104	Department U.S. In	t of th ndi	ne Treasury - Internal Revenu vidual Income	le Service (99 Tax Returr	2015	OMB N	o. 1545-0074	IRS Us	e Only-	Do not w	rite or staple in this space.	
For the year Jan. 1-Dec. 31, 2015, or other tax year beginning					,2015, ending ,20				See separate instructions.			
Your first name and initial Last name JACOB FINCH								Your social security number $685 - 02 - 0752$				
If a joint return, spouse's first name and initial Last name MARY E FINCH									Spouse's social security number $686 - 02 - 0752$			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 123 ELM									Make sure the SSN(s) above and on line 6c are correct.			
City, town or pos			d ZIP code. If you have a 86003–	a foreign address,	also complete spaces	s below	(see instruction	ns).		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Check-		
Foreign country name				Foreign province/state/county			Foreign postal code			ing a box below will not change your tax or refund.		
	1		Single		4	· 🗌 I	Head of hous	sehold (w	th qua	lifying pe	erson). (See instructions.	
Filing Statu		Х	Married filing jointly		,					hild but ı	not your dependent, enter	
Check only on	е 3	\Box	Married filing separa	, ,			this child's na					
box.			and full name here.		5		Qualifying wi		ith de	pendent	child	
Exemption		ia b	X Yourself. If som X Spouse	eone can claim	you as a depende	,				• •	Boxes checked on 6a and 6b 2	
		с С	Dependents:		· · · · · · · · · · · ·		· · · · · · ·		 (4)√if	child under	No. of children	
If more than	(1) First nar		Last na	ame	(2) Dependent's social security numl		(3) Depend relationship t		age 17 for chi	7 qualifying ld tax credit	on 6c who: ■ lived with you 1	
four depen-	ALLISC		SMITH	-	687-02-07			-		structions)	 did not live with you due to divorce 	
dents, see instructions						-					or separation (see instructions)	
and check											Dependents on 6c C	
here 🕨												
		d 1	Total number of exem	otions claimed							Add numbers on lines above ► 3	
Income	7	· ۱	Vages, salaries, tips,	etc. Attach Forn	m(s) W-2					7	22,000.	
	8	a 1	Taxable interest. Atta	ich Schedule B	if required					8a		
		b 1	Tax-exempt interest.	Do not include	on line 8a		8b					
Attach Forms	• •	a (Ordinary dividends. A	ttach Schedule	B if required .					9a		
W-2 here. Als attach Forms	0	b	Qualified dividends									
W-2G and	10) T	Taxable refunds, credits, or offsets of state and local income taxes									
1099-R if tax	11		Alimony received							11		
was withheld.			Business income or (loss). Attach Schedule C or C-EZ						12			
الأبريون والأواري وال	13		Capital gain or (loss). Attach Schedule D if required. If not required, check here ► Other gains or (losses). Attach Form 4797							13		
If you did not get a W-2,	14		0	· · ·	4/9/	 	Taxable am	•••••		14 15b		
see instruction	IS		RA distributions Pensions and annuitie				Taxable am			16b		
	17		Rental real estate, roy		nins S corporations					17		
	18		-	. Attach Schedule F						18		
	19		Jnemployment compe							19		
	20	a S	Social security benefits	s. 20a	13,200). b	Taxable am	ount		20b		
	21	(Other income. List typ	e and amount						21		
	22	2 (Combine the amounts	in the far right o	col for lines 7 throu	gh 21.1	This is your t	otal inco	me I	▶ 22	22,000.	
	23	B F	Reserved				23					
Adjusted	24		Certain business expe									
Gross			and fee-basis gov. offi				24			_		
Income	25		lealth savings accour				25			_		
	26		Moving expenses. Att				26			_		
	27		Deductible part of self-				27 28			_		
	28 29		Self-employed SEP, S Self-employed health i	-	•		28					
	30		Penalty on early withd				30					
			Alimony paid b Recipi	•			50 31a					
	32		RA deduction				32					
	33		Student loan interest c				33					
	34						34					
	35		Domestic production a				35					
	36		Add lines 23 through 3							36		
	37	' (Subtract line 36 from li	ne 22. This is v	your adjusted are	ss inco	ome		1	▶ 37	22,000.	

Form 1040 (201	5)	, L	JACOB & MARY E FINCH 685-	02-0	0752	5
Tax and		38	Amount from line 37 (adjusted gross income)		38	22,000.
Tax and Credits		39a	Check X You were born before Jan. 2, 1951, Blind. Total boxes			
Creans			if: Spouse was born before Jan. 2, 1951, Blind. Checked ► 39a	1		
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	13,850.
 People who 	b	41	Subtract line 40 from line 38		41	8,150.
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	3.	42	12,000.
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	Ī	44	
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	-	47	
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			
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	
		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 gualified retirement plans, etc. Attach Form 5329 if require	ed.	59	
		60a	Household employment taxes from Schedule H		60a	
			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 40			
If you have a		65	2015 estimated tax payments and amount applied from 2014 return 65			
qualifying	<u> </u>	66a	Earned income credit (EIC)	9.		
child, attach Schedule EIC		b	Nontaxable combat pay election 66b			
Schedule LIC	•	67	Additional child tax credit. Attach Form 8812 67 1,00	0.		
		68	American opportunity credit from Form 8863, line 8 68			
		69	Net premium tax credit. Attach Form 8962 69			
		70	Amount paid with request for extension to file 70			
		71	Excess social security and tier 1 RRTA tax withheld 71			
		72	Credit for federal tax on fuels. Attach Form 4136 72			
		73	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	4,759.
Refund		75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you over	paid	75	4,759.
		76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here		76a	4,759.
Direct deposit?	►	b	Routing number ► c Type: Checking Saving	s		
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)			
Third Party Designee	Do Des nam	ignee's	ant to allow another person to discuss this return with the IRS (see instructions)?	Per		plete below. X No
Sign	Und	er penal	ties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best	t of my kr	nowledge	
Here		are true Ir signa	e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has ture Date Your occupation	s any kno		/time phone number
Joint return?	•	0	RETIRED			
See instructions		ouse's s	ignature. If a joint return, both must sign. Date Spouse's occupation			e IRS sent you an Identity ection PIN, enter
Keep a copy for your records.			WORKER			ere (see inst.)
	Print/Ty	oe prep	arer's name Preparer's signature Date	Cheo	ck	if PTIN
Paid	AARP	Fou	ndation Tax-Aide		employ	ed S24051405
Preparer Use Only	Firm's n			IN 🕨		
USE OIIIY	Firm's a	ddress		10.		
			BUTLER NJ 07405	973-	838-	1321