

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20		See separate instructions.
Your first name and initial sean P	Last name huberty	Your social security number 372-04-5383
If a joint return, spouse's first name and initial	Last name	Spouse's social security number 362-27-4069
Home address (number and street). If you have a P.O. box, see instructions. 3414 sunnyslane		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). lansing MI 48906		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
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). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ nicole K huberty	5 <input type="checkbox"/> Qualifying widow(er) with dependent child

Check only one box.

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 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶
b <input type="checkbox"/> Spouse	
c Dependents:	
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	
d Total number of exemptions claimed	1

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

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
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	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	2,786.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	2,786.

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	197.
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	197.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	2,589.

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	2,589.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300.
41	Subtract line 40 from line 38	41	-3,711.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	4,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	0.
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	0.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	394.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	394.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b	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	

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																					
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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	394.
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **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 entrepreneur	Daytime phone number (517) 881-5380
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.)

Paid Preparer Use Only

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

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Name of proprietor sean P huberty		Social security number (SSN) 372-04-5383
A Principal business or profession, including product or service (see instructions) design consulting	B Enter code from instructions ► 5 4 1 4 0 0	
C Business name. If no separate business name, leave blank. 3D Bits, LLC	D Employer ID number (EIN), (see instr.) 4 7 4 1 8 6 1 8 6	
E Business address (including suite or room no.) ► 3414 sunnyslane City, town or post office, state, and ZIP code lansing, MI 48906		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2015, check here . <input checked="" type="checkbox"/>		
I 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		
J If "Yes," did you or will you file required Forms 1099? . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ► <input type="checkbox"/>	1	3,458.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	3,458.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	3,458.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ►	7	3,458.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	45.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	127.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	500.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28	672.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	2,786.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0.			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	2,786.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 08/14/2015
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
a	Business 78 b Commuting (see instructions) c Other 8,345
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48	Total other expenses. Enter here and on line 27a 48

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► **Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.**
► **Attach to Form 1040 or Form 1040NR.**

OMB No. 1545-0074

2015
Attachment
Sequence No. **17**

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

sean P huberty

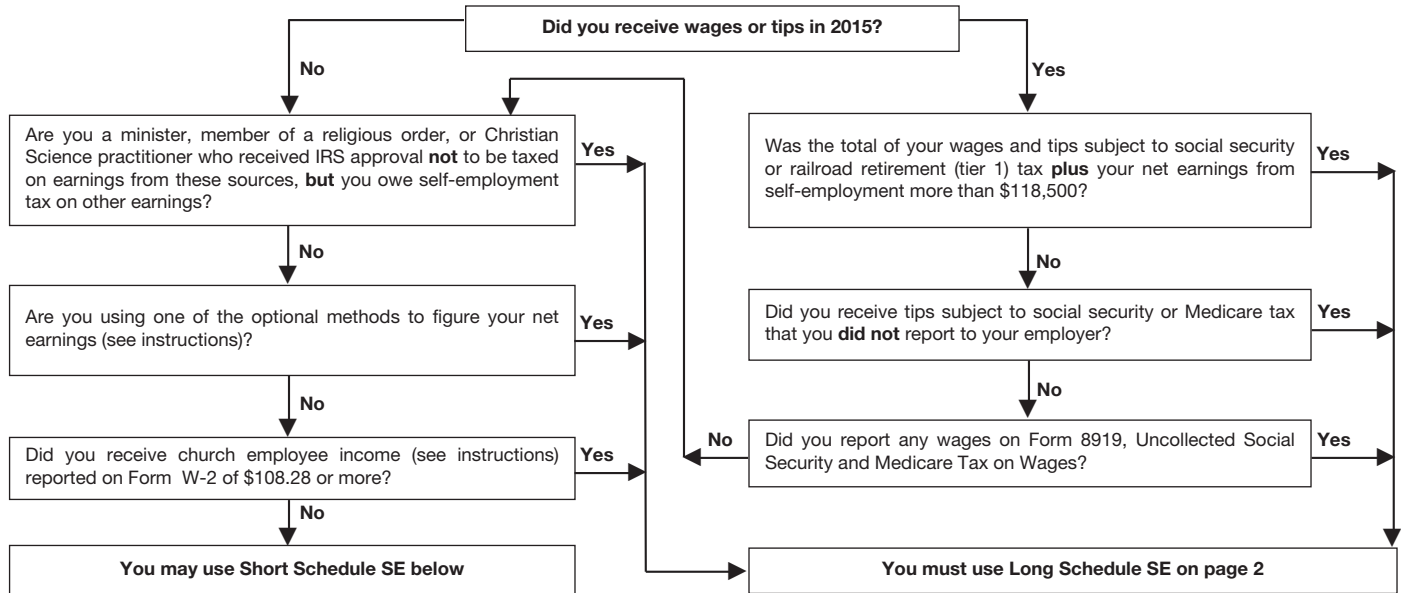
Social security number of person
with **self-employment** income ►

