1040		ment of the Treasury—Internal Re		(99) 20	15						
		. Individual Incom	ne rax Retu		10	OMB No.	1545-0074			Do not write or staple in thi	
Your first name and		15, or other tax year beginning	Last name	, 20	15, ending		, 2	.0	-	ee separate instructi	
			Last name				11		Yo	our social security nur	mber
If a joint return, spo	ouse's firs	t name and initial	Last name						Sp	ouse's social security n	number
Home address (nur	nber and	street). If you have a P.O. be	ox, see instructions.					Apt. no.	A	Make sure the SSN(s	
City, town or post off	ice, state,	and ZIP code. If you have a for	eign address, also com	plete spaces belo	w (see instr	uctions).			P	Presidential Election Car	
Foreign country nar	me		Forei	gn province/stat	e/county		Foreign p	oostal code	joint	ck here if you, or your spouse ly, want \$3 to go to this fund. ix below will not change your nd.	. Checking
Filing Status	1	Single			4 [person). (See instructio	ons.) If
Check only one	2 3	☐ Married filing jointly☐ Married filing separa					alifying perso name here.		l but	not your dependent, en	nter this
box.		and full name here.)			5 [Qualif	ying widow	er) with d	epen	dent child	
Exemptions	6a	Yourself. If some	one can claim you	as a depende	nt, do no	t check b	ох ба .		. }	Boxes checked on 6a and 6b	
	b	Spouse Dependents:				. 1		ander age 17	,- J	No. of children on 6c who:	
	(1) First		social secui	endent's rity number	(3) Dependi relationship t		qualifying for cl (see instri	nild tax credi		 lived with you did not live with 	
If many than form										you due to divorce or separation	
If more than four dependents, see		Mariana di Santa di S							-	(see instructions)	
instructions and										Dependents on 6c not entered above	
check here ►	d	Total number of exemp	otions claimed	<u> </u>						Add numbers on lines above	
Incomo	7	Wages, salaries, tips, e						<u> </u>	7	intes above	
Income	8a	Taxable interest. Attac						. F	8a		
	b	Tax-exempt interest, I	Do not include on	line 8a	. 8b			1			
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. At	tach Schedule B if	required .					9a		
attach Forms	b	Qualified dividends			. 9b	<u></u>					
W-2G and	10	Taxable refunds, credi	ts, or offsets of sta	ate and local ir	ncome tax	kes .			10		
1099-R if tax was withheld.	11	Manage Training Street Street Committee Commit							11		
	12	Business income or (lo						i h	12		-
If you did not	13 14	Capital gain or (loss). A				ed, chec	k here >	\cup \vdash	13		-
get a W-2,	15a	Other gains or (losses) IRA distributions	15a	· · · · · · · · · · · · · · · · · · ·	1	· · · xable amo			14		
see instructions.	16a	Pensions and annuities	16a			xable amo	12000	-	15b 16b		+
	17	Rental real estate, roya		S corporatio				100	17		
	18	Farm income or (loss).							18		1
	19	Unemployment compe							19		1
	20a	Social security benefits			1		ount		20b		
	21	Other income. List type							21		
	22	Combine the amounts in	the far right column	for lines 7 throu	igh 21. Thi	s is your t	otal income	• •	22		
Adjusted	23	Educator expenses .				-		1			
Gross	24	Certain business expense						100			
Income	0E	fee-basis government offi Health savings accoun			24					Í	
	25 26	Moving expenses. Atta				-					
	27	Deductible part of self-en						1 8		9	1
	28	Self-employed SEP, SI									
	29	Self-employed health in			1	1					
	30	Penalty on early withdr									
	31a	Alimony paid b Recip	ient's SSN ▶		31a						
	32	IRA deduction									
	33	Student loan interest d						00 00 00 00 00 00 00 00 00 00 00 00 00			
	34	Tuition and fees. Attac						3			
	35	Domestic production act									
	36 37	Add lines 23 through 3							36		
	31	Subtract line 36 from li	ne ZZ. IIIIS IS YOUR	aujusted gro	192 IIICOL			1	37		1

