<b>104</b>	Departm	nent of Inc	the Treasury - Internal Revent	<sup>ue Service</sup> (99 <b>Tax Returr</b>	) <b>2015</b>	OMB No. 1	1545-0074	IRS Use Only	-Do not w	rite or staple in this space.		
For the year Jan. 1-Dec. 31, 2015, or other tax year beginning					,2015, ending ,20				See separate instructions.			
Your first name and initial Last name FRED ADAMS								Your social security number $678 - 02 - 0752$				
If a joint return SANDY	· •		me and initial	Last name						e's social security number $-02-0752$		
Home address 123 EI		nd stre	eet). If you have a P.O. bo	x, see instructions	is. Apt. no.			pt. 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). AUSTIN TX 78704-									Check he	ential Election Campaign re if you, or your spouse if filing ant \$3 to go to this fund. Check-		
Foreign country name				Foreign provin	Fore	Foreign postal code			ing a box below will not change your tax or refund.			
Filing Sta Check only o box.	one 3	2 2	Married filing separa and full name here.	ately. Enter spou	use's SSN above 5	If th this	ne qualifying s child's name alifying widor	person is a c e here.► w(er) with de	child but	erson). (See instructions.) not your dependent, enter child		
Exemptio	ns	6a			you as a dependent				• • •	Boxes checked on 6a and 6b 2		
		b c	X Spouse Dependents:		( <b>)</b>			. (4)√⊧	f child under	No. of children		
If more than	(1) First r		•	ame	(2) Dependent's social security number		<ol> <li>Dependent elationship to y</li> </ol>	for ch	7 qualifying ild tax credit nstructions)	on 6c who: ■ lived with you 2		
four depen-	AVA A	ADA	MS		676-02-075			(366 )	X	<ul> <li>did not live with you due to divorce</li> </ul>		
dents, see instructions	JANEY	ΥZ	DAMS		675-02-075	52DAU	JGHTER			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	ota Attach Form	$p(c) \leq 2$				7	45,000.		
income			Wages, salaries, tips, <b>Taxable</b> interest. Atta			· · · ·			7 8a	15,000.		
			Tax-exempt interest.		•	. 8b			θa			
Attach Form	ns(s)		Ordinary dividends. A						9a			
W-2 here. Al	lso					. 9b						
attach Form W-2G and	S	10	Taxable refunds, cred	its, or offsets of	of state and local income taxes			10				
1099-R if tax	c	11	Alimony received					11				
was withhel	d.	12	Business income or (le	ss). Attach Schedule C or C-EZ			12					
		13	Capital gain or (loss). Attach Schedule D if required. If not required, check here						13			
If you did not		14	Other gains or (losses	<i>′</i>	4797				14			
get a W-2, see instruction	ากร		IRA distributions	15a			axable amou		15b			
			Pensions and annuitie					nt				
				oyalties, partnerships, S corporations, tru					17			
		18	Farm income or (loss) Unemployment compe									
		19 20a	Social security benefit	1 1		1						
		20a 21	Other income. List typ					int	200			
		22	Combine the amounts		col for lines 7 throug	h 21.This	s is vour tota	al income	▶ 22	45,000.		
		23		-						,		
Adjusted		24	Certain business expe									
Gross			and fee-basis gov. offi	icials. Attach Fo	orm 2106 or 2106-EZ	2 24						
Income		25	Health savings accour	nt deduction. At	tach Form 8889 .	. 25						
		26	Moving expenses. Att	tach Form 3903		. 26						
		27	Deductible part of self	-employment tax	x. Attach Schedule S	SE 27						
				SIMPLE, and qualified plans					_			
		29		insurance deduction			29		_			
		30		drawal of savings			30		_			
			Alimony paid <b>b</b> Recipi	·			31a					
		32					32					
		33 34	Student loan interest of Reserved									
		34 35	Domestic production a									
		36	Add lines 23 through 3		· · · · · · · · · · · · · ·		<u> </u>		36			
		37	Subtract line 36 from I						► 37	45,000.		

Form 1040 (2015)		F	TRED & SANDY ADAMS 678-	-02-	-075	52	Page <b>2</b>
Tay and		38	Amount from line 37 (adjusted gross income)		38		45,000.
