E1040 Dep	artment of S. Inc	f the Treasury - Internal Revent dividual Income	ue Service (99 Tax Retur i	n 2015	MB No. 1545-0074	IRS Use Only	-Do not w	rite or staple in this space.
For the year Jan. 1-Dec. 31	l, 2015, o	r other tax year beginning		,2015, ending	,20		See s	eparate instructions.
					Your social security number $892 - 02 - 0752$			
lf a joint return, spouse ANN C AGN		ame and initial	Last name					e's social security number -02-0752
Home address (number and street). If you have a P.O. box, see instructions. 123 ELM			5.				Make sure the SSN(s) above and on line 6c are correct.	
City, town or post office PLUCKEMIN		and ZIP code. If you have a 07978 –	a foreign address,	, also complete spaces be	elow (see instructio	ns).	Check he	ential Election Campaign are if you, or your spouse if filing ant \$3 to go to this fund. Check-
Foreign country name Foreign pro		Foreign provi	nce/state/county Foreign postal code		code	ing a bo or refund	x below will not change your tax	
	1	Single		4				erson). (See instructions.)
Filing Status	2 2	- 3, ,		,		• •	child but	not your dependent, enter
Check only one	3	Married filing separa	, ,	F	this child's n	—		-1-11-1
box.	0-	and full name here.		5		idow(er) with de	ependent	Child
Exemptions	6a b	X Yourself. If som		n you as a dependent,				Boxes checked on 6a and 6b 2
	<u>с</u>	Dependents:		(0) D 1 4		(4)√	if child under	No. of children
If more than (1) Fin	rst name	•	ame	(2) Dependent's social security number	(3) Depend relationship	to you for ch	17 qualifying hild tax credit	on 6c who: ■ lived with you 2
four depen-	ISON	I AGNEW		803-02-075			instructions)	 did not live with you due to divorce
dente coo	S AC			802-02-075				or separation (see instructions)
and check								Dependents on 6c 0
here 🕨								
	d	Total number of exem	ptions claimed					Add numbers on lines above 4
Income	7	Wages, salaries, tips,	etc. Attach For	m(s) W-2			7	40,000.
licome		Taxable interest. Atta		. ,			. 8a	
	b	Tax-exempt interest.		·	8b			
Attach Forms(s)		Ordinary dividends. A					9a	
W-2 here. Also	b	Qualified dividends			9b			
attach Forms W-2G and	10	Taxable refunds, cred	ts, or offsets of	state and local incom	e taxes		. 10	
1099-R if tax	11	Alimony received					. 11	
was withheld.	12	Business income or (loss). Attach Schedule C or C-E					12	
	13	Capital gain or (loss).	Attach Schedu	le D if required. If not	required, check	here 🕨	13	
If you did not	14	Other gains or (losses	· · ·	4797			14	
get a W-2, see instructions.			15a		b Taxable an		15b	
		Pensions and annuitie				nount		
	17	Rental real estate, roy					17	
	18 19	Farm income or (loss)					. <u>18</u> . 19	
	20a	Unemployment compe Social security benefit	1 1	11,000.	b Tayable an	nount		6,775.
	202	Other income. List typ	· · · · ·	11,000.			205	0,77,51
	22	Combine the amounts		col for lines 7 through	21.This is your	total income	▶ 22	46,775.
	23			· · · · · · · · · · · · · ·	23			,
Adjusted	24	Certain business expe						
Gross		and fee-basis gov. offi	cials. Attach Fo	orm 2106 or 2106-EZ	24			
Income	25	Health savings accour	nt deduction. A	ttach Form 8889	25			
	26	Moving expenses. Att	ach Form 3903		26			
	27	Deductible part of self	-employment ta	x. Attach Schedule SE	27			
	28	Self-employed SEP, S	IMPLE, and qu	alified plans	28			
	29	Self-employed health						
	30	Penalty on early withd	•	s			_	
		Alimony paid b Recipi			31a			
	32							
	33	Student loan interest of						
	34 25			ion Attach Form 8003	34			
	35 36	Domestic production a Add lines 23 through 3	_				36	
	30 37	Subtract line 36 from I		vour adiusted gross			► 37	46,775.