Form 1040 (2	015)									
	38	Amount from line 37	(adjusted gross inc	nmel						Pag
Tax and	39	a Check [Youv	vere born before Jar	nuary 2 1951		 T Dl:ad)		38	
Credits		if: Spou	se was born before	January 2, 1951,	1 L	J Blina.	Total boxes			
Oredita	A PERSONAL PROPERTY OF THE PERSONAL PROPERTY O	b If your spouse itemize	es on a separate retu	I'rn o'r vou were	a dual-e	J Billia	checked ► 39a			
Standard	40	Itemized deduction	s (from Schedule A)	or your stand	ard dod	uotion (i, check here	39b	2507	1
Deduction for—	41	Subtract line 40 from	line 38	or your stario	aru ueu	uction (s	see left margin)	•	40	
• People who	0 42			Itinly \$4 000 by th	a number	٠٠٠	0		41	
check any box on line	43	ravable illeonie. 2	Jouract line 42 from	line 41 If line /	12 ic ma	en 46 11.			42	
39a or 39b o who can be	44	Tax (see instructions).	Check if any from: a	Form(s) 88	14 6		ne 41, enter -U		43	
claimed as a	45	Alternative minimur	n tax (see instruction	ons) Attach Fo	rm 6251	FORM	49/2 c 🔲		44	
dependent, see	46	Excess advance pren	nium tax credit rena	syment Attach	Form 90			•	45	
instructions. • All others:	47	Add lines 44, 45, and	46	Jinona Autaon	OIIII 63				46	
Single or	48	Foreign tax credit. At		auired .		48	· · · · · ·	_	47	
Married filing	49	Credit for child and de	pendent care expens	es Attach Form	2441	49		-	1	
separately, \$6,300	50	Education credits from	m Form 8863, line 1	9	12441	50		-		1
Married filing	51	Retirement savings	contributions credit	Attach Form	8880					
jointly or Qualifying	52	Child tax credit. Atta	ch Schedule 8812	if required	0000	51		-		
widow(er), \$12,600	53	Residential energy cre	edits. Attach Form 5	695		52				
Head of	54	Other credits from Form:	а 🗌 3800 ь 🗍 8	1801 c 🗆	3.€	54				
household, \$9,250	55	Add lines 48 through	54. These are your t	otal credits		34		\perp		
	56	Subtract line 55 from	line 47. If line 55 is r	nore than line	 47. ente		* * * * *	.	55	
	57	Self-employment tax.	Attach Schedule SF	=	rr, critic	-0	· · · · ·	>	56	
Other	58	Unreported social sec	urity and Medicare	tax from Form:		4127	· · · · · ·	- 1	57	
Taxes	59	Additional tax on IRAs,	other qualified retire	ment plans etc	Attach	Form 52	b 8919	.	58	
Taxes	60a	Household employmen	it taxes from Schedu	ile H	. Allaci	rom 53	29 if required .	.	59	
	b	First-time homebuyer o	redit repayment. Att.	ach Form 5405	if roquir			.	60a	
	61	health care, individual	esponsibility (see in-	structions) E	Ill woor			.	60b	
	62	Taxes from: a Fo	m 8959 b ☐ Form	8960 c 🗆	Inetructi	overage	L	.	61	
	63	Add lines 56 through 6	2. This is your total	tax	motructi	ons, en	ter code(s)	—	62	
Payments	64	Federal income tax wit	hheld from Forms V	V-2 and 1099	· · ·	64	· · · · · ·	D	63	
	65	2015 estimated tax payr	nents and amount app	plied from 2014	return	65				
If you have a qualifying	66a	Earned income credit				66a				
child, attach	b	Nontaxable combat pay			i i			States 6		
Schedule EIC.	67	Additional child tax cred		3812		67		66.6		
	68	American opportunity	credit from Form 8	863. line 8		68				
	69	Net premium tax cred	it. Attach Form 896	2		69				
	70	Amount paid with requ	est for extension to	file		70			3 4 6	
	71	Excess social security a	nd tier 1 RRTA tax w	ithheld	}	71				
	72	Credit for federal tax or	fuels. Attach Form	4136		72			Lake 1	
	73	Credits from Form: a 2439	b Reserved c 8	885 d 🗆	· . }	73			W.Y.	
	74	Add lines 64, 65, 66a, a	ind 67 through 73. T	hese are your	total na	vments				
Refund	75	If line 74 is more than I	ne 63, subtract line	63 from line 7	4 This i	s the am	· · · · ·		74	
	76a	Amount of line 75 you v	vant refunded to vo	u. If Form 888	R is atta	ched ch	ook born	7	75	
Direct deposit?	► b	Routing number			► c Typ				'6a	
See	► d	Account number			1 1,		hecking Saving	S		
-	77	Amount of line 75 you wa	nt applied to your 2	016 estimated	tay N	77		35)		1
	78	Amount you owe. Subt	ract line 74 from line	e 63. For detail	s on ho	v to nav	see instruction		400	
You Owe	13	Latinated tax penalty (s	ee instructions) .			70	1	7	78	
Third Party	Do	you want to allow anothe	er person to discuss	this return wit	h the IR	S (see in	etructions\2	188	3219471	120 2 1327
Designee	Desi	grice s		Phone		0 (300 1113		Yes. C	omplete below.	. No
Cian	nam						Personal number (f	identific 2IN)	ation	
Sign Here	they	er penalties of perjury, I declar are true, correct, and complet	e that I have examined the control of the control o	his return and acc	ompanyin	g schedule	s and statements, and	to the b	est of my knowled	On and ballet
55.50	Your	are true, correct, and complet signature	or propare	Date		cupation	information of which p	i ehalet i	las any knowledge	
Joint return? See instructions.					100100	cupation		Da	aytime phone num	iber
Keep a copy for	Spor	ise's signature. If a joint retu	ırn, both must sign.	Date	Spouse	's occupat	tion	\perp		
your records.					Choose	s occupat	11011	If th	he IRS sent you an Id	entity Protection
Paid	Print	Type preparer's name	Preparer's signatu	re			Data		re (see inst.)	
Preparer -							Date	Ch	eck Dif PTI	N
Use Only	Firm'	s name 🕨						sel	f-employed	
	outstand in	s address ►						Firr	m's EIN ▶	
www.irs.gov/form1								Pho	one no.	

1040 Department of the Treasury-Internal Revenue Service (99)
U.S. Individual Income Tax Return 2015 OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-D	ec. 31, 201	5, or other tax year beginn	ing			, 2015, end	ing		, 20	See separate instructions.		
Your first name and	our first name and initial Last name								our social security nu			
If a joint return, spo	ouse's firs	name and initial	Last r	name			Vil.		* ***	S	pouse's social security n	number
Home address (nur	mher and	street). If you have a P.	O hoy see	instructions					1 Apt 22	4		
Ţ			•						Apt. no.		Make sure the SSN(s and on line 6c are c	
City, town or post off	ice, state, a	and ZIP code. If you have	a foreign add	dress, also cor	nplete spaces i	below (see	instructions).			Presidential Election Car	
Foreign country nar	me	******************************		Fore	ign province/s	etato/cour		I co	raina nastal an	joir	eck here if you, or your spous itly, want \$3 to go to this fund	. Checking
Toreign boontry har	110			1 Ole	ign province/:	State/Cour	ity		reign postal co	140	ox below will not change your	
	1	Single					4					Spouse
Filing Status	2	☐ Married filing joi	ntly (even	if only one t	nad income						person). (See instruction not your dependent, er	
Check only one	3	☐ Married filing se		S-33 - SC - SC - S				ild's name		ilia bui	. not your dependent, er	ner uns
box.	•	and full name he		artor opous	0 3 0011 450				idow(er) with	depe	ndent child	
Exemptions	6a	Yourself. If so	meone ca	n claim you	as a deper	ndent, do					Boxes checked	
LXemptions	b	☐ Spouse .									on 6a and 6b No. of children	
	С	Dependents:			endent's	, , ,	pendent's	(4) ✓ if	child under age g for child tax cr	17	on 6c who: • lived with you	
	(1) First	name Last i	name	social secu	urity number	relation	ship to you		e instructions)		 did not live with 	
If more than four					<u> </u>						you due to divorce or separation	
dependents, see			***		-			-			(see instructions) Dependents on 6c	
instructions and									Ц		not entered above	
check here ►		Total aumber of or	omntines.	alaises al	<u> </u>						Add numbers on	
	7	Total number of ex									lines above >	+
Income		Wages, salaries, ti Taxable interest.		000 1 00 100 100 100 100 100 100 100 10	Control of the contro					7		-
	8a b	Tax-exempt interest.				1	8b			8a	4	+
Attach Form(s)	9a	Ordinary dividends					on			9a		
W-2 here. Also	b	Qualified dividends				1	9b			34		+
attach Forms W-2G and	10	Taxable refunds, c								10		
1099-R if tax	11	Alimony received								11		1
was withheld.	12	Business income of								12		
	13	Capital gain or (los							▶ □	13		
If you did not	14	Other gains or (los	ses). Attac	h Form 479	97					14		
get a W-2, see instructions.	15a	IRA distributions	. 15a	3		b	Taxable	amount		15b		
	16a	Pensions and annui	ties 16a	3		b	Taxable	amount		16b		
	17	Rental real estate,	royalties,	partnership	s, S corpora	ations, tr	usts, etc.	Attach So	chedule E	17		
	18	Farm income or (Ic	ss). Attacl	n Schedule	F				* * *	18		
	19	Unemployment co		1						19		
	20a	Social security bene				b	Taxable	amount		20b		<u> </u>
	21	Other income. List				L L 04	Th. 1			21		-
	22	Combine the amoun					1	our total in	come >	22		
Adjusted	23	Educator expense					23					
Gross	24	Certain business exp				Carlos Carlos	24			a is		
Income	25	fee-basis governmen Health savings acc				-	24					
	26	Moving expenses.				-	26					
	27	Deductible part of se				F1277-675	27					
	28	Self-employed SEl					28					
	29	Self-employed hea					29					
	30	Penalty on early w				-	30					
	31a	Alimony paid b R				_	31a					
	32	IRA deduction .		-			32					
	33	Student loan intere					33					
	34	Tuition and fees. A	ttach Forn	m 8917		[34			M.B.		
	35	Domestic production					35					
	36	Add lines 23 throu								36		
	37	Subtract line 36 fro	m line 22.	. This is you	r adjusted	gross in	come		▶	37		1

