retirement credit (attach Ohio LS WKS, line 6)	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return)	4.	00
5. Lump sum distribution credit (must be 65 or older to claim this credit; attach Ohio LS WKS, line 3)	5.	00
6. Child care and dependent care credit (see the worksheet in the instructions)	6.	00
7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit)	7.	0 00
8. Displaced worker training credit (see the worksheet in the instructions) (limit \$500 per taxpayer)	8.	00
9. Ohio political contributions credit (limit \$50 per taxpayer); and credit for contributions to candidates for Ohio statewide office or General Assembly	9.	00
10. Income-based exemption credit (\$20 personal/dependent exemption credit)	10.	00
11. Total (add lines 2 through 10)	11.	00
12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-)	12.	7 487 00
13. Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for married filing jointly status only. <u>5</u> % times amount on line 12(limit \$650)	13.	STMT 1 374 00
14. Earned income credit	14.	00
15. Ohio adoption credit (limit \$10,000)	15.	00
16. Job retention credit, nonrefundable portion (enclose a copy of the credit certificate)	16.	00
17. Credit for eligible new employees in an enterprise zone	17.	00
18. Credit for certified ethanol plant investments	18.	00
19. Credit for purchases of grape production property	19.	00
20. Credit for investing in an Ohio small business	20.	00
21. Enterprise zone day care and training credits	21.	00
22. Research and development credit	22.	00
23. Ohio historic preservation credit, nonrefundable carryforward portion	23.	00
24. Total (add lines 13 through 23)	24.	374 00
25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-)	25.	7 113 00



OhioDepartment of
Taxation
Rev. 10/15**Do not use staples. Use only black ink.**
2015 Ohio Schedule of Credits**Nonrefundable and Refundable**Social Security no. of primary filer
[REDACTED]**Nonresident Credit**

Date of nonresidency	to	State of residency	
26. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Attach Ohio IT NRC if required	26.	00	
27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	27.	00	
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 to calculate your nonresident credit	28.	00	

Resident Credit

29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply)	29.	00	
30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	30.	00	
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 and enter the result here	31.	00	
32. Enter the 2015 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply)	32.	00	
33. Enter the smaller of line 31 or line 32. This is your Ohio resident tax credit. If you filed a return for 2015 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below	33.	00	

Grants

34. Manufacturing equipment grant	34.	00	
35. Total nonrefundable credits and grants (add lines 11, 24, 28, 33 and 34; enter here and on Ohio IT 1040, line 9)	35.	374	00

Refundable Credits

36. Historic preservation credit	36.	00	
37. Business jobs credit	37.	00	
38. Pass-through entity credit	38.	00	
39. Motion picture production credit	39.	00	
40. Financial Institutions Tax (FIT) credit	40.	00	
41. Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)	41.	00	

Ohio

Department of
Taxation

Rev. 10/15

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**2015 Schedule J - Dependents Claimed
on the Universal IT 1040 Return**



15230185

Social Security no. of primary filer

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

1. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)
DAUGHTER

Dependent's first name M.I. Last name

2. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)
SON

Dependent's first name M.I. Last name

3. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

4. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

5. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

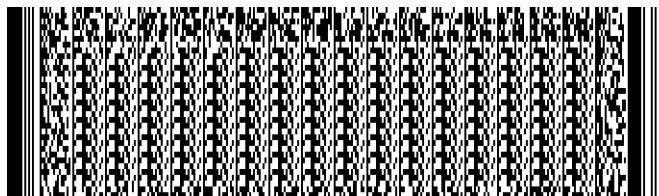
Dependent's first name M.I. Last name

6. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

7. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name



Ohio

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**2015 Schedule J - Dependents Claimed
on the Universal IT 1040 Return**



Social Security no. of primary filer
[REDACTED]

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

8. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

9. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

10. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

11. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

12. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

13. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

14. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

15. Dependent's Social Security no. (required) Dependent's date of birth (MM/DD/YYYY) Dependent's relationship to you (required)

Dependent's first name M.I. Last name

2015 Ohio IT BUS - Business Income Schedule



Include on this Ohio IT BUS schedule any income included in federal adjusted gross income that constitutes business income. See R.C. 5747.01(B). On page 2 of this schedule, list the sources of business income and your ownership percentage. Include the IT BUS schedule with Ohio IT 1040 if filing by paper (see instructions if filing electronically).

Social Security no. of primary filer
[REDACTED]

Check to indicate which taxpayer earned this income:

Primary Spouse

Part 1 - Business Income From IRS Schedules

Note: Do not include amounts listed on these IRS schedules that are nonbusiness income.

See R.C. 5747.01(C).