Tax and		39a	Check <b>You</b> were born before Jan. 2, 1951, Blind. <b>Total boxes</b>				
Credits			if: Spouse was born before Jan. 2, 1951, Blind. Checked ► 39a				
Standard		b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b>		4		
Deduction for-		40	Itemized deductions (from Schedule A) or your standard deduction (see left margin	ມ)	40		12,600.
<ul> <li>People who</li> </ul>	Γ	41	Subtract line 40 from line 38	·) · ·	41		32,400.
check any		42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instruction		42		16,000.
box on line 39a or 39b <b>or</b>		42 43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		42		16,400.
who can be		-	<b>Tax</b> (see instructions). Check if any from: <b>a</b> Form(s) 8814 <b>b</b> Form 4972 <b>c</b>	•••	43		1,643.
claimed as a dependent,		44			44	-	I,043.
see instructions.		45	Alternative minimum tax (see instructions). Attach Form 6251			-	
<ul> <li>All others:</li> </ul>		46	Excess advance premium tax credit repayment. Attach Form 8962		46		1 (1)
Single or		47	Add lines 44, 45, and 46	🕨	• 47	-	1,643.
Married filing		48	Foreign tax credit. Attach Form 1116 if required		_		
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 1,00	)0.			
\$12,600 Head of		53	Residential energy credits. Attach Form 5695 53				
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		643.
		57	Self-employment tax. Attach Schedule SE		57		
Other		58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919		58		
Taxes		59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if requir		59		
TUNCO		60a	Household employment taxes from Schedule H		60a		
			First-time homebuyer credit repayment. Attach Form 5405 if required		60b	-	
		61	Health care: individual responsibility (see instructions) Full-year coverage $\boxed{X}$		61		
		62	Taxes from: <b>a</b> Form 8959 <b>b</b> Form 8960 <b>c</b> Instructions; enter code(s)		62		
					63		643.
Payments		63 64	Add lines 56 through 62. This is your total tax	$\frac{1}{10}$	03		015.
		-			4		
If you have a qualifying		65	2015 estimated tax payments and amount applied from 2014 return 65		4		
child, attach	Г	66a	Earned income credit (EIC)		-		
Schedule EIC.		b	Nontaxable combat pay election 66b		-		
		67	Additional child tax credit. Attach Form 8812 67		4		
		68	American opportunity credit from Form 8863, line 8 68		4		
		69	Net premium tax credit. Attach Form 8962		4		
		70	Amount paid with request for extension to file		4		
		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 served c 8885 d 73				
		74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	🕨	74		3,200.
Refund		75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you over	rpaid	75		2,557.
		76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here >		76a		2,557.
Direct deposit?	►	b	Routing number ► c Type: Checking Savin	igs			
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	Doy		ant to allow another person to discuss this return with the IRS (see instructions)?				e below. X No
Designee	name			n	ersonal umber	(PIN)	▶
Sign			ties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the be , correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer h				belief,
Here		signa				phone number	
Joint return?			WOKRER				
See instructions.	Spor	use's s	ignature. If a joint return, <b>both</b> must sign. Date Spouse's occupation				sent you an Identity PIN, enter
Keep a copy for vour records.	·		WORKER			here (se	
-	rint/Typ	e prep	arer's name Preparer's signature Date	Ch	leck	if	PTIN
			ndation Tax-Aide		lf-emplo		S24051405
Preparer	rm's na		▶Kinnelon Volunteer Fire Co	EIN 🕨	-		
Ilee Only -			▶103 Kiel Avenue	e no.			
			BUTLER NJ 07405		-838	8-13	21