Form 1040 (2	015)									
	38	Amount from line 37 (a	diusted gross incr	ome)						Page
Tax and	398	Check ∫ ☐ You wer	e born before Jan	uary 2 1951		Blind)	Total boxes	. 3	8	
Credits		if: Spouse	was born before J	lanuary 2 105.			lotal boxes checked ► 39a	8.37		
Credits	t	If your spouse itemizes	on a separate retur	n or you were a	i, Li dual-sta	tus alian				
Standard	40	Itemized deductions (from Schedule A)	or your standa	ard ded	ection (se	check here 39	b 🗌 🐉	**************************************	
Deduction for-	41	Subtract line 40 from lin	ne 38		ara acae	iction (se	e leπ margin) .	40		
• People wh	0 42	Exemptions. If line 38 is	\$154,950 or less, mult	tiply \$4,000 by the	number c	n line 6d (Othorwing and in the st	. 4		
check any box on line	43	Taxable income. Subt	ract line 42 from I	ine 41. If line 4	2 is more	than lin	e 41 epter 0	ons 42		
39a or 39b o who can be	r 44	Tax (see instructions). Ch	eck if any from: a	Form(s) 881	4 h	7 Form	1072 a 🗍			
claimed as a	45	Alternative minimum t	ax (see instructio	ns). Attach For	m 6251		.5/2 [_ 44		
dependent, see	46	Excess advance premiu	ım tax credit repa	vment. Attach	Form 891	 32				_
• All others:	47	Add lines 44, 45, and 46	6		. 01111 001	JL	<u> </u>	. 46		
Single or	48	Foreign tax credit. Attac	ch Form 1116 if re	quired		48		▶ 47	et .	
Married filing separately,	49	Credit for child and depe	ndent care expense	es. Attach Form	2441	49		200	100	
\$6,300	50	Education credits from	Form 8863, line 19	9.,.,		50				
Married filing	51	Retirement savings co	ntributions credit.	Attach Form	8880	51				
jointly or Qualifying	52	Child tax credit. Attach	Schedule 8812, i	f required		52				
widow(er), \$12,600	53	Residential energy cred	ts. Attach Form 5	695		53				
Head of	54	Other credits from Form: a	☐ 3800 b ☐ 8	801 c 🗌		54		-+		
household, \$9,250	55	Add lines 48 through 54	. These are your to	otal credits .				55	ă	
	ノ 56	Subtract line 55 from lin	e 47. If line 55 is m	nore than line 4	7, enter	-0		► 56		
	57	Self-employment tax. At	tach Schedule SE					00	 	
Other	58	Unreported social secur	ity and Medicare t	ax from Form:	a 🗍	1137	b □ 8919	-		_
Taxes	59	Additional tax on IRAs, of	her qualified retire	ment plans, etc	. Attach	Form 532	9 if required	59		
	60a	Household employment t	axes from Schedul	le H				600		-+
	b	First-time homebuyer cre	dit repayment, Atta	ach Form 5405	if require	d		60h		
	61	Health care: individual res	sponsibility (see ins	structions) Fu	III-year c	overage	П	61		-
	62	axes from: a Form	8959 b Form	18960 c □ 1	nstructio	ns ent	er code(s)	62		_
	63	Add lines 56 through 62.	This is your total	tax				63		
Payments	64	rederal income tax withi	ield from Forms W	V-2 and 1099		64		200		+
If you have a	65	2015 estimated tax payme	nts and amount app	olied from 2014	return	65				
qualifying	66a	Earned income credit (I	1 1		[66a		-		
child, attach	b	Nontaxable combat pay ele				30%	Care Care Care			
Schedule EIC.	67	Additional child tax credit.	Attach Schedule 8	812 , , ,		67				
	68	American opportunity or	edit from Form 8	863, line 8 .		68				
	69	Net premium tax credit.	Attach Form 896	2	[69				
	70	Amount paid with reques	t for extension to	file . , ,		70				
	71	Excess social security and	tier 1 RRTA tax wi	ithheld		71				
	72	Credit for federal tax on f				72				
	73	Credits from Form: a 2439 L	Reserved c 8	885 d 🗌		73				
Dofund	74	Add lines 64, 65, 66a, and	67 through 73. T	hese are your	total pa	yments	•	74		
Refund	75 76-	If line 74 is more than line	e 63, subtract line	63 from line 7	4. This is	s the am	ount you overpaid	75		1
81 11 12	76a ▶ ь	Amount of line 75 you wa	nt refunded to yo	u. If Form 888				76a		
Direct deposit? See	▶ b	Routing number			▶ с Тур	e: 🔲 Ch	ecking Savings			+
instructions.		Account number								
Amount	77 78	Amount of line 75 you want	applied to your 20	016 estimated	tax▶	77				
You Owe	79	Amount you owe. Subtra	· 1		1	v to pay,	see instructions	78		
	Do	Estimated tax penalty (see	instructions) .	: 	• • 1	79			A Comment	42 10 2
Third Party	Desi	ou want to allow another	person to discuss		h the IRS	s (see ins		s. Comp	lete below.	No
Designee	name	e ▶	200 Sept. M. Sept. Over 1	Phone no. ►			Personal id	entification	1	
Sign	Unde	er penalties of perjury, I declare t are true, correct, and complete.	hat I have examined t	his return and acc	ompanying	schedule:				
Here	Your	are true, correct, and complete. signature	Declaration of prepare	1 2	1 , ,		nformation of which pre	oarer has a	nny knowledge and b ny knowledge.	elief,
Joint return? See	1	× × 0.000000000000000000000000000000000		Date	Your oc	cupation		Daytim	e phone number	
instructions. Keep a copy for	Spor	se's signature. If a joint return	hoth must size	Date						
your records.	7 -,,,,,	- 5 organization in a joint return	i, both must sign.	Date	Spouse'	s occupat	ion	If the IRS	sent you an Identity Pro	tection
D : .	Print/	Type preparer's name	Preparer's size					PIN, enti here (see	er it	
Paid		AL- Linksing diging	Preparer's signatu	ire			Date	Check	PTIN	
Preparer	Firm's	como b						self-em		
Use Only		s name >						Firm's I	EIN ▶	
	(1111)	s address ►						Phone		

