688-02-0752

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E1040 Der	sartment o .S. Inc	f the Treasury - Internal Reven dividual Income	ue Service (99 <b>Tax Retur</b> i	<sup>9)</sup> 2015	OMB No	. 1545-0074	IRS Use C	nly-Do r	not w	rite or staple in this space.
For the year Jan. 1-Dec. 3	31, 2015, o	r other tax year beginning		,2015, ending		,20		Se	ee s	eparate instructions.
Your first name and ini SUMMER GC		1	Last name							social security number $-02-0752$
If a joint return, spouse	e's first na	ame and initial	Last name					Sp	ous	e's social security number
Home address (number 123 ELM	er and str	eet). If you have a P.O. bo	ox, see instructions	5.			Apt. no.			ake sure the SSN(s) above and on line 6c are correct.
City, town or post office LOS ANGEI		and ZIP code. If you have CA 90017–	a foreign address,	, also complete space	es below (s	ee instruction	s).	Che	ck he	lential Election Campaign are if you, or your spouse if filing ant \$3 to go to this fund. Check-
Foreign country name			Foreign provi	nce/state/county	Foi	reign postal co	ode	ing		x below will not change your tax
	1 2	- °	(	4						erson). (See instructions.)
Filing Status	2	Married filing jointly	· ·				• •	a chiid	but	not your dependent, enter
Check only one	3	_ Married filing separa				is child's nar		donona	dont	abild
box.	60	and full name here.		5		ualifying wid	, <i>,</i> ,	depend	Jent	child
Exemptions	6a b			n you as a depende			(oa			Boxes checked on 6a and 6b 1
	<u>с</u>	Spouse						 Vifchildι	under	No. of children
If more than (1) F	irst name	Dependents: Last n	ame	(2) Dependent's social security num		(3) Depende relationship to	t vou	ge 17 qualit for child tax o	credit	on 6c who:
four depen-	inot name	Luotin	unio				, you (s	see instructi	ions)	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	ach Schedule B	if required					8a	
	b	Tax-exempt interest.	Do not include	on line 8a	8	b				
Attach Forms(s)	9a	Ordinary dividends. A	ttach Schedule	B if required .					9a	
W-2 here. Also	b	Qualified dividends			9	b				
attach Forms W-2G and	10	Taxable refunds, cred	its, or offsets of	state and local inc	come taxe	es			10	
1099-R if tax	11	Alimony received .							11	
was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ								
	13	Capital gain or (loss).		•	not requi	red, check h	ere 🕨		13	
If you did not	14	Other gains or (losses	· · · ·	4797				· · ·	14	
get a W-2, see instructions.		IRA distributions .				Taxable amo		· · ·	5b	
		Pensions and annuitie				Taxable amo			16b	
	17	Rental real estate, roy							17	
	18	Farm income or (loss)							18	
	19 20a	Unemployment compo Social security benefit	1 1		1				19 01-	
	20a 21	Other income. List ty	<u> </u>		ŭ	Faxable amo	Juni		20b 21	
	21	Combine the amounts			uah 21 Th	nie ie vour <b>tr</b>	stal income		21	13,000.
	23		-		-					10,000.
Adjusted	24	Certain business expe				-				
Gross		and fee-basis gov. off				1				
Income	25	Health savings accou								
	26	Moving expenses. At				6				
	27	Deductible part of self				7				
	28	Self-employed SEP, S								
	29	Self-employed health	insurance dedu	ction	29	•				
	30	Penalty on early with	Irawal of saving	s	30	)				
	31a	Alimony paid <b>b</b> Recip	ient's SSN►		31	a				
	32	IRA deduction			32	2				
	33	Student loan interest	deduction .			3				
	34					1				
	35	Domestic production a		ion. Attach Form 8	903 <b>3</b>	5				
	36	Add lines 23 through						-	36	12 000
	37	Subtract line 36 from	line 22. This is	vour adjusted arc	oss incor	ne		. ▶⊟	37	13,000.

