

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).**2015**

Submission Identification Number (SID) ▶

Taxpayer's name Mohamed Hassen	Social security number 475-33-6525
Spouse's name Eman M Elwady	Spouse's social security number 469-39-0163

**Part I Tax Return Information—Tax Year Ending December 31, 2015 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	103,671.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	4,834.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	8,281.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	3,447.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize Norman Strom to enter or generate my PIN  
ERO firm name  
as my signature on my tax year 2015 electronically filed income tax return.

3	6	5	2	5
---	---	---	---	---

Enter five digits, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

☒ I authorize Norman Strom to enter or generate my PIN  
ERO firm name  
as my signature on my tax year 2015 electronically filed income tax return.

9	0	1	6	3
---	---	---	---	---

Enter five digits, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

4	1	7	3	4	9	4	1	7	3	4
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 02/28/2016**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning		, 2015, ending		, 20		See separate instructions.
Your first name and initial Mohamed		Last name Hassen		Your social security number 475-33-6525		
If a joint return, spouse's first name and initial Eman M		Last name Elwady		Spouse's social security number 469-39-0163		
Home address (number and street). If you have a P.O. box, see instructions. 12033 Chesholm Lane					Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Eden Prairie MN 55347						
Foreign country name		Foreign province/state/county		Foreign postal code		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

**Filing Status**

1 <input type="checkbox"/> Single 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. ▶	4 <input type="checkbox"/> 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 <input type="checkbox"/> Qualifying widow(er) with dependent child
---	--

Check only one box.

**Exemptions**

6a <input checked="" type="checkbox"/> <b> Yourself.</b> If someone can claim you as a dependent, do not check box 6a . . . . . b <input checked="" type="checkbox"/> <b> Spouse</b> . . . . . c <b> Dependents:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>Rouda</td> <td>Hassen</td> <td>476-49-9342</td> <td>Daughter</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Zainab</td> <td>Hassen</td> <td>470-41-7797</td> <td>Daughter</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Toka</td> <td>Hassen</td> <td>475-37-4871</td> <td>Daughter</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="4"></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	Rouda	Hassen	476-49-9342	Daughter	<input checked="" type="checkbox"/>	Zainab	Hassen	470-41-7797	Daughter	<input checked="" type="checkbox"/>	Toka	Hassen	475-37-4871	Daughter	<input checked="" type="checkbox"/>					<input type="checkbox"/>	Boxes checked on 6a and 6b <b>2</b> No. of children on 6c who: • lived with you <b>3</b> • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶ <b>5</b>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)																						
Rouda	Hassen	476-49-9342	Daughter	<input checked="" type="checkbox"/>																						
Zainab	Hassen	470-41-7797	Daughter	<input checked="" type="checkbox"/>																						
Toka	Hassen	475-37-4871	Daughter	<input checked="" type="checkbox"/>																						
				<input type="checkbox"/>																						
d Total number of exemptions claimed . . . . .																										

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

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 8a <b> Taxable interest.</b> Attach Schedule B if required . . . . . b <b> Tax-exempt interest.</b> 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 . . . . . 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 . . . . . 15a IRA distributions . . . . . 15a b Taxable amount . . . . . 15b 16a Pensions and annuities . . . . . 16a b Taxable amount . . . . . 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 18 Farm income or (loss). Attach Schedule F . . . . . 19 Unemployment compensation . . . . . 20a Social security benefits . . . . . 20a b Taxable amount . . . . . 20b 21 Other income. List type and amount . . . . . 22 Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	7 103,313. 8a 9a 10 358. 11 12 13 14 15b 16b 17 18 19 20b 21 22 103,671.
---	---

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

**Adjusted Gross Income**

23 Educator expenses . . . . . 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24 25 Health savings account deduction. Attach Form 8889 . . . . . 25 26 Moving expenses. Attach Form 3903 . . . . . 26 27 Deductible part of self-employment tax. Attach Schedule SE . . . . . 27 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 37 Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37 103,671.
--	--