Enr. the year last 1.0		Individual Inco		Return			B No. 154			-Do not write or staple in th	
Your first name and		5, or other tax year beginning	Last name		, 2015, er	nding		, 20		See separate instruct	
			Lastrianic						1	our social security nu	mber
If a joint return, spo	ouse's firs	t name and initial	Last name					***************************************	- 9	pouse's social security r	numbar
										pouse's social security (Tumber
		street). If you have a P.O.						Apt. no). 4	Make sure the SSN(s	
City, town or post off	ice, state,	and ZIP code. If you have a fo	oreign address, a	also complete sp	aces below (se	ee instruction	ns).	······································	1	Presidential Election Ca	-
Foreign country na	me			Foreign prov	ince/state/co	unty	T	Foreign postal co	joi	neck here if you, or your spous ntly, want \$3 to go to this fund	. Checking
J				i orongri prov	1100/010(0/00	urity		r oreign postar ci	at	oox below will not change your	r tax or Spouse
Filing Status	1	Single		<u> </u>		4 🔲 H	Head of ho	ousehold (with a	ualifying	g person). (See instruction	
· imig otatao	2	☐ Married filing jointly	(even if only	one had inco	ome)					t not your dependent, er	
Check only one	3	☐ Married filing separ		spouse's SSN	l above			ne here. 🕨	41200000000	•	
box.		and full name here.						widow(er) wit	h depe	ndent child	
Exemptions	6a	Yourself. If some	eone can clai	m you as a de	ependent, c	do not che	eck box	6a		Boxes checked on 6a and 6b	
	b	☐ Spouse	· · · · ·		· · ·		· ·		<u></u>	No. of children	
	C /// Circui	Dependents:	_ so	(2) Dependent's cial security numb		Dependent's onship to you		if child under ag fying for child tax of	e 17 redit	on 6c who: • lived with you	
	(1) First	t name Last nam	e o	i i	- Total	onamp to you		(see instructions)	100	 did not live with you due to divorce 	
If more than four							-		-	or separation (see instructions)	
dependents, see	-			1 1						Dependents on 6c	
instructions and check here ►									******	not entered above	_
oneon here >	d	Total number of exen	nptions claim	ned			<u> </u>			Add numbers on lines above	
Income	7	Wages, salaries, tips,	etc. Attach						7	T	Ī
moome	8a	Taxable interest. Atta	ach Schedule	B if required	i				8a		1
	b	Tax-exempt interest.	Do not inclu	ude on line 8a	ı	8b			State of		1
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. A	ttach Sched	ule B if requir	ed				9a		
attach Forms	þ	Qualified dividends				9b			200		
W-2G and	10	Taxable refunds, cred	lits, or offset	s of state and	l local incor	ne taxes			10		
1099-R if tax was withheld.	11	Alimony received .							11		
	12	Business income or (I							12		
If you did not	13	Capital gain or (loss).			ired. If not	required,	check h	ere 🕨 📙	13		<u> </u>
get a W-2,	14	Other gains or (losses	1 1	m 4797	1 . 1				14		
see instructions.	15a	IRA distributions ,	15a			b Taxable			15b		
	16a 17	Pensions and annuities Rental real estate, roy		arabina S aar	rporations	b Taxable			16b	-	-
	18	Farm income or (loss)							17		-
	19	Unemployment comp							19	+	
	20a	Social security benefits							20b	1	-
	21	Other income. List typ							21		1
	22	Combine the amounts in	the far right	column for line	s 7 through 2	21. This is y	your tota	l income ▶	22		
A -1:41	23	Educator expenses				23					
Adjusted	24	Certain business expens							47.1		
Gross Income		fee-basis government of				24			455		
income	25	Health savings accou				25			- 1		
	26	Moving expenses. Att				26			_	P	
	27	Deductible part of self-e				27			-		
	28 29	Self-employed SEP, S Self-employed health				28					
	30	Penalty on early witho				30			-		
	31a	Alimony paid b Recip				31a				j.	
	32	IRA deduction				32	-				
	33	Student loan interest				33			1. S. Marie Co.		
	34	Tuition and fees. Atta				34					
	35	Domestic production ac	ctivities deduc	tion. Attach Fo	orm 8903	35					
	36	Add lines 23 through	35						36		