372-04-5383

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

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

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



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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	2,786.
3	Combine lines 1a, 1b, and 2	3	2,786.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ►	4	2,573.
5	Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57 , or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57 , or Form 1040NR, line 55	5	394.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27	6	197.

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

REV 12/04/15 Intuit.cpf.sp

Schedule SE (Form 1040) 2015

Section 1.263(a)-1(f)

▶ Attach to your income tax return

Name(s) Shown on Return

sean P huberty

Identification Number

372-04-5383Tax Year: 2015**Section 1.263(a)-1(f)
De Minimis Safe Harbor Election**

The taxpayer elects to make the de minimis safe harbor election under the Regulation 1.263(a)-1(f)

Name:

sean P huberty

Address:

3414 sunnylane, lansing MI 48906

Identification Number:

372-04-5383

Instructions for Form MI-1040-V

2015 Michigan Individual Income Tax e-file Payment Voucher

You may make your individual income tax payment electronically using Michigan's e-Payments service. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. Visit www.michigan.gov/iit for more information. **If you choose to make your payment electronically, you do not need to mail Form MI-1040-V to Treasury.**

Important Information

Mail Form MI-1040-V with your payment after you e-file your MI-1040 return.

Do not use this voucher to make any other payments to the State of Michigan.

Do not use the MI-1040-V to pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 32.

Your payment and MI-1040-V are due April 18, 2016. If your payment is late, Treasury will send you a bill for the amount due and add a penalty of 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until full payment is received. Maximum late penalty is 25 percent of the balance of tax due. If you pay late, you must add penalty and interest to the amount due. The annual interest rate is 1 percent above the current prime rate. The rate is adjusted on July 1 and January 1. For current interest rates, visit www.michigan.gov/taxes.

If you do not owe any tax on your e-filed MI-1040, do not file this form.

Mailing Instructions

- Make your check payable to the **"State of Michigan."** Print **"2015 MI-1040-V"** and the last four digits of the your **Social Security number** on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's Social Security number on the check. For accurate processing of your payment, do not combine this payment with any other payments (such as the City of Detroit) to the State of Michigan.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:

**Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909-8274**

- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you choose to make your payment electronically you do not need to mail Form MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 1-800-649-3777 or 711.

Visit www.michigan.gov/iit for additional information.

Mail this form with payment for your e-file return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 05-15)

2015 MICHIGAN Individual Income Tax e-file Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you e-file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 12/03/15 INTUIT.CG.CFP.SP

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) SEAN P HUBERTY 3414 SUNNYLANE LANSING MI 48906	Filer's Full Social Security Number 372-04-5383	Spouse's Full Social Security Number
WRITE PAYMENT AMOUNT HERE ➡ \$		127 .00
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909-8274		Make check payable to "State of Michigan." Write the last four digits of filer's Social Security number and "2015 MI-1040-V" on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555

72856669 02 2015 000000000 372045383 2

2015 MICHIGAN Individual Income Tax Return MI-1040**Return is due April 18, 2016.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name SEAN	M.I. P	Last Name HUBERTY	2. Filer's Full Social Security No. (Example: 123-45-6789) 372 — 04 — 5383
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) 362 — 27 — 4069
Home Address (Number, Street, or P.O. Box) 3414 SUNNYLANE			4. School District Code (5 digits – see page 60) 33020
City or Town LANSING	State MI	ZIP Code 48906	
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. <div style="float:right;"> a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse </div>			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
7. 2015 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input checked="" type="checkbox"/> Married filing separately* <div style="border: 1px solid black; padding: 5px; margin-top: 5px; width: fit-content;"> * If you check box "c," complete line 3 and enter spouse's full name below: NICOLE K HUBERTY </div>			8. 2015 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <div style="margin-top: 10px;"> * If you check box "b" or "c," you must complete and attach Schedule NR. </div>