**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,300  
Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,250

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	103,671.
<b>39a</b>	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 <b>39a</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b>		
<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	25,301.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	78,370.
<b>42</b>	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	<b>42</b>	20,000.
<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	58,370.
<b>44</b>	Tax (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	7,834.
<b>45</b>	Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	7,834.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	3,000.
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your total credits	<b>55</b>	3,000.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	4,834.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your total tax	<b>63</b>	4,834.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	8,281.
<b>65</b>	2015 estimated tax payments and amount applied from 2014 return	<b>65</b>	
<b>66a</b>	Earned income credit (EIC) No	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	<b>74</b>	8,281.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	3,447.
<b>76a</b>	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	3,447.
<b>b</b>	Routing number 2 9 1 9 7 5 4 6 5	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 7 4 5 0 1 0 7 4 6 8 2 6		
<b>77</b>	Amount of line 75 you want applied to your 2016 estimated tax	<b>77</b>	

**Amount You Owe**

<b>78</b>	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee**

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

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

**Sign Here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Homemaker	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Norman Strom	Norman Strom	02/28/2016		P01594937
Firm's name	Firm's EIN			
Norman Strom	46-8801984			
Firm's address	Phone no.			
7400 Metro Blvd, Suite 400 Minneapolis MN 55439				

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Mohamed Hassen & Eman M Elwady

475-33-6525

<b>Medical and Dental Expenses</b>		<b>Caution:</b> 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 <b>2</b>	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			
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	3,607.		
b	<input type="checkbox"/> General sales taxes	6	2,992.		
6	Real estate taxes (see instructions)	7	95.		
7	Personal property taxes	8			
8	Other taxes. List type and amount ►				
9	Add lines 5 through 8	9			6,694.
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>		10	9,117.
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).		<b>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 ►</b>		11	
		<b>12 Points not reported to you on Form 1098. See instructions for special rules</b>		12	
		<b>13 Mortgage insurance premiums (see instructions)</b>		13	668.
		<b>14 Investment interest. Attach Form 4952 if required. (See instructions.)</b>		14	
		<b>15 Add lines 10 through 14</b>		15	9,785.
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions</b>		16	3,000.
If you made a gift and got a benefit for it, see instructions.		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500</b>		17	
		<b>18 Carryover from prior year</b>		18	
		<b>19 Add lines 16 through 18</b>		19	3,000.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► See Schedule A, Line 21 Statement</b>		21	7,895.
		<b>22 Tax preparation fees</b>		22	
		<b>23 Other expenses—investment, safe deposit box, etc. List type and amount ►</b>		23	
		<b>24 Add lines 21 through 23</b>		24	7,895.
		<b>25 Enter amount from Form 1040, line 38 <b>25</b> 103,671.</b>		25	
		<b>26 Multiply line 25 by 2% (.02)</b>		26	2,073.
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-</b>		27	5,822.
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ►</b>		28	
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$154,950?</b>		29	25,301.
		<b>X No.</b> 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.			
		<b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here</b>			

**Health Savings Accounts (HSAs)**

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

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

Mohamed Hassen

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

475-33-6525

**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 type="checkbox"/> Self-only <input checked="" 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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	0.
3	If you were under age 55 at the end of 2015, and on the first day of <b>every</b> month during 2015, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,350 (\$6,650 for family coverage). <b>All others</b> , see the instructions for the amount to enter.	6,650.
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.	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	6,650.
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.	6,650.
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).	
8	Add lines 6 and 7	6,650.
9	Employer contributions made to your HSAs for 2015	5,198.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	5,198.
12	Subtract line 11 from line 8. If zero or less, enter -0-	1,452.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	0.

**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)	5,197.
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)	
c	Subtract line 14b from line 14a	5,197.
15	Qualified medical expenses paid using HSA distributions (see instructions)	5,197.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	

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

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

**Unreimbursed Employee Business Expenses**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at [www.irs.gov/form2106](http://www.irs.gov/form2106).**2015**  
Attachment  
Sequence No. **129A**

Your name Mohamed Hassen	Occupation in which you incurred expenses Consulting	Social security number 475-33-6525
-----------------------------	---	---------------------------------------

**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	6,900.
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	3	
4	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	4	
5	Meals and entertainment expenses: \$ _____ × 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	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (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	6,900.