Subtract line 36 from line 22. This is your adjusted gross income

37

37

Form 1040 (2	(015)									
	38	Amount from line 37	adjusted gross in	nome)					25.250 TVV 1825-2-1101	Pag
Tax and	398	Check ∫ ☐ You we	ere born before Ja	Duany 2 1051				· _ ·	38	
Credits		if: Spouse	was born before	lanuary 2, 1951,		Blind.	Total boxes checked ► 39a			
Oreans	t	If your spouse itemizes	on a separate retu	Iffi or volumere	a dual-et) Blind.)			1 , 1	
Standard Deduction	40	reconized deductions	(from Schedule A	or your stance	fard dod	uction (c	i, check here	39b	直接(2)	1
for—	41	Cubtract line 40 Irom	line 38	NA NA BELLEVIA					40	
People who check any	0 42	Exemptions. If line 38 i	s \$154,950 or less, mu	ultiply \$4,000 by th	ne number	on line 6d	Othorwine : .		41	
box on line	43	raxable income. Sul	otract line 42 from	line 41. If line	12 ic mor	a than lin	11		42	
39a or 39b o who can be	44	Tax (see instructions). C	heck if any from: a	☐ Form(s) 88	14 h	Tearm	10 41, enter -U		43	
claimed as a dependent,	45	Accordance minimum	tax (see instruction	ons). Attach Fo	rm 6251		Constitution and the Constitution of the Const	-	44	
see	46	Excess advance prem	ium tax credit repa	avment, Attach	Form 89	62			45	
instructions. • All others:	47	Add lines 44, 45, and	16		. 01111 05	02	· · · · · · · · · · · · · · · · · · ·		46	
Single or	48	Foreign tax credit. Atta	ich Form 1116 if re	equired		48	· · · · · ·	>	47	
Married filing separately,	49	Credit for child and dep	endent care expens	ses. Attach Forn	1 2441	49		-		
\$6,300	50	Education credits from	Form 8863, line 1	9	20 325	50				
Married filing jointly or	51	Retirement savings co	ontributions credi	t. Attach Form	1 8880	51				
Qualifying	52	Child tax credit. Attacl	Schedule 8812,	if required.		52				1
widow(er), \$12,600	53	Residential energy cred	dits. Attach Form 5	5695		53				
Head of	54	Other credits from Form: a	a 🗌 3800 b 🗍 8	3801 c		54		-		
household, \$9,250	55	Add lines 48 through 5-	4. These are your	total credite					6.554	
	J 56	Captidet line 33 Holli III	16 47. II line 55 is i	more than line	47, enter	-0-		- 1	55	
	57	Sen-employment tax. A	ittach Schedule SI	Ξ				-	56	
Other	58	orneported social secti	my and Medicare	tax from Form:	al	4137	h 8010	Г	57	
Taxes	59	Additional tax on IRAs, of	ther qualified retire	ement plans, etc	c Attach	Form 531	20 if required	-	59	
	60a	r louserloid employment	taxes from Schedu	ıle H				-		
	b	i not time nomeodyer ch	edit repayment, Att	ach Form 5405	if require	Ч			60a	
	61	ricaliti care. Individual re	sponsibility (see in	structions) Fi	ull-voor o	OVOTOGO		. F	60b	
	62	ruxes noin. arom	10909 b Forn	n 8960 cll	Instruction	ne ont	for and a/-/		62	
	63	Mad lines 30 through 62	. Inis is your total	ltax				_	63	
Payments	64	. odorał moonie tak with	Held Holli Forms V	V-2 and 1099	2 0	64	T	N N	03	
If you have a	65	2015 estimated tax payme	ents and amount ap	plied from 2014	return	65				1
qualifying		Earned income credit	EIC)		-	66a		-		
child, attach		Nontaxable combat pay ele				36 8				1
Schedule EIC.	67	Additional child tax credit	. Attach Schedule 8	3812		67		4364.5.18		
	68	American opportunity of	redit from Form 8	863, line 8 .	[68		- 6		
	69	Net premium tax credit.	Attach Form 896	32		69				
	70	Amount paid with reques	st for extension to	file		70				
	/1	Excess social security and	d tier 1 RRTA tax w	rithheid		71				
	72	Credit for federal tax on	fuels. Attach Form	4136		72				
	73	Credits from Form: a 2439	b Reserved c 8	3885 d 🗌		73				
Dofumel	74	Add lines 64, 65, 66a, an	d 67 through 73. 1	These are your	total pay	ments		▶ 7	74	
Refund	15	Time 74 is more than lin	e 63, subtract line	63 from line 7	4. This is	the am	ount you over	7	75	
	roa /	Amount of line 75 you wa	ant refunded to yo	u. If Form 888	8 is attac	hed, che	eck here . >	7	6a	
Direct deposit?	D I	routing number	-	\bot	▶ с Тур	e: 🗌 Ch	necking Saving	s in	989	
instructions.		Account number								
	77 A	Amount of line 75 you wan	t applied to your 2	016 estimated	tax ▶	77				
٧ ٥	79 E	Amount you owe. Subtra	act line 74 from lin	e 63. For detai	ls on how	to pay,	see instructions	▶ 7	8	
	10 [-sumated tax penalty (se	e instructions)			70	1	242	1000	Concret Water Vi
Third Party	Desig	ou want to allow another	person to discuss	this return wit	h the IRS	(see ins	tructions)?	es Co	omplete below.	
Designee	name	>		Phone			Personal in	dentifica	ation	
Sign	Under	penalties of perjury, I declare true, correct, and complete.	that I have examined t		omoanvino	sobodular	number (P	IN)	>	
Here	Your s	re true, correct, and complete, signature	Declaration of prepare	er (other than taxp	ayer) is bas	scriedules ed on all i	s and statements, and nformation of which or	to the be	est of my knowled	ge and belief,
Joint return? See	N Our s	ngnature		Date	Your occ	upation		Da	ytime phone nun	nher
instructions. Keep a copy for	Spour	ale cianatura II - 1-1-1							, pone nun	
your records.	, opous	e's signature. If a joint return	n, both must sign.	Date	Spouse's	occupati	ion	If th	ne IRS sent you an Id	lentity Protection
	Print/T	ype preparer's name						LIIA	, enter it e (see inst.)	T T T T
Paid -	. 11101	The brehater 2 liquite	Preparer's signatu	ire			Date		- DTI	IN IN
Preparer -	F							Che	eck if femployed	***
Use Only -		name ►							n's EIN ▶	
	rirm's	address ►						DI	I J LIIV P	

SCHEDULE A (Form 1040)