Form 1040 (201	5)		ANGUS C & ANN C AGNEW 892-02	2-075	2 Page 2
Tevrend		38	Amount from line 37 (adjusted gross income)	. 38	46,775.
Tax and		39a	Check X You were born before Jan. 2, 1951, Blind. Total boxes		
Credits			if: Spouse was born before Jan. 2, 1951, Blind. Checked ▶ 39a 1		
Standard		b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
Deduction for-		40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	. 40	13,877.
 People who 		41	Subtract line 40 from line 38	. 41	32,898.
check any	,	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	. 42	16,000.
box on line 39a or 39b or		43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		16,898.
who can be		43	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	. 43	1,688.
claimed as a dependent,					1,000.
see instructions.		45	Alternative minimum tax (see instructions). Attach Form 6251		
 All others: 		46	Excess advance premium tax credit repayment. Attach Form 8962		1 (00
Single or		47	Add lines 44, 45, and 46	▶ 47	1,688.
Married filing		48	Foreign tax credit. Attach Form 1116 if required 48	_	
separately, \$6,300		49	Credit for child and dependent care expenses. Attach Form 2441 . 49	_	
Married filing		50	Education credits from Form 8863, line 19		
jointly or Qualifying		51	Retirement savings contributions credit. Attach Form 8880 51		
widow(er),		52	Child tax credit. Attach Schedule 8812, if required 52 1,000.		
\$12,600		53	Residential energy credits. Attach Form 5695 53		
Head of household,		54	Other credits from Form: a 3800 b 8801 c 54		
\$9,250		55	Add lines 48 through 54. These are your total credits	. 55	1,000.
		56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	▶ 56	688.
		57	Self-employment tax. Attach Schedule SE	. 57	
Other		58	Unreported social security and Medicare tax from Form: a 4137 b 8919		
Taxes		59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
Takes		60a		-	
		b			
					166.
		61	Health care: individual responsibility (see instructions) Full-year coverage		100.
		62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	854.
Deumente		63	Add lines 56 through 62. This is your total tax		FORM 1099
Payments		64		·	FORM 1099
If you have a		65	2015 estimated tax payments and amount applied from 2014 return65Earned income credit (EIC)66a674.	_	
qualifying child, attach		66a		·	
Schedule EIC		b			
		67	Additional child tax credit. Attach Form 8812 67		
		68	American opportunity credit from Form 8863, line 8 68		
		69	Net premium tax credit. Attach Form 8962 69 298.		
		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 2439 b served c 8885 d 73		
		74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	▶ 74	3,072.
Refund		75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpain	id 75	2,218.
		76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	2,218.
Direct deposit?)	► b	Routing b c Type: Checking Savings		
See instructions	.)	► d	Account number		
		77	Amount of line 75 you want applied to your 2016 estimated tax > 77		
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	у Г	-	vant to allow another person to discuss this return with the IRS (see instructions)?	es. Con	nplete below. X No
Designee	́ С	esignee's			dentification
Sign	U	nder pena	Ities of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of r	ny knowledg	ge and belief,
Here	th	ey are tru our sign	e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an	y knowledge	aytime phone number
	` '	our sign	RETIRED		8-555-1111
Joint return? See instructions		nou ::::::::::::::::::::::::::::::::::::			he IRS sent you an Identity
Keep a copy for	1 8	pouses	signature. If a joint return, both must sign. Date Spouse's occupation	Pro	ptection PIN, enter ere (see inst.)
your records.	D.1 ~		CLERK		
					if PTIN
Preparer				self-employ	yed S24051405
				n's EIN 🕨	
See only	Firm's	address		one no.	
			Kinnelon NJ 07405- 97	3-838	-1321

SCHEDULE A	
(Form 1040)	

Itemized Deductions

OMB No. 1545-0074
2015

SCHEDULE A		Itemized Deductions	OMB No. 1545-0074		
(Form 1040)			2015		
Department of the Treasur	v	Information about Schedule A and its separate instructions is a	t www.irs.gov/form	1040.	Attachment
Internal Revenue Service		Sequence No. 07			
Name(s) shown on For	m 104	0			social security number
ANGUS C &	ANN	J C AGNEW		892	2-02-0752
Medical		Caution. Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)	16,640.		
Dental	2	Enter amount from Form 1040, line 38 2 46, 775.			
Expenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was			
		born before Jan. 2, 1951, multiply line 2 by 7.5% (.075) instead	3,508.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	13,132.
Taxes You	5	State and local			
Paid		a X Income taxes 5	745.		
		b Reserved			
	6	Real estate taxes (see instructions) 6			
	7	Personal property taxes			
	8	Other taxes. List type and amount			
	9	Add lines 5 through 8		9	745.
Interest	10	Home mortgage interest and points reported to you on Form 1098 10			
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions			
		and show that person's name, identifying no., and address			
Note.		11			
Your mortgage interest	12	Points not reported to you on Form 1098. See instructions for			
deduction may		special rules			
be limited (see instructions).	13	Reserved			
instructions).	14	Investment interest. Attach Form 4952 if required. (See instructions.)		45	
Gifts to	15	Add lines 10 through 14		15	
	16	Gifts by cash or check. If you made any gift of \$250 or more,			
Charity	47	See instructions			
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 17			
gift and got a benefit for it.	10				
see instructions.	18 19	Carryover from prior year 18 Add lines 16 through 18		19	
Casualty and	19			13	
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses		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			
	23	Other expenses - investment, safe deposit box, etc. List type			
	-	and amount ►			
		23			
	24	Add lines 21 through 23			
	25	Enter amount from Form 1040, line 38 25 46, 775.			
	26	Multiply line 25 by 2% (.02)	936.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0		27	
Other	28	Other - from list in the inst. List type and amount			
Miscellaneous					
Deductions				28	
Total	29	Is Form 1040, line 38, over \$154,950?			
Itemized		\fbox No. Your deduction is not limited. Add the amounts in the far right co	lumn		
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40		29	13,877.
		Yes. Your deduction may be limited. See the Itemized Deductions	Γ		
		Worksheet in the instructions to figure the amount to enter.			
	30	If you elect to itemize deductions even though they are less than your sta	andard		
		deduction, check here			