1040		ent of the Treasury-Internal R			⁹⁹⁾ 2(01	5	OMB No	o. 1545-0074	IRS Use C)nly—D	o not write or staple in thi	s space.
For the year Jan. 1-Dec	. 31. 2015	, or other tax year beginning				2015. en	ndina			20	Se	e separate instructi	ons.
Your first name and		, or other tax your beginning	Last na	me	,	2010, 01	laing		, -	.0		ur social security nur	
If a joint return, spou	se's first	name and initial	Last na	me							Spc	ouse's social security n	umber
Home address (num	her and s	street). If you have a P.O. b	ox see in	structions						Apt. no.		1 1	<u> </u>
			0, 300 11	30000000						7.pt. 110.		Make sure the SSN(s and on line 6c are c	
City town or post offic	e state a	nd ZIP code. If you have a for	eian addre	es also comr	lete snaces h	nelow (se	e instru	(ctions)			D	residential Election Car	
ony, town or post onio	c, state, a		cigit addite	35, also comp		000 (00		10110113/.				k here if you, or your spouse	
Foreign country nam	0			Eoroig	n province/s		unty		Eoroign	oostal code	jointly	y, want \$3 to go to this fund	. Checking
Toreigh country ham	e			roreig	in province/s	state/coi	unty		1 Oreigin j		a box	d below will not change your	,
	- 1							_					Spouse
Filing Status	1	Single					4					person). (See instructio	
	2	Married filing jointly		d but r	not your dependent, en	nter this							
Check only one	3	Married filing separa	►										
box.		and full name here.	()		dent child								
Exemptions	6a	6a Yourself. If someone can claim you as a dependent, do not check box 6a									· }	Boxes checked on 6a and 6b	
	b	b 🗌 Spouse		<u>· · · · · · · · · · · · · · · · · · · </u>							<u> </u>	No. of children	
	С	Dependents:	(2) Dependent's			(3) Dependent's relationship to you		(4) ✓ if child under age 1 qualifying for child tax cred			on 6c who: • lived with you		
	(1) First	name Last name	social security number					J you	(see instructions)		_	 did not live with you due to divorce 	
If more than four									L]	_	or separation (see instructions)	
dependents, see]	_	Dependents on 6c	
instructions and]	_	not entered above	
check here 🕨 🗌											_	Add numbers on	
	d	Total number of exem	•			• •				· · ·	•	lines above 🕨	
Income	7	Wages, salaries, tips,				• •	• •	• •			7		_
	8a	Taxable interest. Atta			•	• •	1	· ·			8a		_
Attach Form(s)	b	Tax-exempt interest.				• •	8b						
W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if required									9a		_
attach Forms	b	Qualified dividends				· ·	9b						
W-2G and 1099-R if tax	10	Taxable refunds, cred	its, or of	fsets of sta	te and loca	al incor	me tax	kes .			10		_
was withheld.	11	Alimony received .									11		_
	12	Business income or (I	,							· 📩	12		_
lf you did not	13	Capital gain or (loss).					requir	ed, che	eck here 🕨		13		_
get a W-2,	14	Other gains or (losses		Form 4797	7		• •	•••			14		_
see instructions.	15a	IRA distributions .	15a					xable ar			15b		_
	16a	Pensions and annuities						xable ar		t t	16b		
	17	Rental real estate, roy		•	•					t t	17		_
	18	Farm income or (loss)								F	18		_
	19	Unemployment comp									19		
	20a	Social security benefits							nount .		20b		
	21 22	Other income. List typ Combine the amounts in	e and ar the far ri		for lines 7 th	arough (01 Thi		r total incom	•	21		
							21. 11	3 13 you			22		
Adjusted	23 24	Educator expenses Certain business expense					23						
Gross	24	fee-basis government of		<i>,</i> ,	0	·	24						
Income	25	Health savings accou					24						
	25 26	Ũ					25						
		Moving expenses. Attach Form 3903 Deductible part of self-employment tax. Attach Schedule SE .											
	27 28						27 28			+			
	28 29	Self-employed SEP, SIMPLE, and qualified plans								+			
	29 30	Self-employed health insurance deduction Penalty on early withdrawal of savings					29			+			
	30 31a	Alimony paid b Reci		-		•	30 31a			+			
	31a 32			-			31a 32			+			
		IRA deduction								+			
	33	Student loan interest					33			+			
	34 25	Tuition and fees. Atta											
	35 36	Domestic production ad Add lines 23 through					35				26		
	30	Subtract line 36 from							· · ·		36 37		
	υ.				,	3.000			•		51		

Form 1040 (2015)			Page 2					
	38	Amount from line 37 (adjusted gross income)	38						
Tax and	39a	Check [You were born before January 2, 1951, Blind.] Total boxes							
		if: □ Spouse was born before January 2, 1951, □ Blind. J checked ► 39a							
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b							
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40						
Deduction for—	41	Subtract line 40 from line 38	41						
People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42						
check any	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43						
box on line 39a or 39b or	44	Tax (see instructions). Check if any from: a Sorm(s) 8814 b Form 4972 c	44						
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45						
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46						
instructions.	47	Add lines 44, 45, and 46	47						
All others:	48	Foreign tax credit. Attach Form 1116 if required 48							
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49	1						
separately,	50	Education credits from Form 8863, line 19	1						
\$6,300 Married filing	51	Retirement savings contributions credit. Attach Form 8880 51	-						
jointly or	52	Child tax credit. Attach Schedule 8812, if required 52	-						
Qualifying widow(er),	53	Residential energy credits. Attach Form 5695 53	-						
\$12,600	53 54	Other credits from Form: a 3800 b 8801 c 54	-						
Head of household,	55		55						
\$9,250		Add lines 48 through 54. These are your total credits	55						
	56		-						
	57	Self-employment tax. Attach Schedule SE	57						
Other	58 50	Unreported social security and Medicare tax from Form: a 4137 b 8919	58						
Taxes	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	61						
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62						
	63	Add lines 56 through 62. This is your total tax	63						
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64	-						
If you have a	65	2015 estimated tax payments and amount applied from 2014 return 65	-						
qualifying	<u>66</u> a	Earned income credit (EIC)	_						
child, attach	b	Nontaxable combat pay election 66b	4						
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67	-						
	68	American opportunity credit from Form 8863, line 8 68	4						
	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	4						
	72	Credit for federal tax on fuels. Attach Form 4136 72	4						
	73	Credits from Form: a 2439 b Reserved c 8885 d 73	_						
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74						
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	<u>↓ </u>					
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	<u> </u>					
Direct deposit?	▶ b	Routing number ► c Type: Checking Savings							
See instructions.	► d	Account number							
	77	Amount of line 75 you want applied to your 2016 estimated tax ► 77	-	4					
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78						
You Owe	79	Estimated tax penalty (see instructions)							
Third Party				nplete below. No					
Designee		signee's Phone Personal ide ne ▶ no. ▶ number (PIN							
Sign	Uno	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	, the best						
Here		hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Daytime phone number							
Joint return? See	YO								
instructions.	_	pues's signature. If a joint rature, hath must sign. Data Securacia accumation (14ths IDC and users blacking)							
Keep a copy for your records.	S p	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	PIN, e						
	P ·			see inst.)					
Paid	Pri	nt/Type preparer's name Preparer's signature Date		k □ if PTIN					
Preparer			self-e	self-employed					
Use Only	Firr	n's name 🕨	Firm's	Firm's EIN ►					
-	Firr	n's address ►	Phon	ie no.					

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