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

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

OMB No. 1545-0074

2015 Attachment Sequence No. 07

Name(s) shown	on Fo	rm 1040		Your social security number
		Caution: Do not include expenses reimbursed or paid by others.		
Medical		Medical and dental expenses (see instructions)	1	
and	:	2 Enter amount from Form 1040, line 38 2		
Dental		Multiply line 2 by 10% (.10). But if either you or your spouse was		
Expenses		born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	
Sentences - Anna Sentence - Sente	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You		State and local (check only one box):	iii ii ii ii	
Paid		a ☐ Income taxes, or]	5	
		b ☐ General sales taxes		-
	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	-
	8	Other taxes. List type and amount ▶		
		***************************************	8	
	g	Add lines 5 through 8	<u> </u>	9
Interest		Home mortgage interest and points reported to you on Form 1098	10	9
You Paid		Home mortgage interest not reported to you on Form 1098. If paid		
		to the person from whom you bought the home, see instructions		
Note:		and show that person's name, identifying no., and address ▶		
Your mortgage				
interest deduction may			11	
be limited (see	12	Points not reported to you on Form 1098. See instructions for		
instructions).		special rules	12	
	13	Mortgage insurance premiums (see instructions)	13	
	14		14	-
	15	Add lines 10 through 14	14	15
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,		15
Charity		see instructions	16	
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see		
gift and got a		instructions. You must attach Form 8283 if over \$500	17	
benefit for it,	18	Carryover from prior year	18	
see instructions.		Add lines 16 through 18		19
Casualty and			 	13
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) .		20
Job Expenses	21	Unreimbursed employee expenses—job travel, union dues,		
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.		
Miscellaneous		(See instructions.) ▶	21	
Deductions	22	Tax preparation fees	22	
	23	Other expenses—investment, safe deposit box, etc. List type		
		and amount ▶		
			23	
	24	- 1	24	
	25	Enter amount from Form 1040, line 38 25		
	26		26	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter	-0	27
Other	28	Other—from list in instructions. List type and amount ▶		
Miscellaneous				
Deductions				28
Γotal	29	Is Form 1040, line 38, over \$154,950?		
temized		No. Your deduction is not limited. Add the amounts in the far	right column ,	
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, I		29
		☐ Yes. Your deduction may be limited. See the Itemized Deduct	ions	
		Worksheet in the instructions to figure the amount to enter.	J	
	30	If you elect to itemize deductions even though they are less that	an your standard	
		deduction check here		

v		

Form **2441**

Child and Dependent Care Expenses

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

1040A 1040A 1040NR 2441

OMB No. 1545-0074

2015

Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Name(s) shown on return

Your social security number

Pa	Persons or O	rganizations Who P	rovided the Care — Y	ou must com	plete this pa	ırt.		
		ore than two care pro	oviders, see the instru	ctions.)				
1	(a) Care provider's name	(number, street,	(b) Address apt. no., city, state, and ZIP co	ode)	(c) Identifying nu (SSN or EIN)		(d) Amount p (see instruction	
								+
10			-					
	done	Did you receive	No		olete only Part			
Cau	tion. If the care was prov	endent care benefits?		taxes If you do	olete Part III or	the back	next.	_1_!_
see	the instructions for Form	1040, line 60a, or Forn	1040NR, line 59a.	taxoo. II you u	o, you cannot	me romi i	040A. For a	etaiis,
		and Dependent Ca						
2		r qualitying person(s). Qualifying person's name	If you have more than t					
	(a) First	person's social number	incurred ar	ified expenses nd paid in 2015	for the			
						person	listed in column	(a)
3	Add the amounts in co	lumn (c) of line 2. Do r	ot enter more than \$3,0	000 for one qua	alifying			
	from line 31	two or more persons.	If you completed Part	III, enter the a	9776537936			
4	Enter your earned inco	ome. See instructions			3 4	·		
5	If married filing jointly,	enter your spouse's e	arned income (if you or	vour spouse	was a	-		
6	Enter the smallest of li		; all others, enter the ar	mount from line	H-1			
6 7	Enter the amount from				6			
	1040A, line 22; or Form	1040NR, line 37	7					
8		mal amount shown bel	ow that applies to the a	mount on line	7			
	If line 7 is: But not	Decimal	If line 7 is:					
	Over over	amount is	But no Over over	ot Decimal amount	1099725			
	\$0-15,000	.35	\$29,000-31,000					
	15,000 — 17,000	.34	31,000—33,000					
	17,000 - 19,000	.33	33,000—35,000		8		Х.	
	19,000-21,000	.32	35,000-37,000	.24				
	21,000-23,000	.31	37,000-39,000	.23				
	23,000-25,000	.30	39,000-41,000					
	25,000-27,000	.29	41,000-43,000	.21				
	27,000-29,000	.28	43,000—No limi					
9	Multiply line 6 by the d				i, see			
10	the instructions				9			
10	Tax liability limit. Ente Limit Worksheet in the in							
11	Credit for child and de			of line 9 or lin	ne 10			
State VI	here and on Form 1040,	line 49; Form 1040A,	ine 31; or Form 1040NF	R, line 47	· · 11			
	1 5 1 1 1				1			

Pa	art III Dependent Care Benefits			rage Z
	Enter the total amount of dependent care benefits you received in 2015. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.			(te
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the grace period. See instructions			
15	Enter the amount, if any, you forfeited or carried forward to 2016. See instructions Combine lines 12 through 14. See instructions	14	. ()
18	Enter the smaller of line 15 or 16			
21	Enter the smallest of line 17, 18, or 19	22		
	Subtract line 22 from line 15	24		
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0 Form 1040A filers: Enter the smaller of line 20 or line 21	25		
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26		
	To claim the child and dependent care credit, complete lines 27 through 31 below.			
28	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27		
	Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2014 expenses in 2015, see the instructions for line 9	29		
	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form	30		
	and complete lines 4 through 11	31		

Credit for Qualified Retirement Savings Contributions

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

▶ Information about Form 8880 and its instructions is at www.irs.gov/form8880.

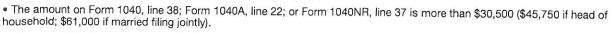
OMB No. 1545-0074

Attachment Sequence No. **54**

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

You cannot take this credit if either of the following applies.



• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1998, (b) is claimed as a dependent on someone else's 2015 tax return, or (c) was a student (see instructions).

