1040 U	oartment of .S. Inc	f the Treasury - Internal Reven Dividual Income	Tax Return	2015	OMB I	No. 1545-0074	IRS Use Onl	y-Do ı	not wr	ite or staple in this sp	oace.
For the year Jan. 1-Dec. 3	31, 2015, oi	r other tax year beginning	1	2015, ending		,20	•	S	ee se	parate instructions	3.
Your first name and initial Last name JONAH BACON						Your social security number 681-02-0752					
If a joint return, spouse	e's first na	ame and initial	Last name					Sį	pouse	's social security n	umber
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.								Make sure the SSN(s) above and on line 6c are correct.			
City, town or post office TAMPA FL		and ZIP code. If you have	a foreign address, a	lso complete space	es below	(see instruction	s).	Che	eck here	ntial Election Camp e if you, or your spouse at \$3 to go to this fund. O	if filing
Foreign country name	е		Foreign provinc	e/state/county	ı	Foreign postal co	ode	ing		below will not change y	
	1 2	Single		4	4	Head of hous	ehold (with qu	alifyi	ng pe	rson). (See instru	ictions
Filing Status	2	Married filing jointly	(even if only one	had income)		If the qualifying	ng person is a	child	but n	ot your dependen	t, ente
Check only one	3	Married filing separa	ately. Enter spous	se's SSN above		this child's na	-				
box.		and full name here.			5	Qualifying wid		epen	dent o	child	
Exemptions	6a	=	neone can claim y	ou as a depende	ent, do	not check box	к 6а		. 🗇	Boxes checked or	ո _
	b							if child	under	6a and 6b No. of children	
If more than (1) F	c irst name	Dependents: Last n	ama	(2) Dependent's social security nun		(3) Depende	ent's \ age	17 qual thild tax	lifying	on 6c who:	(
four depen-	iist name	Lastii	ame	Social Security Huri	ibei	relationship to	you (see	instruct	tions)	lived with youdid not live with	
dents, see								H		you due to divorce or separation) (
instructions and check								H		(see instructions) Dependents on 6c	
here •								Ħ		not entered above	,`
, L	d	Total number of exem	ptions claimed .							Add numbers on lines above	. [
_			·						T	0	
Income	7	Wages, salaries, tips,		• ,				٠ _	7	8,5	00.
		Taxable interest. Atta		•					8a		
Attach Farma(a)		Tax-exempt interest.			· · L	8b			00		
Attach Forms(s) W-2 here. Also	9a b	Ordinary dividends. A Qualified dividends				9b			9a		
attach Forms	10	Taxable refunds, cred			· · L				10		
W-2G and	11							·	11		
1099-R if tax was withheld.	12								12		
	13	Capital gain or (loss).	•				_	- H	13		
If you did not	14	Other gains or (losses					 	_	14		
get a W-2,	15a	IRA distributions .	15a			b Taxable amo	ount		15b		
see instructions.	16a	Pensions and annuitie	es . 16a			b Taxable amo	ount	. [16b		
	17	Rental real estate, roy	alties, partnershi	ps, S corporation	ıs, trust	ts, etc. Attach	Schedule E		17		
	18	Farm income or (loss)	. Attach Schedul	eF					18		
	19	Unemployment compo	1 1		1			-	19		
	20a	•				b Taxable amo	ount	_	20b		
	21	Other income. List typ	-	.1 (1' 7 ()		Th's 's			21	8,5	00
	22	Combine the amounts					otal income	<u> </u>	22	0,5	00.
Adjusted	23 24	Reserved Certain business expe	neae of recordet		—	23					
Gross	24	and fee-basis gov. off		•		24					
Income	25	Health savings account				25		-			
income	26	Moving expenses. At				26					
	27	Deductible part of self				27					
	28	Self-employed SEP, S				28					
	29	Self-employed health				29					
	30	Penalty on early without				30					
	31a	Alimony paid b Recip				31a					
	32	IRA deduction				32					
	33	Student loan interest	deduction		L	33					
	34				_	34					
	35	Domestic production a			<u> </u>	35		_			
	36	Add lines 23 through 3	35						36		

37

8,500.

Form 1040 (2015)	ı	JONAH BACON 681-02-	0752	2 Page 2	
	38	Amount from line 37 (adjusted gross income)	38	8,500.	
Tax and	39a	Check You were born before Jan. 2, 1951, Blind. Total boxes			
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 39b			
Deduction for-	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300.	
People who	41	Subtract line 40 from line 38	41	2,200.	
check any box on line	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions .	42	4,000.	
39a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	0	
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44		
dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
All others:	47	Add lines 44, 45, and 46	47		
Single or	48	Foreign tax credit. Attach Form 1116 if required			
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 . 49			
\$6,300	50	Education credits from Form 8863, line 19			
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51			
Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52			
widow(er), \$12,600		, , , , , , , , , , , , , , , , , , , ,			
Head of	53	Residential energy credits. Attach Form 5695			
household, \$9,250	54	Add lines 48 through 54. These are your total credits	E E		
40,200	55	ÿ ,	55		
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56		
041	57	Self-employment tax. Attach Schedule SE	57		
Other	58	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		
		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 X	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 64 137.	ļ		
If you have a	65	2015 estimated tax payments and amount applied from 2014 return 65	ļ		
qualifying child, attach		Earned income credit (EIC)	ļ		
Schedule EIC.	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Form 8812 67	ļ		
	68	American opportunity credit from Form 8863, line 8 68	ļ		
	69	Net premium tax credit. Attach Form 8962	ļ		
	70	Amount paid with request for extension to file	ļ		
	71	Excess social security and tier 1 RRTA tax withheld 71	ļ		
	72	Credit for federal tax on fuels. Attach Form 4136	ļ		
	73	Credits from Form: a 2439 b 8885 d 73		610	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	619.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	619.	
		Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	619.	
Direct deposit?	▶ b	number C Type. Cliecking 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)		[==1	
Third Party				plete below. X No	
Designee	Designee's name	no.	ımber (P	PIN) ►	
Sign	Under pena they are tru	Ities of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my I e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kr	nowledge	e and belief,	
Here	Your signa			ytime phone number	
Joint return?		WORKER			
See instructions. Keep a copy for	Spouse's	signature. If a joint return, both must sign. Date Spouse's occupation		e IRS sent you an Identity tection PIN, enter	
your records.				ere (see inst.)	
	nt/Type pre	parer's name Preparer's signature Date Che	eck	if PTIN	
	ARP Fou		-employ		
Preparer Firm	n's name	▶Kinnelon Volunteer Fire Co Firm's	EIN ▶		
Use Only ${Firr}$	n's address	▶103 Kiel Avenue Phone	no.		
		BITTLER N.I. 07405	-838-	-1321	