Form 1040 (2015)		SU	JMMER GORDON	688-	-02-	0752	Page <b>2</b>
Tax and	38	<b>8</b> A	mount from line 37 (adjusted gross income)			38	13,000.
Tax and Credits	39	<b>9a</b> (	Check 🖌 🔄 You were born before Jan. 2, 1951, 🛛 Blind. 🖡 Total b	oxes			
Credits		if					
Standard		<b>b</b> If	your spouse itemizes on a separate return or you were a dual-status alien, check here	e ► 39b			
Deduction for-	40	0 11	temized deductions (from Schedule A) or your standard deduction (see	left margin	n)	40	6,300.
People who	41	1 8	Subtract line 40 from line 38			41	6,700.
check any box on line	42	2 E	xemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise,	see instructior	ns.	42	4,000.
39a or 39b <b>or</b>	43	3 Т	axable income. Subtract line 42 from line 41. If line 42 is more than line 4	1, enter -0-		43	2,700.
who can be claimed as a	44	4 Т	ax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c			44	271.
dependent, see	45	5 A	Alternative minimum tax (see instructions). Attach Form 6251			45	
instructions.	46	6 E	excess advance premium tax credit repayment. Attach Form 8962			46	
<ul> <li>All others:</li> </ul>	47	7 A	Add lines 44, 45, and 46		🕨	47	271.
Single or Married filing	48		oreign 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		ducation 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	271.
	57		Self-employment tax. Attach Schedule SE			57	
Other	58			8919		58	
Taxes	59		dditional tax on IRAs, other qualified retirement plans, etc. Attach Form 53			59	
TUXUS			lousehold employment taxes from Schedule H	•		60a	
			irst-time homebuyer credit repayment. Attach Form 5405 if required			60b	<u> </u>
	61		lealth care: individual responsibility (see instructions) Full-year coverag			61	
	62		axes from: <b>a</b> Form 8959 <b>b</b> Form 8960 <b>c</b> Instructions; enter code(s)			62	
	63		Add lines 56 through 62. This is your total tax $\ldots$			63	271.
Payments	64		ederal income tax withheld from Forms W-2 and 1099 64	40	)0.		
If you have a	65		015 estimated tax payments and amount applied from 2014 return 65	-			
qualifying			arned income credit (EIC)				
child, attach			Iontaxable combat pay election 66b				
Schedule EIC.	67		Additional child tax credit. Attach Form 8812 67				
	68	<b>8</b> A	merican opportunity credit from Form 8863, line 8 68				
	69		let premium tax credit. Attach Form 8962 69				
	70		mount paid with request for extension to file				
	71		xcess social security and tier 1 RRTA tax withheld 71				
	72		Credit for federal tax on fuels. Attach Form 4136 72				
	73	<b>3</b> (	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	400.
Refund	75		Fine 74 is more than line 63, subtract line 63 from line 74. This is the amour	nt you ove	rpaid	75	129.
			mount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, che		$\square$	76a	129.
Direct deposit?		. R	outing umber ► c Type: Checking	Savin	gs		
See instructions.	►		ccount umber				
	77		mount of line 75 you want applied to your 2016 estimated tax > 77				
Amount	78	8 A	mount you owe. Subtract line 74 from line 63. For details on how to pay, see inst	ructions .	🕨	78	
You Owe	79		stimated tax penalty (see instructions)				
Third Party Designee	Designee	u war	nt to allow another person to discuss this return with the IRS (see instruction Phone	is)?	Pe	rsonal ident	
Sign	Under pe	enaltie	s of perjury, I declare that I have examined this return and accompanying schedules and statements,	and to the be	st of my k	mber (PIN) nowledge a	
Here	they are t Your sid		orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh re I Date I Your occupation	ich preparer h	as any kn		me phone number
Joint return?	i oui oig	gnata	WORKER			Daya	
See instructions.	Spouse	e's sig	nature. If a joint return, <b>both</b> must sign. Date Spouse's occupatio	n		Protec	RS sent you an Identity tion PIN, enter
your records.					1	it here	(see inst.)
<b>—</b> · · ·		•	er's name Preparer's signature Date dation Tax-Aide		Che	ck if employed	PTIN
Proparor			Kinnelon Volunteer Fire Co				S24051405
	n's name		·103 Kiel Avenue		Firm's E		
• Firn	ns addre	ess 🕨	BUTLER NJ 07405		Phone	no. 838–1	201
				1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	0 J U - T	J L L