**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) ▶ 01/01/2015
- 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 12,000 b Commuting (see instructions) \_\_\_\_\_ c Other 13,555
- 9 Was your vehicle available for personal use during off-duty hours? . . . . . ☒ Yes ☐ No
- 10 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☒ Yes ☐ No
- 11a Do you have evidence to support your deduction? . . . . . ☒ Yes ☐ No
- b If "Yes," is the evidence written? . . . . . ☒ Yes ☐ No

**Additional information from your 2015 Federal Tax Return****Schedule A: Itemized Deductions****Line 21 - Employee Business Expenses Subject to 2% Limitation****Continuation Statement**

Description	Amount
Deductible expenses from Form 2106	6,900.
Class	995.
<b>Total</b>	<b>7,895.</b>



# M1 MINNESOTA REVENUE Individual Income Tax 2015

1511

Leave unused boxes blank. Do not use staples on anything you submit.

MOHAMED HASSEN 475336525  
 Place  
 an X if a EMAN M ELWADY 469390163  
 Foreign  
 Address: 12033 CHESHOLM LANE 02051964  
 EDEN PRAIRIE MN 55347 03211971

## 2015 Federal

### Filing Status

(place an X in  
 one oval box):

☐

(1) Single

☒

(2) Married filing joint

☐

(3) Married filing separate:

☐

(4) Head of  
 household

☐

(5) Qualifying widow(er)

Enter spouse's name and  
 Social Security number here

### State Elections Campaign Fund

If you want \$5 to go to help candidates for state of-  
 fices pay campaign expenses, you may each enter  
 the code number for the party of your choice. This  
 will not increase your tax or reduce your refund.

### Political party and code number:

Republican..... 11 Grassroots—Legalize Cannabis 14 Legal Marijuana Now ....17  
 Democratic/Farmer-Labor 12 Green..... 15 General Campaign  
 Independence..... 13 Libertarian..... 16 Fund .....99

From Your Federal Return (for line references see instructions), enter the amount of:

A Wages, salaries, tips, etc.:

B IRA, Pensions and annuities: C Unemployment:

D Federal adjusted gross income:

103313


0

0

103671

Do not send W-2s. Enclose Schedule M1W to  
 claim Minnesota withholding.

- 1 **Federal taxable income** (from line 43 of federal Form 1040,  
 line 27 of Form 1040A or line 6 of Form 1040EZ)..... 1 ■ 58370
- 2 **State income tax or sales tax addition.** If you itemized deductions  
 on federal Form 1040, complete the worksheet in the instructions ..... 2 ■ 3607
- 3 Other additions to income, including disallowed itemized deductions,  
 personal exemptions, non-Minnesota bond interest and domestic production  
 activities deduction (see instructions; enclose Schedule M1M)..... 3 ■ 668
- 4 Add lines 1 through 3 (if a negative number, place an X in the oval box) ..... 4 62645
- 5 State income tax refund from line 10 of federal Form 1040 ..... 5 ■ 358
- 6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds  
 or K-12 education expenses (see instructions; enclose Schedule M1M) ..... 6 ■ 6625
- 7 Total subtractions. Add lines 5 and 6 ..... 7 6983
- 8 **Minnesota taxable income.** Subtract line 7 from line 4. If zero or less, leave blank. .... 8 55662
- 9 **Tax** from the table in the M1 instructions ..... 9 3300
- 10 **Alternative minimum tax** (enclose Schedule M1MT) ..... 10 ■
- 11 Add lines 9 and 10 ..... 11 3300
- 12 **Full-year residents:** Enter the amount from line 11 on line 12. Skip lines 12a and 12b.  
**Part-year residents and nonresidents:** From Schedule M1NR, enter the tax from line 27 on  
 line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR).... 12 3300
- a. 0 b. 0
- 13 **Tax on lump-sum distribution** (enclose Schedule M1LS) ..... 13 ■
- 14 **Tax before credits.** Add lines 12 and 13 ..... 14 3300

