| 1040 | epartment c | f the Treasury - Internal Reven dividual Income | ue Service (99 Tax Returi | ^m 2015 | OMB No. 1 | 545-0074 | IRS Use Onl | y-Do not w | rite or staple in this space. | | |
|--|--------------|--|---|---|--------------|--------------------------------|-----------------------------------|----------------------------------|--|--|--|
| | | r other tax year beginning | | ,2015, ending | | ,20 | | - | eparate instructions. | | |
| Your first name and initial Last name SUMMER GORDON | | | | | | | | | Your social security number $688 - 02 - 0752$ | | |
| If a joint return, spous | se's first n | ame and initial | Last name | | | | | Spous | e's social security number | | |
| 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. | | |
| - | ce, state, | and ZIP code. If you have | a foreign address, | also complete spaces | below (see | e instructions) |). | Presid | lential Election Campaign | | |
| LOS ANGE | LES (| CA 90017- | | | | | | | ere if you, or your spouse if filing ant \$3 to go to this fund. Check- | | |
| Foreign country name | | | Foreign province/state/county Foreign postal code | | | | ox below will not change your tax | | | | |
| | 1 | X Single | | 4 | Hea | ad of house | hold (with qu | alifying p | erson). (See instructions.) | | |
| Filing Status | 2 | Married filing jointly | | | | | • | child but | not your dependent, enter | | |
| Check only one | 3 | Married filing separa | , , | | | child's nam | - | | | | |
| box. | | and full name here. | | 5 | | | ow(er) with d | ependent | child | | |
| Exemptions | 6a | | | i you as a depender | | | | | Boxes checked on 6a and 6b <u>1</u> | | |
| | b c | | | · · · · · · · · · · · · | | | (4) | if child under | No. of children | | |
| If more than (1) | First name | | ame | (2) Dependent's social security numb | • | b) Dependen lationship to y | It'S age for c | 17 qualifying hild tax credit | on 6c who: lived with you 0 | | |
| four depen- | | | | | | | (see | instructions) | did not live with | | |
| dents, see | | | | | | | | | you due to divorce or separation (see instructions) | | |
| instructions and check | | | | | | | | | Dependents on 6c | | |
| here | | | | | | | | | _ not entered above | | |
| | d | Total number of exem | ptions claimed | | | | | | Add numbers on lines above ► 1 | | |
| Income | 7 | Wages, salaries, tips, | etc. Attach Forr | m(s) W-2 | | | | . 7 | 13,000. | | |
| | 8a | Taxable interest. Atta | | . , | | | | . 8a | - | | |
| | b | Tax-exempt interest. | Do not include | on line 8a | . 8b | | | | | | |
| Attach Forms(s) | 9a | Ordinary dividends. A | Attach Schedule | B if required | | | | . 9a | | | |
| W-2 here. Also | b | Qualified dividends | | | . 9b | | | | | | |
| attach Forms W-2G and | 10 | Taxable refunds, credits, or offsets of state and local income taxes | | | | | | | | | |
| 1099-R if tax | | | | | | | | . 11 | | | |
| was withheld. | 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 | | | | | | | | | |
| If you did not | 14 | Other gains or (losses | · · · | 4797 | · · · · · | | | . 14 | | | |
| get a W-2, see instructions. | 15a | IRA distributions . | 15a | | b Ta | xable amou | unt | . 15b | | | |
| | 16a | Pensions and annuitie | | | | | unt | | | | |
| | 17 | | | | | | | 17 | | | |
| | 18 | | | | | | | | | | |
| | 19 | Unemployment compo | 1 1 | | 1 | | | | | | |
| | 20a | - | | | D la | xable amol | unt | | | | |
| | 21 22 | Other income. List typ Combine the amounts | | col for lines 7 throug | h 21 This | ie vour tot | al incomo | ▶ 22 | 13,000. | | |
| | 22 | | 9 | | | | | - 22 | 137000. | | |
| Adjusted | 24 | Certain business expe | | | | | | - | | | |
| Gross | | and fee-basis gov. off | | | | | | | | | |
| Income | 25 | Health savings accou | | | - | | | | | | |
| | 26 | Moving expenses. At | | | - | | | | | | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | | | - | | | | | | |
| | 28 | Self-employed SEP, S | SIMPLE, and qu | alified plans | . 28 | | | | | | |
| | 29 | Self-employed health | insurance dedu | ction | . 29 | | | | | | |
| | 30 | Penalty on early with | - | | | | | | | | |
| | 31a | a Alimony paid b Recipient's SSN► 31a | | | | | | | | | |
| | 32 | | | | | | | | | | |
| | 33 | Student loan interest | deduction . | | . 33 | | | | | | |