Between of the Treating <ul> <li>Information about Form 837 and its instructions is at www.irs.gov/form827.</li> </ul> 20015          Diminision (dentification inform 837 and its instructions is at www.irs.gov/form827.          Social security number          Diminision (dentification inform 837 and its instructions is at www.irs.gov/form827.          Social security number          Social security number           Social security number          Comparison (Genome Loc)          Social security number          2011 Statistic (Form 1040, line 33; Form 10404, line 24; Form 1040-SX, Part I, line 133; 1 <u>1</u> 3, robust you over (Form 1040, line 33; Form 10404, line 40; Form 1040-SX, Part I, line 133; 1          21 Table tax (Form 1040, line 78; Form 1040A, line 30; Form 1040-SX, line 30; Form 1040-SX, line 30; 1 <u>1</u> 24 operation come tax withheld (Form 1040A, line 30; Form 1040-SX, line 30; 1 <u>1</u> 24 operation come tax withheld (Form 1040A, line 30; Form 1040-SX, line 30; 1 <u>1</u> 25 operation come tax withheld (Form 1040A, line 30; Form 1040-SX, line 30; 1 <u>1</u> 26 operation commany registration come tax within 1 come tax return. I companying schedules and           (line data accosed and tax return come tax return	Department of the Treasury <ul> <li>Keep this form for your records.</li> <li>Information about Form 8879 and its instructions is at www.irs.gov/form8879.</li> <li>Submission Identification</li> <li>20075220160140000115</li> <li>Social security</li> <li>Social s</li></ul>	OMB No. 1545-0074
Implementation about Form 8879 and its instructions is at www.irs.gov/form879.         Implementational strutter in the structure is an experiment of structure is an experis and structure is an experisting and struct	Information about Form 8879 and its instructions is at www.irs.gov/form8879.         Submission Identification Number (SID)         20075220160140000115         Saxpayer's name	2045
brimision Identification	ubmission Identification umber (SID) 20075220160140000115 axpayer's name Social security	2013
spagers is non-         Borial security number           DIMMER_GORDON         688 – 0.02 – 0.752           spagers is non-         Spagers actual security number           2011         Adjusted gross income (Form 1040, line 38, Form 10400, line 22, Form 10400E, line 17).         1.3, 001           2         Total tax (Form 1040, line 38, Form 10400, line 38, Form 10400E, line 17).         2         27           3         Federal income tax withheid (Form 1040, line 38, Form 10400E, line 17).         3         44           4         attax (Form 1040, line 78, Form 10400, line 48, Form 10400E, line 13, Form 10400S, Part I, line 13a).         4         1.1;           5         Amount you owe (Form 1040, line 78, Form 1040A, line 48, Form 1040E, line 13, Form 1040E, line 78, Form 1040B, line 78, Form 1040B, line 78, Form 1040E, line 78, Torm 1040E, line 78, Form 1040E, line 78, Form 1040E, line 78, Form 1040E, line 78, Form 1040E, line 13, plottable store in the file and accompanying schedules an terments for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, corect, and Complete. I further detate tax (Formania 10, line 78, Form 1040, line 79	xpayer's name Social security	
UMMER_GORDON       688-027-0752         Spouse's scale       Spouse's social security number         Carl		
Seques because social security number           Constraint         Seques bescal security number           Carl L         Tax Return Information-Tax Year Ending December 31, 2015 (Whole Dollars Only)         1         Adjusted gross income (Form 1040, line 35; Form 1040A, line 42; Form 1040EZ, line 12)         1         1.3, 01           2         Total tax (From 1040, line 35; Form 1040A, line 40; Form 1040EZ, line 12)         1         2         2           3         Edderal income tax withheld (Form 1040, line 44; Form 1040EZ, line 12)         1         3         41           4         Returd (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 13), Im 1040S, line 130; Tax Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return drap patients) for 1040, line 78; Form 1040EZ, line 14), Im 130; J         1         1           6         Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return drap patients) for my deciron individual income tax tertum and a companying schedules an atomatis for the tax year anding December 31, 2015, and to he best of my keet social security interdistication traves are be anomatism form y deciron brows interned and accompanying schedules an atomatism for the tax year anding December 31, 2015, and to he best of my keet social security interdistication formation term deciron patients or my keet constant in full long with the restoration formation term (Bestination my keet and keep a copy of your return in the restoration formation and secure patients of my deciron patients or my keet and keep a copy and the desintated frame and get at the athorization in my decl		
1       Adjusted gross income (Form 1040, line 38; Form 1040A, line 40; Form 1040EZ, line 12)       1		
1       Adjusted gross income (Form 1040, line 38; Form 1040A, line 40; Form 1040EZ, line 12)       1		
2         Total tax, Form 1040, line 83; Form 1040A, line 39; Form 1040A, line 40; Form 1040EZ, line 110;         2         3         41           3         Federal income tax withheld (Form 1040, line 48; Form 1040Z, line 30; Form 1040EZ, line 13);         4         1         1           4         Returd (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 13);         5         1         1           5         Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14);         5         5           7         Interval         Taxpaper Declaration and Signature Authorization (Be sure you get and keep a copy of your return dee penalies of perjury, ladeare that I hanous line and show are the amounts form my electonic income tax return. I consent to allow my intermediate service provide member 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete I further dee that the amounts in Part 1 show are the amounts form my electonic income tax return. I consent to allow my intermediate service provide and the provide of the p		
Federal income tax withheld (Form 1040, line 64; Form 10402, line 10; Form 1040EZ, line 13; Form 1040EZ, line 14; Form 104EZ, line 14; Form 14E, line 14; Form 14E, line 14; Form 14E, line 14; Form		0.0
4       Refund (Form 1040, line 76a; Form 1040, Line 48a; Form 1040EZ, line 143,		
5         Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14).         5           art U         Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return to der prantites of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules an tements for the tax year ending December 31, 2015, and to the best of my knowledge and belef, it is true, correct, and complete. I further de that the amounts in Part 1 above are the amounts from my electronic income tax return. I consent to allow my intermediate service mamiter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive tor not rejection of the transmission (b) the reason for any delay in processing the return or return, and/or a payment of receive tor a, and the financial institution to delit the erry to this account. This authorization is to remain in full foree and effect until notify the U.S. seasury Financial Agent to terminate the authorization. To revke (cancel) a payment. I must contact the U.S. Treasury Financial Agent at Be353-453. Typement cancellation nequests must be received no later than 2 business days priot to the payment (settlement) due. I also throrize the financial institution to devit the apyment. I further acknowledge that the personal identification number (PIN) below is my prature for my electronic income tax return and, if applicable my Electronic Rund Withdrawal Consent.           twill enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box only if you are entening your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Dury signature >           twill enter my PIN as my signature on my tax year 2015 electronical		1.0