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2015 federal return.....	9a.	<div style="border: 1px solid black; padding: 2px 10px;">1</div>	x \$4,000	9a.	4000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x \$2,600	9b.		00
c. Number of qualified disabled veterans	9c.		x \$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above	9d.	<input type="checkbox"/>		9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15	9e.			9e.	4000	00
10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.			10.	2589	00
11. Additions from Schedule 1, line 9. Attach Schedule 1	11.			11.	197	00
12. Total. Add lines 10 and 11	12.			12.	2786	00
13. Subtractions from Schedule 1, line 27. Attach Schedule 1	13.			13.		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.			14.	2786	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.			15.	4000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.			16.	0	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.			17.	0	00

NON-REFUNDABLE CREDITS

	AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Attach a copy of the return (see instructions).....	18a.		00	18b.	
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.		00	19b.	
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20.			20.	0

Filer's Full Social Security Number

372 — 04 — 5383

21. Enter amount of Income Tax from line 20.....	21.	0	00
22. Voluntary Contributions from Form 4642, line 9. Attach Form 4642.....	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	127	00
24. Total Tax Liability. Add lines 21, 22 and 23.....	24.	127	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2.....	25.		00
26. Farmland Preservation Credit. Attach MI-1040CR-5.....	26.		00
27. a. Federal Earned Income Tax Credit.....	27a.		00
b. Michigan Earned Income Tax Credit. Multiply line 27a by 6% (0.06).....	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581.....	28.		00
29. Michigan tax withheld from Schedule W, line 7. Attach Schedule W (do not submit W-2s).....	29.		00
30. Estimated tax, extension payments and 2014 credit forward.....	30.		00
31. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29 and 30.....	31.		00

REFUND OR TAX DUE

32. If line 31 is less than line 24, subtract line 31 from line 24. Include interest <input type="text"/> and penalty <input type="text"/> if applicable (see instr.) YOU OWE	32.	127	00
33. Overpayment. If line 31 is greater than line 24, subtract line 24 from line 31.....	33.		00
34. Credit Forward. Amount of line 33 to be credited to your 2016 estimated tax for your 2016 tax return ...	34.		00
35. Subtract line 34 from line 33..... REFUND	35.		00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
		1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2014, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2015 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number
SELF-PREPARED

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 32. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan." Print the last four digits of your Social Security number and "2015 Income Tax" on the front of your check. If paying on behalf of another taxpayer, write the filer's name and the last four digits of the filer's Social Security number on the check. Do not staple your check to the return. You can pay electronically using Michigan's e-Payments service. Keep a copy of your return and supporting schedules for six years. For more information and to check your refund status, have a copy of your MI-1040 available when you visit www.michigan.gov/iit.

+ 1555 2015 05 02 27 1

2015 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7
Attach to Form MI-1040.

Attachment 01

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
SEAN	P	HUBERTY	372 — 04 — 5383

Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions).....	2.	197	00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses deducted to arrive at Adjusted Gross Income (AGI)	6.		00
7. Federal Net Operating Loss deduction.....	7.		00
8. Other (see instructions). Describe:	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	197.	00

2015 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
SEAN	P	HUBERTY	372 — 04 — 5383

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Attach U.S. <i>Schedule B</i> if over \$5,000	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source:	13.		00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16. Michigan state and local income tax refunds received in 2015 and included on MI-1040, line 10.	16.		00
17. Michigan Education Savings Program and MI 529 Advisor Plan	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income included in AGI.	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Michigan Net Operating Loss Deduction	21.		00
22. Miscellaneous subtractions (see instructions). Describe:	22.		00

Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

NOTE: See instructions before continuing with this section.

23.	FILER			SPOUSE		
	A. Year of Birth (19xx)	B. Age (as of 12-31-2015)	C. Check if SSA Exempt	D. Year of Birth (19xx)	E. Age (as of 12-31-2015)	F. Check if SSA Exempt
	1979	36	<input type="checkbox"/>			<input type="checkbox"/>

24. Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1949, and reached age 67 on or before December 31, 2015. Do not complete lines 25 and 26.	24.		00
25. Retirement benefits. Enter amount from line 15, 26, 27 or 28 of Form 4884, <i>Michigan Pension Schedule</i> . Attach Form 4884	25.		00
26. Dividend/interest/capital gains deduction for taxpayers 70 years and older . Deduction is limited to \$11,104 for single or married filing separately filers and \$22,207 for joint filers, less any deduction for retirement benefits (see instructions).	26.		00

☐ Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13	27.	0 .	00
--	-----	-----	----

LANSING**2015 INDIVIDUAL CITY INCOME TAX
BARCODE DATASHEET**

This datasheet is the cover sheet of your return. For your return to be complete you **must** include this cover sheet with your individual income tax return and all required attachments. Staple this form to the top of your city income tax return for processing.

