1040	Department	of the Treasury - Internal	Revenue Service (99) me Tax Return	2015	/IB No. 1545-	0074 IRS U	lse Only-	Do not w	rite or staple in this space.	
For the year Jan. 1-D		or other tax year beginnin		,2015, ending	,20			_	eparate instructions.	
Your first name and initial Last name GREGORY DALLAS									Your social security number $682 - 02 - 0752$	
If a joint return, spouse's first name and initial Last name ALICE DALLAS									Spouse's social security number $683 - 02 - 0752$	
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.		
		and ZIP code. If you Y OK 7311	have a foreign address, a $1-$	also complete spaces be	elow (see inst	ructions).		Check her	ential Election Campaign re if you, or your spouse if filing nt \$3 to go to this fund. Check-	
Foreign country r	name		Foreign provinc	Foreign province/state/county Foreign		eign postal code		ing a box below will not change your tax or refund.		
	1	Single		4	Head of	household (v	vith qua	lifying pe	erson). (See instructions.)	
Filing Status	S 2	X Married filing jo	pintly (even if only one	had income)	If the qu	alifying perso	on is a c	hild but ı	not your dependent, enter	
Check only one	3	Married filing s	eparately. Enter spou	se's SSN above	this child	d's name here	e.▶			
box.		and full name h	nere. 🕨	5	Qualifyii	ng widow(er)	with dep	pendent	child	
Exemptions	; 6a		f someone can claim	you as a dependent,	do not che	ck box 6a		• • ¬	Boxes checked on	
_	ł	D X Spouse						<u> </u>	6a and 6b 2	
If we are the set of		Dependents:		(2) Dependent's	• • •	ependent's	age 17	child under 7 qualifying ld tax credit	No. of children on 6c who:	
If more than (1 four depen-	 First nam 	le l	_ast name	social security number	relation	iship to you		istructions)	 lived with you did not live with 	
dents, see -								_	you due to divorce	
instructions _									(see instructions) U	
and check							_	_	Dependents on 6c 0	
here									Add numbers	
	0	d Total number of	exemptions claimed .						on lines above	
Income	7	Wages, salaries,	tips, etc. Attach Form	(s) W-2				7	42,000.	
	88	a Taxable interest	. Attach Schedule B if	frequired				8a		
	t	Tax-exempt inte	erest. Do not include of	on line 8a 🛛	8b					
Attach Forms(a Ordinary dividend	ds. Attach Schedule E	B if required				9a		
W-2 here. Also	' k	Qualified dividen	ds		9b					
attach Forms W-2G and	10									
1099-R if tax	11									
was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ						12 13		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here								
If you did not	14	0 (osses). Attach Form 4	.797				14		
get a W-2, see instructions		a IRA distributions				e amount .		15b		
	108	a Pensions and an				e amount .		16b		
	17		e, royalties, partnershi					17		
	18		(loss). Attach Schedu					18		
	19	Unemployment o			1			19		
	20;	,			b Taxabi	e amount .		20b		
	21 22		ist type and amount ounts in the far right co	al for lines 7 through	21 This is y	our total inc	0000	21 ► 22	42,000.	
	22				21.11115 IS y		onne	22	12,000.	
Adjusted	23		expenses of reservist					-		
Gross	27		v. officials. Attach For		24					
Income	25	-	ccount deduction. Att		-			-		
	26	-	s. Attach Form 3903		26					
	27	• •	of self-employment tax							
	28	•	EP, SIMPLE, and qua							
	29		ealth insurance deduc	•	29					
	30	Penalty on early	withdrawal of savings		30					
	31a	a Alimony paid b F	-		31a					
	32	IRA deduction								
	33	Student loan inte	erest deduction		33					
	34	Reserved			34					
	35	Domestic produc	tion activities deduction	on. Attach Form 8903	35					
	36	Add lines 23 thro	•					36	• • • • •	
	37	Subtract line 36 f	from line 22. This is ye	our adjusted gross	income .			▶ 37	42,000.	

Form 1040 (201	5)	0	GREGORY & ALICE DALLAS 682	-02-	0752	Page 2
Taurand		38	Amount from line 37 (adjusted gross income)		38	42,000.
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 marg		40	12,600.
People who	,	41	Subtract line 40 from line 38	<i>.</i>	41	29,400.
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 instruction	ons .	42	8,000.
39a or 39b or		43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -(43	21,400.
who can be claimed as a		44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	2,291.
dependent,		45	Alternative minimum tax (see instructions). Attach Form 6251	<u> </u>	45	•
see instructions.		46	Excess advance premium tax credit repayment. Attach Form 8962		46	
 All others: 		47	Add lines 44, 45, and 46			2,291.
Single or Married filing		48	Foreign tax credit. Attach Form 1116 if required 48			·
separately,		49	Credit for child and dependent care expenses. Attach Form 2441 . 49		-	
\$6,300 Married filing		50	Education credits from Form 8863, line 19		-	
Married filing jointly or		51	Retirement savings contributions credit. Attach Form 8880 51		-	
Qualifying widow(er),		52	Child tax credit. Attach Schedule 8812, if required 52		-	
\$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	
		56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56	2,291.
		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 requ	ired .	59	
		60a	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	2,291.
Payments		64	Federal income tax withheld from Forms W-2 and 1099 64 3, 4	00.		
If you have a		65	2015 estimated tax payments and amount applied from 2014 return 65			
qualifying child, attach		66a	Earned income credit (EIC)			
Schedule EIC		b	Nontaxable combat pay election 66b			
	<u> </u>	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 Re- served c 8885 d 73			2 400
		74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		74	<u> </u>
Refund		75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you ov	<u> </u>	75	1,109.
			Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing Checking Savi		76a	1,109.
Direct deposit?		b	number View Savi	iys		
See instructions	. 🕨	d	number			
Amount		77	Amount of line 75 you want applied to your 2016 estimated tax 77		70	
Amount You Owe		78 79	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions . Estimated tax penalty (see instructions)	🕨	78	
Third Party		-	Estimated tax penalty (see instructions)	Voc	Comr	blete below. X No
Designee	Desig	gnee's		Pe	ersonal ide	ntification
Sign	Unde	r penal	ties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the b , correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	est of my l	knowledge	
Here		are true r signa		time phone number		
Joint return?	•	0	WORKER		5	•
See instructions	· Spor	use's s	ignature. If a joint return, both must sign. Date Spouse's occupation			RS sent you an Identity
Keep a copy for your records.			WORKER			ection PIN, enter re (see inst.)
	Print/Typ	e prep	arer's name Preparer's signature Date	Chr	eck	if PTIN
	AARP	Fou	ndation Tax-Aide		f-employe	ed S24051405
Ilee Only	Firm's na	-	▶Kinnelon Volunteer Fire Co	EIN 🕨		
Use Only	Firm's ad	dress	▶103 Kiel Avenue	no.		
			BUTLER NJ 07405	973-	-838-	1321