<b>15</b>	Tax before credits. Amount from line 14 .....	<b>15</b>	3300
<b>16</b>	Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income ( <i>enclose Schedule M1MA</i> ) .....	<b>16</b> ■	
<b>17</b>	Credit for taxes paid to another state ( <i>enclose Schedule(s) M1CR</i> ) .....	<b>17</b> ■	
<b>18</b>	Other nonrefundable credits ( <i>enclose Schedule M1C</i> ) .....	<b>18</b> ■	
<b>19</b>	Total nonrefundable credits. Add lines 16 through 18 .....	<b>19</b>	
<b>20</b>	Subtract line 19 from line 15 ( <i>if result is zero or less, leave blank</i> ) .....	<b>20</b>	3300
<b>21</b>	Nongame Wildlife Fund contribution ( <i>see instructions</i> ) This will reduce your refund or increase amount owed .....	 <b>21</b> ■	
<b>22</b>	Add lines 20 and 21 .....	<b>22</b>	3300
<b>23</b>	<b>Minnesota income tax withheld.</b> Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms ( <i>do not send</i> ) .....	<b>23</b> ■	3607
<b>24</b>	Minnesota estimated tax and extension payments made for 2015 .....	<b>24</b> ■	
<b>25</b>	Child and Dependent Care Credit ( <i>enclose Schedule M1CD</i> ). Enter number of qualifying persons here: .....	<b>25</b> ■	
<b>26</b>	Minnesota Working Family Credit ( <i>enclose Schedule M1WFC</i> ). Enter number of qualifying children here: .....	<b>26</b> ■	
<b>27</b>	K-12 Education Credit ( <i>enclose Schedule M1ED</i> ). Enter number of qualifying children here: .....	<b>27</b> ■	
<b>28</b>	Business and investment credits ( <i>enclose Schedule M1B</i> ) .....	<b>28</b> ■	
<b>29</b>	Total payments. Add lines 23 through 28 .....	<b>29</b>	3607
<b>30</b>	<b>REFUND.</b> If line 29 is more than line 22, subtract line 22 from line 29 ( <i>see instructions</i> ). For direct deposit, complete line 31 .....	<b>30</b> ■	307
<b>31</b>	Direct deposit of your refund ( <i>you must use an account not associated with a foreign bank</i> ):  Checking                      Savings		
<b>32</b>	<b>AMOUNT YOU OWE.</b> If line 22 is more than line 29, subtract line 29 from line 22 ( <i>see instructions</i> ) .....	<b>32</b> ■	
<b>33</b>	Penalty amount from Schedule M15 ( <i>see instructions</i> ). Also subtract this amount from line 30 or add it to line 32 ( <i>enclose Schedule M15</i> ) .....	<b>33</b> ■	
<b>IF YOU PAY ESTIMATED TAX</b> and want part of your refund credited to estimated tax, complete lines 34 and 35.			
<b>34</b>	Amount from line 30 you want sent to you .....	<b>34</b> ■	
<b>35</b>	Amount from line 30 you want applied to your 2016 estimated tax .....	<b>35</b> ■	

I declare that this return is correct and complete to the best of my knowledge and belief.

Paid preparer: You must sign below.

Your signature

Date

Paid preparer's signature

Date

NORMAN STROM

02282016

Spouse's signature (if filing jointly)

Taxpayer's daytime phone

Preparer's daytime phone

9528351726

P01594937

**Include a copy of your 2015 federal return and schedules.**

Mail to: Minnesota Individual Income Tax  
St. Paul, MN 55145-0010

To check on the status of your refund, visit [www.revenue.state.mn.us](http://www.revenue.state.mn.us)

I authorize the Minnesota Department of  
Revenue to discuss this return with my  
paid preparer or the third-party designee  
indicated on my federal return.

I do not want my paid preparer  
to file my return electronically.

**2015 Schedule M1W, Minnesota Income Tax Withheld**

Sequence #2

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

MOHAMED

HASSEN

475336525

EMAN M

ELWADY

469390163

If you received a W-2, 1099, W-2G, Schedule KPI, KS or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099 or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

<b>A</b>	<b>B—Box 13</b>	<b>C—Box 15</b>	<b>D—Box 16</b>	<b>E—Box 17</b>
If the W-2 is for:	If Retirement Plan	Employer's 7-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
• you, enter 1	box is checked	state tax ID number	(round to nearest whole dollar)	(round to nearest whole dollar)
• spouse, enter 2	mark an X below.			

