

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning .,2015, ending .,20

Your first name and initial **ANGUS C** Last name **AGNEW** Your social security number **892-02-0752**

If a joint return, spouse's first name and initial **ANN C** Last name **AGNEW** Spouse's social security number **801-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **123 ELM** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **PLUCKEMIN NJ 07978-** 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. You Spouse

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 Single 4 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 Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

Check only one box.

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse

Boxes checked on 6a and 6b **2**

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)

ALLISON AGNEW	803-02-0752	GRANDCHILD	<input checked="" type="checkbox"/>
AMOS AGNEW	802-02-0752	SON	<input type="checkbox"/>

No. of children on 6c who: lived with you **2** did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **0**

d Total number of exemptions claimed **4**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **40,000.**

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**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **15b** Taxable amount

16a Pensions and annuities **16a** **16b** Taxable amount

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** **11,000.** **20b** Taxable amount **6,775.**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right col for lines 7 through 21. This is your **total income** **22** **46,775.**

Adjusted Gross Income 23 Reserved **23**

24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Reserved **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your **adjusted gross income** **37** **46,775.**

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for 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

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for amount you owe.

Third Party Designee

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

Sign Here

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.

Paid Preparer Use Only

Print/Type preparer's name: AARP Foundation Tax-Aide
Preparer's signature:
Date:
Check [] if self-employed
PTIN: S24051405
Firm's name: Kinnelon Volunteer Fire Co
Firm's EIN:
Firm's address: 103 Kiel Avenue, Kinnelon NJ 07405-
Phone no.: 973-838-1321

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records.

2015

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) **20075220160100000098**

Taxpayer's name
ANGUS C AGNEW Social security number
892-02-0752

Spouse's name
ANN C AGNEW Spouse's social security number
801-02-0752

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	46,775.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	854.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	2,100.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	2,218.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

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

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

Taxpayer's PIN: check one box only

I authorize Kinnelong Volunteer Fire Co to enter or generate my PIN 12345
ERO firm name Enter five digits, but do not enter all zeros
as my signature on my tax year 2015 electronically filed income tax return.
 I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Your signature ▶ _____ Date ▶ 01/09/2016

Spouse's PIN: check one box only

I authorize Kinnelong Volunteer Fire Co to enter or generate my PIN 12345
ERO firm name Enter five digits, but do not enter all zeros
as my signature on my tax year 2015 electronically filed income tax return.
 I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Spouse's signature ▶ _____ Date ▶ 01/09/2016

Practitioner PIN Method Returns Only-continue below

Part III Certification and Authentication-Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 20075298765
Do not enter all zeros

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

ERO's signature ▶ S24051405 Kinnelong Volunteer Fi Date ▶ 01/09/2016

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

Attachment
Sequence No. **73**

Name shown on your return

ANGUS C & ANN C AGNEW

Your social security number

892-02-0752

You cannot claim the PTC if your filing status is married filing separately unless you are eligible for an exception (see instructions). If you qualify, check the box.

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	4
2a	Modified AGI: Enter your modified AGI (see instructions)	2a	51,000.
	b Enter total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b	3	51,000.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	23,850.
5	Household income as a percentage of federal poverty line (see instructions)	5	213 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input type="checkbox"/> No. Continue to line 7. <input checked="" type="checkbox"/> Yes. You are not eligible to receive PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0680
8a	Annual contribution amount. Multiply line 3 by line 7	8a	3,468.
	b Monthly contribution amount. Divide line 8a by 12. Round to whole dollar amount	8b	289.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV, Shared Policy Allocation, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums Form (s) 1095-A, line 33a	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33b)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33c)
11 Annual Totals	7,200.	7,366.	3,468.	3,898.	3,898.	3,600.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32 column a)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column b)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly contribution)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column c)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	3,898.
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	3,600.
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	298.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	

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

Health Coverage Exemptions

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.
▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965

Attachment Sequence No. **75**

Name as shown on return

ANGUS C & ANN C AGNEW

Your social security number

892-02-0752

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household

- 7a Are you claiming an exemption because your household income is below the filing threshold? Yes No
- b Are you claiming a hardship exemption because your gross income is below the filing threshold? Yes No

Part III Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	AMOS AGNEW	802-02-0752	B							X	X					
9	ALLISON AGNEW	803-02-0752	B							X						
10																
11																
12																
13																

US Schedule A

Itemized Deduction Detail Worksheet

2015

Name: ANGUS C & ANN C AGNEW

SSN: 892-02-0752

Medical Expenses

Medical miles: 1

Deduction:

Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet	1,259.
Taxpayer		Remainder from worksheets	
Spouse		Taxpayer	
Qualified long term care contracts		Spouse	
Taxpayer		Self-employed health insurance	
Spouse		Taxpayer	
Other medical expenses		Spouse	
UNREIMBURSED MEDICAL	12,079.	8962 BOX 11A	7,200.
		MINUS 8962 BOX 24	(3,898.)
		Amount from additional worksheets	
		Total	16,640.