1. Schedule B - Interest and Ordinary Dividends	1.	00
2. Schedule C - Profit or Loss From Business (Sole Proprietorship)	2.	00
3. Schedule D - Capital Gains and Losses	3.	00
4. Schedule E - Supplemental Income and Loss to include guaranteed payments and/ or compensation from each pass-through entity in which you have at least a 20% direct or indirect ownership interest. Note: Reciprocity agreements do not apply	4.	12 834 00
5. Schedule F - Profit or Loss From Farming	5.	00
6. Other items of income and gain separately stated on federal Schedule K-1 and miscellaneous federal income tax adjustments, if any	6.	00
7. Total of business income (add lines 1 through 6)	7.	12 834 00

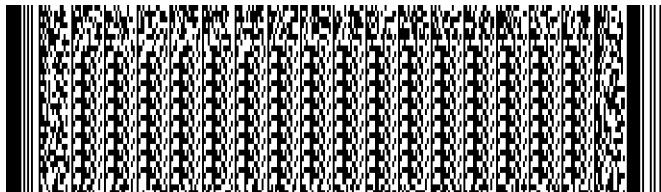
Part 2 - Business Income Deduction

8. All business income (enter the lesser of line 7 above or Ohio IT 1040, line 1; cannot exceed federal adjusted gross income). If -0- or negative, stop here and do not complete Part 3	8.	12 834 00
9. Multiply line 8 by 75% (.75) and enter here	9.	9 626 00
10. Enter \$187,500 if filing status is single or married filing jointly; OR Enter \$93,750 if filing status is married filing separately	10.	187 500 00
11. Enter lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 12	11.	9 626 00

Part 3 - Taxable Business Income

Note: If Ohio IT 1040, line 5 = -0-, do not complete Part 3.

12. Line 8 minus line 11 (if less than -0-, enter -0-)	12.	3 208 00
13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	13.	3 208 00
14. Business income tax liability (see instructions for business income tax tables). Enter here and on Ohio IT 1040, line 8b	14.	16 00



2015 Ohio IT BUS - Business Income Schedule



Social Security no. of primary filer
[REDACTED]

Part 4 - Business Entity

If you have more than 18 entities, complete additional copies of this page and include with your income tax return.

1. Name of entity COPYRIGHT	FEIN/Social Security no. [REDACTED]	Percentage of ownership 0
2. Name of entity RESIDENTIAL RENTAL	FEIN/Social Security no. [REDACTED]	Percentage of ownership 0
3. Name of entity	FEIN/Social Security no.	Percentage of ownership
4. Name of entity	FEIN/Social Security no.	Percentage of ownership
5. Name of entity	FEIN/Social Security no.	Percentage of ownership
6. Name of entity	FEIN/Social Security no.	Percentage of ownership
7. Name of entity	FEIN/Social Security no.	Percentage of ownership
8. Name of entity	FEIN/Social Security no.	Percentage of ownership
9. Name of entity	FEIN/Social Security no.	Percentage of ownership
10. Name of entity	FEIN/Social Security no.	Percentage of ownership
11. Name of entity	FEIN/Social Security no.	Percentage of ownership
12. Name of entity	FEIN/Social Security no.	Percentage of ownership
13. Name of entity	FEIN/Social Security no.	Percentage of ownership
14. Name of entity	FEIN/Social Security no.	Percentage of ownership
15. Name of entity	FEIN/Social Security no.	Percentage of ownership
16. Name of entity	FEIN/Social Security no.	Percentage of ownership
17. Name of entity	FEIN/Social Security no.	Percentage of ownership
18. Name of entity	FEIN/Social Security no.	Percentage of ownership



OH SCHEDULE OF CREDITS	QUALIFYING INCOME FOR JOINT FILING CREDIT	STATEMENT	1
DESCRIPTION	TAXPAYER	SPOUSE	
WAGES, SALARIES, TIPS, ETC.	165,300.	38,928.	
LESS: TOTAL FEDERAL ADJUSTMENTS	-250.	0.	
TOTAL QUALIFYING INCOME (CREDIT APPLIES ONLY IF BOTH \$500 OR MORE)	165,050.	38,928.	

COPY

STATE OF OHIO DISCLOSURE INFORMATION

BY SUBMITTING THIS RETURN ELECTRONICALLY, THE TAXPAYER ACCEPTS THE FOLLOWING STATEMENTS:

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE OHIO INCOME TAX RETURN AND IF APPLICABLE, THE OHIO SCHOOL DISTRICT INCOME TAX RETURN IS TRUE, CORRECT AND COMPLETE. I ALSO DECLARE UNDER PENALTIES OF PERJURY THAT IF I AM FILING A RETURN WITH MY SPOUSE, I AM AUTHORIZED TO MAKE THIS DECLARATION ON HIS/HER BEHALF AND TO FILE THE RETURN FOR BOTH OF US.

THE OHIO DEPARTMENT OF TAXATION IS NOT RESPONSIBLE FOR THE MISAPPLICATION OF A DIRECT DEPOSIT REFUND INTO A CHECKING, SAVINGS, IRA OR 529 COLLEGEADVANTAGE ACCOUNT THAT IS CAUSED BY ERROR, NEGLIGENCE OR MALFEASANCE ON THE PART OF THE TAXPAYER, ELECTRONIC FILER, FINANCIAL INSTITUTION, OR ANY OF THEIR AGENTS.

COPY