1		8812449	84111	2612
---	--	---------	-------	------

1		1212807	19202	995
---	--	---------	-------	-----

Subtotal for additional W-2s (from line 5 on the back) .....

**Total Minnesota tax withheld from all W-2 forms** (add amounts in line 1, column E) ..... **1** ■ 3607**2** Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
If the 1099 or W-2G is for:	Payer's 7-digit Minnesota state tax ID	Income amount (see the table on	Minnesota tax withheld
• you, enter 1	number (if unknown, contact the payer)	the back for amounts to include)	(round to nearest whole dollar)
• spouse, enter 2			

Subtotal for additional 1099 and W-2G forms (from line 6 on the back) .....

**Total Minnesota tax withheld from all 1099 and W-2G forms** (add amounts in line 2, column D) ... **2** ■**3** Total Minnesota tax withheld by partnerships, S corporations and fiduciaries(from line 7 on the back) ..... **3** ■**4** Total. Add the Minnesota tax withheld on lines 1, 2 and 3.Enter the total here and on line 23 of Form M1 ..... **4** ■

3607

**Include this schedule with your Form M1.**  
**If required, include Schedules KPI, KS and/or KF.**

**2015 Schedule M1M, Income Additions and Subtractions**

Sequence #3

Complete this schedule to determine line 3 and line 6 of Form M1.

Mohamed

Hassen

475336525

**Additions to Income**

<b>1</b>	Itemized deduction limitation for taxpayers with an adjusted gross income which exceeds \$184,000 (\$92,000 if married filing separate) .....	<b>1</b>	0
<b>2</b>	Personal exemption phase out for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions) .....	<b>2</b>	0
<b>3</b>	Interest from municipal bonds of another state or its governmental unithes included on line 8b of federal Form 1040 or 1040A .....	<b>3</b>	
<b>4</b>	Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A .....	<b>4</b>	
<b>5</b>	Federal bonus depreciation addition (determine from worksheet in the instructions) .....	<b>5</b>	
<b>6</b>	Federal section 179 expensing addition (determine from worksheet in the instructions) .....	<b>6</b>	
<b>7</b>	State income taxes passed through to you as a partner of a partnership, a shareholder of an S corporation or a beneficiary of a trust (see instructions) .....	<b>7</b>	
<b>8</b>	Domestic production activities deduction (from line 35 of federal Form 1040) .....	<b>8</b>	
<b>9</b>	Expenses deducted on your federal return attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds) .....	<b>9</b>	
<b>10</b>	Fines, fees and penalties federally deducted as a trade or business expense (see instructions) .....	<b>10</b>	
<b>11</b>	Suspended loss from 2001 through 2005 or 2008 through 2014 on your federal return that was generated by bonus depreciation (determine from worksheet in the instructions) .....	<b>11</b>	
<b>12</b>	Capital gain portion of a lump-sum distribution (from line 6 of federal Form 4972; enclose Form 4972) .....	<b>12</b>	
<b>13</b>	Net operating loss carryover adjustment (see instructions) .....	<b>13</b>	
<b>14</b>	Addition from Schedule M1NC, Federal Adjustments, line 18 .....	<b>14</b>	668
<b>15</b>	Add lines 1 through 14. Enter the total here and on line 3 of Form M1 .....	<b>15</b>	668

**Subtractions From Income**

<b>16</b>	Net interest or mutual fund dividends from U.S. bonds (see instructions) .....	<b>16</b>	
<b>17</b>	Education expenses you paid for your qualifying children in grades K-12 (see instructions) Enter the name and grade of each child: .....	<b>17</b>	6625
	Rouda Hasse3 See Add'l Qualifying Children		
<b>18</b>	If you did not itemize deductions on your federal return and your charitable contributions were more than \$500, see instructions .....	<b>18</b>	
<b>19</b>	Subtraction for federal bonus depreciation added back to Minnesota taxable income in 2010 through 2014 (determine from worksheet in the instructions) .....	<b>19</b>	
<b>20</b>	Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2010 through 2014 (see instructions) .....	<b>20</b>	
<b>21</b>	Subtraction for persons age 65 or older, or permanently and totally disabled (enclose Schedule M1R) .....	<b>21</b>	

