

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

Your first name and initial **FRED ADAMS** Last name **ADAMS** Your social security number **678-09-0752**

If a joint return, spouse's first name and initial **SANDY ADAMS** Last name **ADAMS** Spouse's social security number **679-09-0752**

Home address (number and street). If you have a P.O. box, see instructions. **123 ELM** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **AUSTIN TX 78704-**

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

▲ Make sure the SSN(s) above and on line 6c are correct.

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

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)

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

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b 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) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	No. of children on 6c who:
AVA	ADAMS	676-09-0752	GRANDCHILD	<input checked="" type="checkbox"/>	lived with you 2
JANEY	ADAMS	675-09-0752	DAUGHTER	<input type="checkbox"/>	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**

Add numbers on lines above ▶ **4**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	45,000.
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 ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
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	
b	Taxable amount	20b	
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	45,000.

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	45,000.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (45,000), 39a (Total boxes checked), 40 (12,600), 41 (32,400), 42 (16,000), 43 (16,400), 44 (1,643), 45, 46, 47 (1,643), 48-54, 55 (1,000), 56 (643).

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 2 columns: Line number and Amount. Rows include 57, 58, 59, 60a, 60b, 61 (122), 62, 63 (765).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 64 (3,200), 65, 66a (NO), 66b, 67, 68, 69, 70, 71, 72, 73, 74 (3,200).

Refund

Direct deposit? See instructions.

Table with 2 columns: Line number and Amount. Rows include 75 (2,435), 76a (2,435), 77.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 78, 79.

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 section with fields for Preparer's name (AARP Foundation Tax-Aide), signature, date, firm's name (Kinnelon Volunteer Fire Co), address (103 Kiel Avenue, BUTLER NJ 07405), and phone number (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.

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

2015

Submission Identification Number (SID) **20075220160140000119**

Taxpayer's name **FRED ADAMS** Social security number **678-09-0752**

Spouse's name **SANDY ADAMS** Spouse's social security number **679-09-0752**

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	45,000.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	765.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) . . .	3	3,200.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) .	4	2,435.
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 ▶ 01/14/2016

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 ▶ 01/14/2016

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 ▶ 01/14/2016

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

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

FRED & SANDY ADAMS

Your social security number

678-09-0752

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	AVA ADAMS	676-09-0752	H		X	X	X	X	X	X	X	X				
9																
10																
11																
12																
13																

Affordable Care Act Worksheet

US

2015

Name: **FRED & SANDY ADAMS**

SSN: **678-09-0752**

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

FRED ADAMS

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 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"/> 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

SANDY ADAMS

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 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"/> 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

AVA ADAMS

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 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"/> 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

JANEY ADAMS

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 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 checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" 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

[Name]

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 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"/> 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

[Name]

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 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"/> 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

[Name]

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 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"/> 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

[Name]

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 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"/> 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

Affordable Care Act Worksheet

US

2015

Name: **FRED & SANDY ADAMS**

SSN: **678-09-0752**

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 coverate and/or is applying for or was granted an exemption for the entire year
<input type="checkbox"/>	Had a minimum essential coverate 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 coverate and/or is applying for or was granted an exemption for the entire year
<input type="checkbox"/>	Had a minimum essential coverate 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									
2 Total number of boxes checked per month for individuals 18 or over	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									
5 Multiply line 4 by \$325 for each month, maximum of \$975	325.0	325.0	325.0									
6 Sum of the number of boxes checked on line 1 above for the year												3
7 Household Income												45,000.
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												20,600.
9 Subtract line 8 from line 7												24,400.
10 Multiply line 9 by 2%												488.
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												1,464.
12 Divide line 11 by 12												122.
13 Multiply line 6 by \$207												621.
14 Smaller of line 12 or line 13												122.

Name: FRED & SANDY ADAMS

SSN: 678-09-0752

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 11 Other than English what language is spoken in your home 12 Do you or any member of your household have a disability 13 Preparer Initials 14 QR Initials 15 16 17 18 19 20 21 22 23 24 25	

Taxpayer Reminders

Empty area for taxpayer reminders.