| | 34 | | | | | | | | | | |
| | 35 | Domestic production a | | ion. Attach Form 89 | 03 35 | | | | | | |
| | 36 | Add lines 23 through | | | | | | . 36 | 12 000 | | |
| | 37 | Subtract line 36 from | line 22. This is v | vour adjusted aros | is income | | | ▶ 37 | 13,000. | | |

| Form 1040 (2015) | | S | SUMMER GORDON 688- | -02 | -075 | 52 | Page 2 |
|---|-----------------------|---------|--|----------|------------------------------|------------|---|
| Tax and | | 38 | Amount from line 37 (adjusted gross income) | | 38 | | 13,000. |
| Tax and Credits | | 39a | Check You were born before Jan. 2, 1951, Blind. Total boxes | | | | |
| | | | if: Spouse was born before Jan. 2, 1951, Blind checked ▶ 39a | | | | |
| Standard Deduction | | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b | | | | |
| for- | | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin | n) | 40 | | 6,300. |
| People who | | 41 | Subtract line 40 from line 38 | | 41 | | 6,700. |
| 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 | | 4,000. |
| 39a or 39b or who can be | | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0 | | 43 | | 2,700. |
| claimed as a | | 44 | Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c | | 44 | | 271. |
| dependent, see | | 45 | Alternative minimum tax (see instructions). Attach Form 6251 | | 45 | | |
| instructions. | | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | | 46 | | |
| All others: | | 47 | Add lines 44, 45, and 46 | 1 | ▶ 47 | | 271. |
| Single or Married filing | | 48 | Foreign tax credit. Attach Form 1116 if required 48 | | | | |
| 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 50 | | | | |
| 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 | 1 | ▶ 56 | | 271. |
| | | 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 requi | red . | 59 | | |
| | | 60a | Household employment taxes from Schedule H | | 60a | 1 | |
| | | 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 | | 271. |
| Payments | | 64 | Federal income tax withheld from Forms W-2 and 1099 64 40 | 00. | | | |
| If you have a | | 65 | 2015 estimated tax payments and amount applied from 2014 return 65 | | 1 | | |
| qualifying | | 66a | Earned income credit (EIC) | | 1 | | |
| child, attach Schedule EIC. | | b | Nontaxable combat pay election 66b | | | | |
| Schedule LIC. | | 67 | Additional child tax credit. Attach Form 8812 67 | | - | | |
| | | 68 | American opportunity credit from Form 8863, line 8 68 | | 1 | | |
| | | 69 | Net premium tax credit. Attach Form 8962 69 | | | | |
| | | 70 | Amount paid with request for extension to file 70 | | 1 | | |
| | | 71 | Excess social security and tier 1 RRTA tax withheld 71 | | | | |
| | | 72 | Credit for federal tax on fuels. Attach Form 4136 72 | | 1 | | |
| | | 73 | Credits from Form: a 2439 b served c 8885 d 73 | | 1 | | |
| | | 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 1 | ▶ 74 | | 400. |
| Refund | | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you over | erpaid | d 75 | | 129. |
| | | 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here | ٠Ū | 76a | 3 | 129. |
| Direct deposit? | ► | b | Routing number ► c Type: Checking Savir | ıgs | | | |
| 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 | 1 | ▶ 78 | | |
| You Owe | | 79 | Estimated tax penalty (see instructions) | | | | |
| Third Party Designee | Do y Desig name | nee's | ant to allow another person to discuss this return with the IRS (see instructions)? | | es. Co Personal number | l identifi | te below. X No |
| Sign | Under | r penal | 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 f | est of m | iy knowle | dge and | d belief, |
| Here | | signa | | ias ariy | | | e phone number |
| Joint return? | | | WORKER | | | | |
| See instructions. Keep a copy for your records. | Spou | ise's s | ignature. If a joint return, both must sign. Date Spouse's occupation | | F | Protectio | S sent you an Identity on PIN, enter see inst.) |
| | nt/Type | e prep | arer's name Preparer's signature Date | C | heck | if | PTIN |
| | RP | Fou | ndation Tax-Aide | - | elf-empl | | S24051405 |
| Preparer Firr | n's nai | me | ▶Kinnelon Volunteer Fire Co | 's EIN | | | |
| Use Only Firm's address ► 103 Kiel Avenue P | | | | | | | |
| | | | BUTLER NJ 07405 | 973 | 3-838 | 8-13 | 821 |