Cash Contributions

50% Limit Organizations

Other Charitable miles:

X .14 =

		From Schedules K-1	
		Amount from additional worksheets	
		Total	

30% Limit Organizations

Charitable miles:

X .14 =

		Schedules K-1	
		Amount from additional worksheets	
		Total	

Other Than Cash Contributions

50% Limit Organizations

		From Forms 8283	
		Amount from additional worksheets	
From Schedules K-1		Total	

30% Limit Capital gain property donated to 50% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

30% Limit Not capital gain property donated to 30% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

20% Limit Organization Capital gain property donated to 30% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

Contribution Carryovers

	From years 2010 through 2015				To 2016 tax year			
	Cash and other property 50%		Capital gain property 30%		Cash and other property 50%		Capital gain property 30%	
2010								
2011								
2012								
2013								
2014								
2015								

Contributions allowed this year

50% of adjusted gross income	23,388.	
This year's 50% organization cash contributions allowed		
30% of adjusted gross income	14,033.	
This year's capital gain contributions to 50% organizations limited to 30%		
50% cash carryover allowed		
50% capital gain carryover limited to 30%		
This year's 30% organization cash and other property contributions allowed		
30% organizations cash and other property carryover		
20% of adjusted gross income	9,355.	
This year's capital gain contributions to 30% organizations limited to 20%		
30% capital gain carryover limited to 20% AGI		
Total contributions allowed this year		

USWAS\$1

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Affordable Care Act Worksheet

US

2015

Name: **ANGUS C & ANN C AGNEW**

SSN: **892-02-0752**

Did the taxpayer, spouse, or any dependent receive insurance through the Marketplace? See Form 8962 Yes No

Was the taxpayer, spouse, or any dependent granted a Marketplace exemption or do you want to apply for a Marketplace, household income, or gross income exemption? See Form 8965 Yes No

ANGUS C AGNEW	<input checked="" type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year	
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year	
	<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year	
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....	<input type="checkbox"/>	January	<input type="checkbox"/>
	<input type="checkbox"/>	February	<input type="checkbox"/>
	<input type="checkbox"/>	March	<input type="checkbox"/>
	<input type="checkbox"/>	April	<input type="checkbox"/>
	<input type="checkbox"/>	May	<input type="checkbox"/>
	<input type="checkbox"/>	June	<input type="checkbox"/>
	<input type="checkbox"/>	July	<input type="checkbox"/>
	<input type="checkbox"/>	August	<input type="checkbox"/>
	<input type="checkbox"/>	September	<input type="checkbox"/>
	<input type="checkbox"/>	October	<input type="checkbox"/>
	<input type="checkbox"/>	November	<input type="checkbox"/>
	<input type="checkbox"/>	December	<input type="checkbox"/>
ANN C AGNEW	<input checked="" type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year	
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year	
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	<input type="checkbox"/>	July	<input type="checkbox"/>
	<input type="checkbox"/>	August	<input type="checkbox"/>
	<input type="checkbox"/>	September	<input type="checkbox"/>
	<input type="checkbox"/>	October	<input type="checkbox"/>
	<input type="checkbox"/>	November	<input type="checkbox"/>
	<input type="checkbox"/>	December	<input type="checkbox"/>
ALLISON AGNEW	<input checked="" type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year	
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year	
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	<input type="checkbox"/>	August	<input type="checkbox"/>
	<input type="checkbox"/>	September	<input type="checkbox"/>
	<input type="checkbox"/>	October	<input type="checkbox"/>
	<input type="checkbox"/>	November	<input type="checkbox"/>
	<input type="checkbox"/>	December	<input type="checkbox"/>
AMOS AGNEW	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year	
	<input checked="" type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year	
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	<input type="checkbox"/>	July	<input type="checkbox"/>
	<input type="checkbox"/>	August	<input type="checkbox"/>
	<input type="checkbox"/>	September	<input checked="" type="checkbox"/>
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[Name]	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year	
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	<input type="checkbox"/>	June	<input type="checkbox"/>
	<input type="checkbox"/>	July	<input type="checkbox"/>
	<input type="checkbox"/>	August	<input type="checkbox"/>
	<input type="checkbox"/>	September	<input type="checkbox"/>
	<input type="checkbox"/>	October	<input type="checkbox"/>
	<input type="checkbox"/>	November	<input type="checkbox"/>
	<input type="checkbox"/>	December	<input type="checkbox"/>

Affordable Care Act Worksheet

US

2015

Name: ANGUS C & ANN C AGNEW

SSN: 892-02-0752

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965. . . .

<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965. . . .