Taxpayer's SSN 372-04-5383	Taxpayer's first name SEAN	Initial P	Last name HUBERTY	
Spouse's SSN	If joint return spouse's first name	Initial	Last name	
Present home address (Number and street) 3414 SUNNYLANE				Apt. no.
Address line 2 (P.O. Box address for mailing use only)				
City, town or post office LANSING		State MI	Zip code 48906	
Foreign country name		Foreign province/county		Foreign postal code



MAIL TO ADDRESS:

CITY OF LANSING INCOME TAX DEPT.

PO BOX 40752

LANSING, MI 48901

Revised 08/11/2015

1555

REV 12/03/15 INTUIT.CG.CFP.SP

INDIVIDUAL RETURN DUE APRIL 30, 2016

Taxpayer's SSN 372-04-5383		Taxpayer's first name SEAN		Initial P	Last name HUBERTY	RESIDENCE STATUS	
Spouse's SSN 362-27-4069		If joint return spouse's first name		Initial	Last name	<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street) 3414 SUNNYLANE				Part-year resident - dates of residency (mm/dd/yyyy) From <input type="text"/> To <input type="text"/>	
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)				FILING STATUS	
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310		City, town or post office LANSING		State MI	Zip code 48906	<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly	
Supporting Notes and Statements (Attachment 22)		Foreign country name		Foreign province/county	Foreign postal code	<input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
						NICOLE K HUBERTY Spouse's full name if married filing separately	

ROUND ALL FIGURES TO NEAREST DOLLAR		Column A	Column B	Column C
INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Federal Return Data	Exclusions/Adjustments	Taxable Income
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00
	2. Taxable interest	2	.00	.00
	3. Ordinary dividends	3	.00	.00
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00
	5. Alimony received	5	.00	.00
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	2786 .00	.00
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	.00	.00
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00
ATTACH W-2 FORMS HERE	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE	.00
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00
	14. Unemployment compensation	14	.00	.00
	15. Social security benefits	15	.00	.00
	16. Other income (Attach statement listing type and amount)	16	.00	.00
	17. Total additions (Add lines 2 through 16)	17	2786 .00	.00
	18. Total income (Add lines 1 through 16)	18	2786 .00	.00
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19		.00
	20. Total income after deductions (Subtract line 19 from line 18)	20		2786 .00
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	1	21b
	22. Total income subject to tax (Subtract line 21b from line 20)	22		2186 .00
	23. Tax at 0100 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a		23b
	24. Payments and credits 24a LANSING tax withheld .00 24b Other tax payments (est. extension, or ftd, partnership & tax option corp) .00 24c Credit for tax paid to another city .00	24d		.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a .00 25b Interest .00 25c Penalty .00	25d		.00
	26. PAYABLE TO: CITY OF (CITY NAME); OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e)	26		22 .00
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27		.00
	28. Amount of overpayment donated 28a Donation 1 .00 28b Donation 2 .00 28c Donation 3 .00	28d		.00
	29. Amount of overpayment credited forward to 2016	29		.00
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)	30		.00
ENCLOSE CHECK OR MONEY ORDER	31. Direct deposit refund or direct withdrawal payment 31a <input type="checkbox"/> Refund (direct deposit) 31c Routing number <input type="text"/> 31b <input type="checkbox"/> Pay tax due (direct withdrawal) 31d Account number <input type="text"/>	31e	Account Type: <input type="checkbox"/> 31e1. Checking <input type="checkbox"/> 31e2. Savings	