Mohamed

Hassen

475336525

- 22** Benefits paid by the Railroad Retirement Board  
(see instructions) ..... **22** ■
- 23** If you are a resident of a reciprocity state filing Form M1 only to receive a refund  
of all Minnesota tax withheld, enter the amount from line 1 of Form M1.  
If the amount is less than zero, enter zero ..... **23** ■
- Place an X in one box to indicate the reciprocity state  
of which you were a resident during 2015 ..... Michigan:
- North Dakota:
- 24** American Indians: Total amount earned on an Indian reservation while  
living on the reservation, to the extent the income is federally taxable ..... **24** ■
- 25** Federal active duty military pay received for services performed while a Minnesota  
resident, to the extent the income is federally taxable. Do not include military pensions ..... **25** ■
- 26** If you are a member of the Minnesota National Guard or other reserve component  
in Minnesota, see instructions ..... **26** ■
- 27** If you are a resident of another state, enter your federal active service military pay,  
to the extent the income is federally taxable. Do not include military pensions ..... **27** ■
- 28** If you, your spouse (if filing a joint return) or your dependent donated all  
or part of a human organ, enter your unreimbursed expenses for travel  
and lodging and for any lost wages net of sick pay (see instructions) ..... **28** ■
- 29** Income taxes paid to a subnational level of a foreign country other than Canada  
(determine from worksheet in the instructions) ..... **29** ■
- 30** Job Opportunity Building Zone (JOBZ) business and investment  
income exemptions (enclose Schedule JOBZ) ..... **30** ■
- 31** Portion of the gain from the sale of your farm property if you were insolvent  
at the time of the sale (determine from worksheet in the instructions) ..... **31** ■
- 32** Post service education awards received for service in an  
AmeriCorps National Service program ..... **32** ■
- 33** Net operating loss (NOL) carryover adjustment (see instructions) ..... **33** ■
- 34** Subtraction for prior addback of reacquisition of business indebtedness income  
included in federal taxable income (see instructions) ..... **34** ■
- 35** Subtraction for railroad maintenance expenses ..... **35** ■
- 36** This line is intentionally left blank ..... **36** ■
- 37** If you filed federal Schedule A and your limited itemized deductions are less than your  
standard deduction, see instructions ..... **37** ■
- 38** Subtraction from Schedule M1NC, Federal Adjustments, line 18 ..... **38** ■
- 39** Add lines 16 through 38. Enter the total here and on line 6 of Form M1 ..... **39**

6625

**You must include this schedule with your Form M1.**

**2015 Schedule M1NC, Federal Adjustments**

Sequence #8

Minnesota has not adopted the federal law changes made after December 31, 2014, that affect federal taxable income for tax year 2015.

Your first name and initial	Last name	Social Security number
Mohamed	Hassen	475-33-6525

Before you complete this schedule, **read the instructions which are on a separate sheet**. If any lines 1 through 17 apply to you, you may be required to complete a separate federal form and make adjustments for Minnesota purposes.

Round amounts to the nearest whole dollar.