Ider penalties of perjury. I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules an atements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and complete. I further de the that the amounts in Part 1 above are the amounts from my electronic income tax return. I consent to allow my intermediate service provide memiter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or r no rejection of the transmission. (b) the reason (c) for any delay in processing the return or return, and (c) the date of any refund. If applicable undicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated as and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. easury Financial Agent to terminate the authorization. To revoke (cancel) a payment. I must contact the U.S. Treasury Financial Agent at \$8353453. Approvent cancellation nequests must be received no later than 2 business days prior to the payment (settlement) date. I also throize the financial institution is novleed in the processing of the electronic payment of taxes to receive confidential information necessary to swere inquirise and resolve size related to the payment. I further acknowledge that the personal identification number (PIN) below is my and and resolve size related to the payment. I further acknowledge that the personal identification number (PIN) below is my 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 Pracitioner PIN method. The ERO must complete Part III below. Date ► 01/13/2016 ERO firm name as my signature on my tax year 2015 electronically filed income tax return. Check this box only i		5
atements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, list two, correct, and complete. I further de the that the amounts in Part I above are the amounts form my electronic income tax return. I consent to allow my intermediate service provide insmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or n nor 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 designed to debit the entry to this account indicate and belie than the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated as a sub-ass days prior to the payment of estimated as a sub-ass days prior to the payment of the U.S. acasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, in usual contact the U.S. Treasury Ain Alex 1. Also the authorization requests must be received to later than 2 business days prior to the payment (relation to the stare must be received to later than 2 business days prior to the payment (relation to excess must be received to later than 2 business days prior to the payment (relation to the stare the relation in the CPN) below is my inpature for my electronic income tax return. The achnowledge that the personal identification number (PIN) below is my majerure for my electronic lower the 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. Using a stary 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. Date <b>&gt;</b> 01/13/2016 Disperser PIN: check one box only I authorize the Signature on my tax year 2015 electronically filed income tax return. Check this box only if	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a c	copy of your return)
pouse's PIN: check one box only       it o enter or generate my PIN       Enter five digits, but         is as my signature on my tax year 2015 electronically filed income tax return.       if 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.         pouse's signature ▶	on for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of a authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct de stitution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a x, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect un reasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury 888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (s uthorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential in swer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number gnature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent. <b>axpayer's PIN: check one box only</b> I authorize <u>Kinnelong Volunteer Fire Co</u> to enter or generate my PIN <u>ERO firm name</u> 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 <b>only</b> entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must complete Part III by the return of the tax return is filed using the Practitioner PIN method. The ERO must complete Part III by the return of the tax return.	any refund. If applicable, ebit) entry to the financial a payment of estimated ntil I notify the U.S. y Financial Agent at ettlement) date. I also formation necessary to er (PIN) below is my 12345 Enter five digits, but do not enter all zeros if you are below.
I authorize       to enter or generate my PIN       Enter five digits, but         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.         pouse's signature ▶		,10
ERO firm name       Enter five digits, but         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.       Date ►         pouse's signature ►		
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.         Double's signature ▶		Enter five digits, but
entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.         pouse's signature ▶	as my signature on my tax year 2015 electronically filed income tax return.	do not enter all zeros
Date ►         Practitioner PIN Method Returns Only-continue below         art III       Certification and Authentication-Practitioner PIN Method Only         Ro's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.       20075298765 Do not enter all zeros         ertify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return r the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method ad Publication 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.         RO's signature ►       S24051405 Kinnelong Volunteer Fi       Date ►       01/13/2016         ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		
Practitioner PIN Method Returns Only-continue below         art III Certification and Authentication-Practitioner PIN Method Only         Ro's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.         Ro's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.         20075298765         Do not enter all zeros         wertify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return         r the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method         d Publication 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.         RO's signature > S24051405 Kinnelong Volunteer Fi         Date > 01/13/2016         ERO Must Retain This Form - See Instructions         Do Not Submit This Form to the IRS Unless Requested To Do So	neurophic line of the second	below.
Certification and Authentication-Practitioner PIN Method Only         RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.       20075298765 Do not enter all zeros         vertify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return       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.       01/13/2016         RO's signature ►       S24051405 Kinnelong Volunteer Fi       Date ►       01/13/2016         ERO Must Retain This Form - See Instructions       Do Not Submit This Form to the IRS Unless Requested To Do So       Do So		
RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.       20075298765         Do not enter all zeros         vertify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return         r 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 <i>e-file</i> Providers of Individual Income Tax Returns.         RO's signature ►       S24051405         Kinnelong       Volunteer         Fi       Date ►         01/13/2016         ERO Must Retain This Form - See Instructions         Do Not Submit This Form to the IRS Unless Requested To Do So		
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ad Publication 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns. RO's signature ► S24051405 Kinnelong Volunteer Fi Date ► 01/13/2016 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	Certification and Authentication-Practitioner PIN Method Only         RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.       20075         Do not end       Do not end	nter all zeros
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pr Paperwork Reduction Act Notice, see your tax return instructions. Form 8879 (2)	Certification and Authentication-Practitioner PIN Method Only         RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.       20075         Do not end       Do not end         certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income ta       Do not end         or the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the nd       Publication 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.         RO's signature       S24051405 Kinnelong Volunteer Fi       Date ▶ 01/13/20	nter all zeros ax return ∋ Practitioner PIN method