CF-1040, PAGE 2		Taxpayer's name SEAN P HUBERTY		Taxpayer's SSN 372-04-5383		15MI - LNS - 1040-2					
EXEMPTIONS SCHEDULE		Date of birth (mm/dd/yyyy)		Regular	65 or over	Blind	Deaf	Disabled	1e. Enter the number of boxes checked on lines 1a and 1b		
		1a. You	08/12/1979	X					1		
1d. List Dependents		1c.	Check box if you can be claimed as a dependent on another person's tax return								
#	First Name	Last Name	Social Security Number	Relationship	Date of Birth	1f. Enter number of dependent children listed on line 1d					
1.											
2.											
3.						1g. Enter number of other dependents listed on line 1d					
4.											
5.											
6.						1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)		1			
7.											
8.											
EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)											
W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE		COLUMN E TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)			
1.				.00			.00				
2.				.00			.00				
3.				.00			.00				
4.				.00			.00				
5.				.00			.00				
6.				.00			.00				
7.				.00			.00				
8.				.00			.00				
9.				.00			.00				
10.				.00			.00				
11.	Totals (Enter here and on page 1; part-yr residents on Sch TC)			.00	<< Enter on pg 1, ln 1, col B		.00	<< Enter on pg 1, ln 24a			
DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)											
							DEDUCTIONS				
1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment)							1	.00			
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return)							2	.00			
3. Employee business expenses (See instructions and attach copy of federal Form 2106)							3	.00			
4. Moving expenses (Into city area only) (Attach copy of federal Form 3903)							4	.00			
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return)							5	.00			
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)							6	.00			
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)							7	.00			
ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)											
MARK T, S, B	List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.						FROM		TO		
	SAME						MONTH	DAY	MONTH	DAY	
THIRD PARTY DESIGNEE											
Do you want to allow another person to discuss this return with the Income Tax Office?				Yes, complete the following		X	No				
Designee's name				Phone No.		Personal identification number (PIN)					
Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.											
SIGN HERE ====>	TAXPAYER'S SIGNATURE - If joint return, both spouses must sign		Date (MM/DD/YY)	Taxpayer's occupation		Daytime phone number		If deceased, date of death			
	SPOUSE'S SIGNATURE		Date (MM/DD/YY)	Spouse's occupation				If deceased, date of death			
PREPARER'S SIGNATURE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER				Date (MM/DD/YY)		PTIN, EIN or SSN				
	FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE				SELF-PREPARED		Preparer's phone no.				
							NACTP software number		1555		

CF-1040PV

**LANSING
INCOME TAX RETURN PAYMENT VOUCHER**

2015 RET RPV

Taxpayer Name: SEAN P HUBERTY

Social Security No: 372-04-5383

Due on or Before: 4/30/2016, due date of 2015 return*

Payment: \$ 22

Payment Method: Make payment by check or money order payable to "City of LANSING ." Include your social security number, daytime phone number, and "2015 CF-1040PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of LANSING . Not all cities accept credit card or direct debit payments.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment:

CITY OF LANSING INCOME TAX DEPT.
PO BOX 40752
LANSING, MI 48901

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040PV

**LANSING
INCOME TAX RETURN PAYMENT VOUCHER**


2015 RET RPV

Revised: 08/11/2015

REV 12/03/15 INTUIT.CG.CFP.SP

Mail To: CITY OF LANSING INCOME TAX DEPT.
PO BOX 40752
LANSING, MI 48901

NACTP # 1555
EFIN #

Taxpayer's first name, initial, last name SEAN P HUBERTY		Taxpayer's SSN 372-04-5383			
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN			
Present home address (Number and street) 3414 SUNNYLANE		Apt. no.		Payment voucher 2D barcode 	
Address line 2 (P.O. Box address for mailing use only)					
City, town or post office LANSING	State MI	Zip code 48906			
Foreign country name, province/county, postal code		Amount of tax, interest and penalty you are paying by check or money order		Round to nearest dollar 22 .00	

LNS372045383032015RETRPV0000002200

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Name of proprietor sean P huberty		Social security number (SSN) 372-04-5383
A Principal business or profession, including product or service (see instructions) design consulting	B Enter code from instructions ► 5 4 1 4 0 0	
C Business name. If no separate business name, leave blank. 3D Bits, LLC	D Employer ID number (EIN), (see instr.) 4 7 4 1 8 6 1 8 6	
E Business address (including suite or room no.) ► 3414 sunnyslane City, town or post office, state, and ZIP code lansing, MI 48906		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2015, check here <input checked="" type="checkbox"/>		
I 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		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	3,458.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	3,458.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	3,458.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	3,458.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	45.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	127.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	500.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			28		672.
29 Tentative profit or (loss). Subtract line 28 from line 7			29		2,786.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		0.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31		2,786.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 08/14/2015
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
a	Business 78 b Commuting (see instructions) c Other 8,345
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48	Total other expenses. Enter here and on line 27a 48