**Adjustments to federal adjusted gross income (AGI)**

- |    |   |    |   |     |
|----|---|----|---|-----|
| 1  | Educator expense deduction on your federal Form 1040 or Form 1040A.....   | 1  | ■ |     |
| 2  | Tuition and fees deduction on your federal Form 1040 or Form 1040A.....   | 2  | ■ |     |
| 3  | Home mortgage debt cancelled or forgiven in 2015 and excluded from federal income .....   | 3  | ■ |     |
| 4  | IRA distribution excluded from federal income because it was made to a charitable organization ....   | 4  | ■ |     |
| 5  | Certain interest-related dividends from a RIC (see instructions) excluded from federal income .....   | 5  | ■ |     |
| 6  | Modified depreciation for business property placed in service in 2015 on an Indian Reservation .....  | 6  | ■ |     |
| 7  | Modified treatment of qualified film and television production expenses .....   | 7  | ■ |     |
| 8  | Modified depreciation for qualified leasehold improvement, restaurant or retail improvement property placed in service in 2015. ....  | 8  | ■ |     |
| 9  | Special 7-year cost recovery period claimed for property used for land improvements and support facilities for motor sports entertainment facilities placed in service in 2015 .....  | 9  | ■ |     |
| 10 | Additional depreciation from election to expense 50% of the cost of qualified advanced mine safety equipment placed in service in 2015. ....  | 10 | ■ |     |
| 11 | S Corporation stock basis adjusted loss limitation or stock sale gain (see instructions) .....  | 11 | ■ |     |
| 12 | If you have an amount on lines 1 through 11 and have an item of income or adjustment to income subject to a rule involving AGI (such as Social Security Income, Rental Real Estate Losses, Student Loan Interest, or IRA deductions), see instructions. ....  | 12 | ■ |     |
| 13 | Add lines 1 through line 12. If you are claiming a child and dependent care credit (M1CD), K-12 education credit (M1ED), or a property tax refund (M1PR) include this amount on line 5 of the appropriate schedule or form. ....  | 13 | ■ |     |
| 14 | Mortgage insurance premium deduction from your federal Schedule A .....   | 14 | ■ | 668 |
| 15 | If you claimed an enhanced charitable contribution deduction for qualified conservation easement or food inventory, or claimed an itemized deduction that is subject to a calculation involving AGI, see instructions .....   | 15 | ■ |     |
| 16 | Add lines 13 through 15. ....   | 16 | ■ | 668 |
| 17 | If you reported an amount on line 4 of this schedule and filed federal Schedule A, include the amount from line 4 that you would have been allowed as a charitable contribution deduction if the distribution(s) had been included in your Federal AGI. If your federal charitable contribution deduction was limited based on your AGI, and you reported an amount on line 13 of this schedule, see instructions. .... | 17 | ■ |     |
| 18 | Subtract line 17 from line 16. If the result is positive, enter it on Schedule M1M, line 14. If the amount is less than zero, enter it as a positive number on Schedule M1M, line 38. ....  | 18 |   | 668 |

Federal tax changes that do not apply for Minnesota tax purposes

**You must include this schedule when you file Form M1.**

**Schedule M1M**  
**Line 17**

**School-Age Dependents  
and Expense Deduction**

► Include with Schedule M1M

**2015**  
**Statement** DEP

Name as Shown on Return Mohamed Hassen & Eman M Elwady	Social Security No. 475-33-6525
---	------------------------------------

1	Child's Name	Check if KG	Grade	School Expenses	Maximum Deduction	Allowable Expenses
	Rouda Hassen	<input type="checkbox"/>	3	1,625.	1,625.	1,625.
	Zainab Hassen	<input type="checkbox"/>	7	2,500.	2,500.	2,500.
	Toka Hassen	<input type="checkbox"/>	9	2,500.	2,500.	2,500.
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
2	Total .....		2	6,625.	6,625.	6,625.

**K-12 Education Credit Expense Worksheet**

If you qualify for the K-12 education credit and you cannot use all of your education expenses on Schedule M1ED, determine line 17 of Schedule M1M by completing the following steps:

A	Qualifying tuition expenses .....	6,625.
B	Qualifying computer expenses in excess of \$200, up to a maximum of \$200 ..	
<b>Complete lines C through F if Schedule M1ED, line 17 is less than line 16.</b>		
C	Line 15 of Schedule M1ED .....	
D	Line 18 of Schedule M1ED .....	
E	Multiply line D by 1.333 .....	
F	Subtract step E from step C .....	
G	Add lines A, B and F .....	6,625.
H	Maximum deduction .....	6,625.
I	Lesser of lines G and H. Enter on line 17 of Schedule M1M .....	6,625.

**Additional information from your 2015 Minnesota Tax Return****Schedule M1M: Income Additions and Subtractions****Education Expenses for Grades K-12****Continuation Statement**

Childs Name	Grade
Zainab Hassen	7
Toka Hassen	9