Department of the Treasury Internal Revenue Service

Name as shown on return

## **Health Coverage Exemptions**

OMB No. 1545-0074

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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

SUMMER GORDON

►

Your social security number 688-02-0752

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household Part I have an exemption granted by the Marketplace, complete Part I. (a) (b) (c) Name of Individual SSN **Exemption Certificate Number** 1 2 3 4 5 6 **Coverage Exemptions Claimed on Your Return for Your Household** Part II

Are you claiming an exemption because your household income is below the filing threshold?.... X No 7a Yes

Are you claiming a hardship exemption because your gross income is below the filing threshold? . . . . . . b

Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax Part III household are claiming an exemption on your return, complete Part III.

		<u> </u>													
	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	SUMMER GORDON	688-02-0752	A	Х											
9															
10															
11															
12															
13															

X No

## Affordable Care Act Worksheet

US		,					••••						2015
Name: SUMMER GORDON										SSN	:688	3-0	)2-0752
Did the taxpayer, spouse, or any dependent	den	t receive ins	uran	ce through the	Ма	arketplace? See	e Forr	n 8962			Yes	S	X No
Was the taxpayer, spouse, or any depen	nde	nt granted a	Mar	ketplace exem	ptic	on or do you war	nt to a	apply for					
a Marketplace, household income, or gr	oss	income exe	mpti	on? See Form	89	65				]	X Yes	S	No
SUMMER GORDON X Had a minimum essential coverate and/or is applying for or was granted an exemption for the entire year													
		Had a mini	imun	n essential cov	era	ge and/or is app	olying	for or was g	grant	ed an ex	cemptio	on fo	or part of the year
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this person did not have minimum													
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claiming an exemption on Form 8965		July	Π	August		September		October		Novem	nber		December
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US

Name: SUMMER GORDON

**SSN:** 688-02-0752

## **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	
Taxpayer Reminders	