4	Traditional	nd Doth IDA	ntributions for 0047	No control of the second	(a) Yo	u	(b) Your spo	use
1	contributions		ntributions for 2015.	o not include rollove	1 P			
0			· · · · · · · · · · · · · · · · · · ·		1			
2	employee ce	entributions an) or other qualified en d 501(c)(18)(D) plan (nployer plan, voluntar	<u>y</u>			
	(see instructi	ons)	· · · · · · · ·	contributions for 201:				
3	Add lines 1 a							_
4		10000000000000000000000000000000000000	ed after 2012 and		3			\rightarrow
4	(including ex	tensions) of v	our 2015 tax return	before the due date				
	married filing	iointly include	both spouses' amou	ints in hath columns				İ
	See instruction	ons for an excel	otion	anta in Dotti Columna	· 1			
5			zero or less, enter -0-					
6			naller of line 5 or \$2,0					\rightarrow
7			f zero, stop; you cann		0			
8	Enter the am	ount from For	n 1040, line 38*; For	rm 1040A line 22. o	. i . i	7		
•	Form 1040NF	R. line 37		111 1040A, IIIIe 22, OI	8			
9			amount shown below		8			
3	Litter the app	ilicable decimal	amount shown below	/·.		O span		
	If line	e 8 is-	A	and your filing status	is-			
		But not	Married	Head of	Single, Married fil	ina		
	Over-	over—	filing jointly	household	separately, or			
			Enter on	line 9—	Qualifying widow	er)		
		\$18,250	.5	.5	.5			
	\$18,250	\$19,750	.5	.5	.2			
	\$19,750	\$27,375	.5	.5	.1	9	1 x	(.
	\$27,375	\$29,625	.5	.2	.1			- -
	\$29,625	\$30,500	.5	.1	.1			
	\$30,500	\$36,500	.5	.1	.0			
	\$36,500	\$39,500	.2	.1	.0			-
	\$39,500	\$45,750	.1	.1	.0			
	\$45,750	\$61,000	.1	.0	.0			
	\$61,000		.0	.0	.0			
		Note: If	ine 9 is zero, stop ; yo	ou cannot take this cre	edit.			
0	Multiply line 7					10		
1			bility. Enter the amo	ount from the Credit	Limit Worksheet	in the		+
						11		
2	Credit for qua	lified retireme	nt savings contributi	ions. Enter the smalle	er of line 10 or line	1 here		+
	and on Form 1	040, line 51; Fo	orm 1040A, line 34; or	Form 1040NR, line 48	3	12		

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

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form 8880 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form8880.

Purpose of Form

Use Form 8880 to figure the amount, if any, of your retirement savings contributions credit (also known as the saver's credit).



This credit can be claimed in addition to any IRA deduction claimed on Form 1040, line 32; Form 1040A, line 17: or Form 1040NR, line 32.

Who Can Take This Credit

You may be able to take this credit if you, or your spouse if filing jointly, made (a) contributions (other than rollover contributions) to a traditional or Roth IRA (including a myRA), (b) elective deferrals to a 401(k), 403(b), governmental 457(b), SEP, or SIMPLE plan. (c) voluntary employee contributions to a qualified retirement plan as defined in section 4974(c) (including the federal Thrift Savings Plan), or (d) contributions to a 501(c)(18)(D) plan.

However, you cannot take the credit if either of the following applies:

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37, is more than \$30,500 (\$45,750 if head of household; \$61,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1998, (b) is claimed as a dependent on someone else's 2015 tax return, or (c) was a student.



You will need to refigure the amount on Form 1040, line 38, if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico. See Pub. 590-A for details.

You were a student if during any part of 5 calendar months of 2015 you:

- · Were enrolled as a full-time student at a school, or
- Took a full-time, on-farm training course given by a school or a state, county, or local government agency.

A school includes technical, trade, and mechanical schools. It does not include on-the-job training courses, correspondence schools, or schools offering courses only through the Internet.

Specific Instructions

Column (b)

Complete column (b) only if you are filing a joint return.

Include on line 2 any of the following amounts.

- Elective deferrals to a 401(k) or 403(b) plan (including designated Roth contributions under section 402A), or to a governmental 457(b), SEP, or SIMPLE plan.
- · Voluntary employee contributions to a qualified retirement plan as defined in section 4974(c) (including the federal Thrift Savings Plan).
- Contributions to a 501(c)(18)(D) plan.

These amounts may be shown in box 12 of your Form(s) W-2 for

Note: Contributions designated under section 414(h)(2) are treated as employer contributions and as such they are not voluntary contributions made by the employee. They do not qualify for the credit and should not be included on line 2.

Line 4

Enter the total amount of distributions you, and your spouse if filing jointly, received after 2012 and before the due date of your 2015 return (including extensions) from any of the following types of

- Traditional or Roth IRAs (including myRAs).
- 401(k), 403(b), governmental 457(b), 501(c)(18)(D), SEP, or SIMPLE plans.
- · Qualified retirement plans as defined in section 4974(c) (including the federal Thrift Savings Plan).

Do not include any:

- · Distributions not taxable as the result of a rollover or a trustee-totrustee transfer.
- Distributions that are taxable as the result of an in-plan rollover to your designated Roth account.
- Distributions from your eligible retirement plan (other than a Roth IRA) rolled over or converted to your Roth IRA.
- Loans from a qualified employer plan treated as a distribution.
- · Distributions of excess contributions or deferrals (and income allocable to such contributions or deferrals).
- Distributions of contributions made to an IRA during a tax year and returned (with any income allocable to such contributions) on or before the due date (including extensions) for that tax year.
- Distributions of dividends paid on stock held by an employee stock ownership plan under section 404(k).
- Distributions from a military retirement plan (other than the federal Thrift Savings Plan).
- Distributions from an inherited IRA by a nonspousal beneficiary.

If you are filing a joint return, include both spouses' amounts in

Exception. Do not include your spouse's distributions with yours when entering an amount on line 4 if you and your spouse did not file a joint return for the year the distribution was received.

Example. You received a distribution of \$5,000 from a qualified retirement plan in 2015. Your spouse received a distribution of \$2,000 from a Roth IRA in 2013. You and your spouse file a joint return in 2015, but did not file a joint return in 2013. You would include \$5,000 in column (a) and \$7,000 in column (b).

Line 7

Add the amounts from line 6 columns (a) and (b), and enter the total.