<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1 Total number of boxes checked per month, maximum of 5									1	1	1	1
2 Total number of boxes checked per month for individuals 18 or over									1	1	1	1
3 One-half the number of boxes checked per month for individuals under 18												
4 Add lines 2 and 3 for each month									1.0	1.0	1.0	1.0
5 Multiply line 4 by \$325 for each month, maximum of \$975									325.0	325.0	325.0	325.0
6 Sum of the number of boxes checked on line 1 above for the year												4
7 Household Income												46,775.
Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero												
8 Filing threshold												21,850.
9 Subtract line 8 from line 7												24,925.
10 Multiply line 9 by 2%												499.
11 Is line 10 more than \$975? <input type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero. <input checked="" type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet												1,996.
12 Divide line 11 by 12												166.
13 Multiply line 6 by \$207												828.
14 Smaller of line 12 or line 13												166.

Name: ANGUS C & ANN C AGNEW

SSN: 892-02-0752

Preparer Use Fields

Question	Answer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10 Are you or your spouse a Veteran from the US Armed Force	NO ANSWER
11 Other than English what language is spoken in your home	NO ANSWER
12 Do you or any member of your household have a disability	NO ANSWER
13 Preparer Initials	AH
14 QR Initials	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

Taxpayer Reminders

Empty area for taxpayer reminders.

US Schedule A

Sales Tax Worksheet

2015

Name: **ANGUS C & ANN C AGNEW**

SSN: **892-02-0752**

1	Federal AGI		46,775.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest			
b	Social security	4,225.		
c	Combat pay			
d	Income on Forms 4970 and 4972			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers		4,225.	
3	Other nontaxable income			
a			
b			
c			
d			
e			
4	Income for sales tax chart		51,000.	
1	Enter the taxpayer's state of residency for 2015			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	State sales tax from the applicable table			740.
2	Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2015?			
	<input checked="" type="checkbox"/> No. Line 2 should be -0-.			
	<input type="checkbox"/> Yes. Enter the letter (A - D) for the optional local sales tax table you want to use			
	Local sales tax from the applicable table			
3	Did your locality impose a local general sales tax in 2015? Residents of California and Nevada, see the Schedule A instructions.			
	<input checked="" type="checkbox"/> No. Go to line 7.			
	<input type="checkbox"/> Yes. Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5			
4	Did you enter -0- on line 2 above?			
	<input type="checkbox"/> No. Skip to line 6.			
	<input type="checkbox"/> Yes. Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions. Enter 6.5% as 6.5			
5	Divide line 3 by line 4			
6	Did you enter -0- on line 2 above?			
	<input type="checkbox"/> No. Multiply line 2 by line 3.			
	<input type="checkbox"/> Yes. Multiply line 1 by line 5			
7	Total of lines 1 and 6 - prorated for part-year residents			740.
8	General sales tax paid on specified items. Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate			
9	Total sales tax using the sales tax chart			740.
10	Sales tax using actual receipts			
11	Sales tax deduction for Schedule A, line 5			740.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
▶ Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

ANGUS C & ANN C AGNEW

Your social security number

892-02-0752

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	16,640.		
	2 Enter amount from Form 1040, line 38 <input type="text" value="2"/> 46,775.				
	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	3,508.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	13,132.	
Taxes You Paid	5 State and local				
	a <input checked="" type="checkbox"/> Income taxes }	5	745.		
	b <input type="checkbox"/> Reserved }				
	6 Real estate taxes (see instructions)	6			
	7 Personal property taxes	7			
	8 Other taxes. List type and amount ▶ _____	8			
	9 Add lines 5 through 8			9	745.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10		
		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▶ _____	11		
12 Points not reported to you on Form 1098. See instructions for special rules		12			
13 Reserved		13			
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14			
15 Add lines 10 through 14				15	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16			
	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			
	18 Carryover from prior year	18			
	19 Add lines 16 through 18			19	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ _____	21			
	22 Tax preparation fees	22			
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ _____	23			
	24 Add lines 21 through 23	24			
	25 Enter amount from Form 1040, line 38 <input type="text" value="25"/> 46,775.				
	26 Multiply line 25 by 2% (.02)	26	936.		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other Miscellaneous Deductions	28 Other - from list in the inst. List type and amount ▶ _____			28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$154,950? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	13,877.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

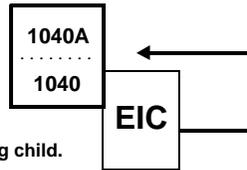
For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2015

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2015

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**
- ▶ **Information about Sch EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.**

Name(s) shown on return

ANGUS C & ANN C AGNEW

Your social security number

892-02-0752

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name ALLISON AGNEW	First name Last name AMOS AGNEW	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2015. If your child was born and died in 2015 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	803-02-0752	802-02-0752	
3 Child's year of birth	Year <u>2013</u> <i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>1993</u> <i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4a Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2015?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	GRANDCHILD	SON	
6 Number of months child lived with you in the United States during 2015 • If the child lived with you for more than half of 2015 but less than 7 months, enter "7." • If the child was born or died in 2015 and your home was the child's home for more than half the time he or she was alive during 2015, enter "12".	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>

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

Schedule EIC (Form 1040A or 1040) 2015