Before you complete the following worksheet, figure the amount of any credit for the elderly or the disabled you are claiming on Form 1040, line 54. See Schedule R (Form 1040A or 1040) to figure the

Credit Limit Worksheet

file this form

Complete this worksheet to figure the amount to	enter on line 11.
1. Enter the amount from Form 1040, line 47; Form 1040A, line 30; Form 1040NR, line 45	1
Form 1040 filers: Enter the total of your credits from lines 48 through 50 and Schedule R, line 22.	
Form 1040A filers: Enter the total of your credits from lines 31 through 33.	
Form 1040NR filers: Enter the total of your credits from lines 46 and 47	2
3. Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, stop; you cannot take the credit—do not	

Social Security Benefits Worksheet—Lines 20a and 20b

Keen	for	Your	Records
	,0,	1041	11000140

*	- 02	,,,	
п		//	g
	K	//	ı
	K.	ж	
	•		ш

	fore you begin:	 ✓ Complete Form 1040, lines 21 and 23 through 32, if the Figure any write-in adjustments to be entered on the deline 36). ✓ If you are married filing separately and you lived apart the right of the word "benefits" on line 20a. If you do IRS. ✓ Be sure you have read the Exception in the line 20a are worksheet instead of a publication to find out if any of 	otted line next to line t from your spouse fo not, you may get a mand 20b instructions to	or all of ath erro	2015, enter "D" to r notice from the
			your benefits are tax	auic.	
1.	Enter the total am Forms RRB-109	ount from box 5 of all your Forms SSA-1099 and 9. Also, enter this amount on Form 1040, line 20a	1.		
2.		7 50% (0.50)		2.	
3.	Combine the amo	unts from Form 1040, lines 7, 8a, 9a, 10 through 14, 15b,	16b, 17 through 19,	3.	
4.		if any, from Form 1040, line 8b			
5.	Combine lines 2,			X.e	
6.	Enter the total of adjustments you e	the amounts from Form 1040, lines 23 through 32, plus an intered on the dotted line next to line 36	v write-in		
7.		ine 6 less than the amount on line 5?			
	Gior II	None of your social security benefits are taxable. Enter -0-ne 20b.			4-1
	Yes. Subtract	line 6 from line 5		7.	
8.	Single, head	g jointly, enter \$32,000 of household, qualifying widow(er), or married filing you lived apart from your spouse for all of 2015,		8.	
	in 2015, skip li	g separately and you lived with your spouse at any time nes 8 through 15; multiply line 7 by 85% (0.85) and on line 16. Then go to line 17			
9.		ne 8 less than the amount on line 7?			
	lir sp	one of your social security benefits are taxable. Enter -0-calle 20b. If you are married filing separately and you lived a ouse for all of 2015, be sure you entered "D" to the right callests" on line 20a.	part from your		
	Yes. Subtract I	ine 8 from line 7		9.	
10.	widow(er), or marr	narried filing jointly; \$9,000 if single, head of household, a ied filing separately and you lived apart from your spous	qualifying e for all		
11.	of 2015	om line 9. If zero or less, enter -0-	*******		
2.	Enter the smaller of	of line 9 or line 10			
3.	Enter one-half of li	ne 12			
4.	Enter the smaller of	f line 2 or line 13			
5.	Multiply line 11 by	85% (0.85). If line 11 is zero, enter -0			
6.	Add lines 14 and 15	5		16	
7.	Multiply line 1 by 8	35% (0.85)	******	17	
8.	Taxable social seco	urity benefits. Enter the smaller of line 16 or line 17. Als 20b	o enter this amount		
T	If any of your b year, you may b	enefits are taxable for 2015 and they include a lump-sum se able to reduce the taxable amount. See Lump-Sum Elec	benefit payment that t tion in Pub. 915 for a	was for letails.	an earlier

· 4 0				
			,	

- 3. Any person you could have claimed as a dependent for the year the loan was taken out except that:
 - a. The person filed a joint return.
- b. The person had gross income that was equal to or more than the exemption amount for that year (\$4,000 for 2015),
- c. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's return.

However, a loan isn't a qualified student loan if (a) any of the proceeds were used for other purposes, or (b) the loan was from either a related person or a person who borrowed the proceeds under a qualified employer plan or a contract purchased under such a plan. For details, see Pub. 970.

Qualified higher education expenses. Qualified higher education expenses generally include tuition, fees, room and

board, and related expenses such as books and supplies. The expenses must be for education in a degree, certificate. or similar program at an eligible educational institution. An eligible educational institution includes most colleges, universities, and certain vocational schools. For details, see Pub. 970.

Student Loan Interest Deduction Worksheet-Line 33



Be	fore you begin: ✓ Figure any write-in adjustments to be entered on the dotted line nex ✓ Be sure you have read the Exception in the instructions for this line 970 to figure your deduction.	t to line 36 (see the instructions for line 36). to see if you can use this worksheet instead of Pub
1.	Finder the total interest you paid in 2015 on qualified student loans (see the instructions for than \$2,500	
2.	Enter the amount from Form 1040, line 22	2
3.	Finter the total of the amounts from Form 1040, lines 23 through 32, plus any write-in adjustments you entered on the dotted line next to line 36	
4.	Subtract line 3 from line 2	4
5.	Enter the amount shown below for your filing status.	
	• Single, head of household, or qualifying widow(cr)—\$65,000 • Married filing jointly—\$130,000	5,
6.	Is the amount on line 4 more than the amount on line 5?	
	No. Skip lines 6 and 7, enter -0- on line 8, and go to line 9.	
	Yes. Subtract line 5 from line 4	6.
7.	Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (roughtaces). If the result is 1.000 or more, enter 1.000	nded to at least three
8.	Multiply line 1 by line 7	
9.	Student loan interest deduction. Subtract line 8 from line 1. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return Schedule A, C, E, etc.)	n (such as on

Line 34

Tuition and Fees

If you paid qualified tuition and fees for yourself, your spouse, or your dependent(s), you may be able to take this deduction. See Form 8917.



You may be able to take a credit for your educational expenses instead of a deduction.

See the instructions for lines 50 and 68 for details.

Line 35

Domestic Production Activities Deduction

You may be able to deduct up to 9% of your qualified production activities income from the following activities.

- 1. Construction of real property performed in the United States.
- 2. Engineering or architectural services performed in the United States for

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