

22,000.

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SW
1040A
• H
5*

x

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning		,2015, ending		,20		See separate instructions.
Your first name and initial JACOB FINCH				Last name		Your social security number 685-02-0752
If a joint return, spouse's first name and initial MARY E FINCH				Last name		Spouse's social security number 686-02-0752
Home address (number and street). If you have a P.O. box, see instructions. 123 ELM					Apt. no.	<div>▲ Make sure the SSN(s) above and on line 6c are correct.</div> <div> <div>Presidential Election Campaign</div> <div>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.</div> <div> <input type="checkbox"/> You <input type="checkbox"/> Spouse </div> </div>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FLAGSTAFF AZ 86003-						
Foreign country name		Foreign province/state/county		Foreign postal code		

1

☐

Single

4

☐

Head of household (with qualifying person). (See instructions.)

2

☒

Married filing jointly (even if only one had income)

5

☐

Qualifying widow(er) with dependent child

3

☐

Married filing separately. Enter spouse's SSN above and full name here. ▶

If the qualifying person is a child but not your dependent, enter this child's name here. ▶

Check only one box.

Exemptions

6a

☒

Yourself. If someone can claim you as a dependent, do not check box 6a

b

☒

Spouse

Boxes checked on 6a and 6b

2

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here ▶ ☐

ALLISON SMITH

687-02-0752

GRANDCHILD

☒

No. of children on 6c who:

lived with you

1

did not live with you due to divorce or separation (see instructions)

0

Dependents on 6c not entered above

0

Add numbers on lines above ▶

3

Income Attach Forms(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	22,000.
	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	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 ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	13,200.
	b	Taxable amount	20b	
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right col for lines 7 through 21. This is your total income ▶	22	22,000.

Adjusted Gross Income	23	Reserved	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 35	36	
	37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	22,000.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2015)

BCA

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	22,000.
39a	Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1951, <input type="checkbox"/> Blind. if: <input type="checkbox"/> Spouse was born before Jan. 2, 1951, <input type="checkbox"/> Blind.	Total boxes checked	39a 1
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,850.
41	Subtract line 40 from line 38	41	8,150.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	12,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
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	

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	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 <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	400.
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	3,359.
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Form 8812	67	1,000.
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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,759.

RefundDirect deposit? ☐
See instructions. ☐

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,759.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,759.
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2016 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**
Designee's name Phone no. Personal identification number (PIN) **Sign Here**Joint return? ☐
See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Signature	Date	Your occupation RETIRED	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Signature	Date	Spouse's occupation WORKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

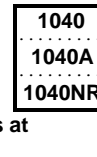
Print/Type preparer's name AARP Foundation Tax-Aide	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN S24051405
Firm's name <input type="checkbox"/> Kinnelon Volunteer Fire Co	Firm's EIN <input type="checkbox"/>			
Firm's address <input type="checkbox"/> 103 Kiel Avenue BUTLER NJ 07405	Phone no. 973-838-1321			

SCHEDULE 8812
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Child Tax Credit

► **Attach to Form 1040, Form 1040A, or Form 1040NR.**
► **Information about Schedule 8812 and its separate instructions is at**
www.irs.gov/schedule8812.



OMB No. 1545-0074

2015

Attachment
Sequence No. **47**

Name(s) shown on return
JACOB & MARY E FINCH

Your social security number
685-02-0752

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



*Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ **Yes** ☐ **No**

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ **Yes** ☐ **No**

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ **Yes** ☐ **No**

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ **Yes** ☐ **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here ☐

Part II Additional Child Tax Credit Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).		
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).		
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).		
	If you used Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2	
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	1,000.
4a	Earned income (see separate instructions)	4a	22,000.
b	Nontaxable combat pay (see separate instructions)	4b	
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	19,000.
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	2,850.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040A or 1040) 2015

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.	8		
	1040A filers: Enter -0-.			
	1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	9		
9	Add lines 7 and 8			
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71.	10		
	1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).			
	1040NR filers: Enter the amount from Form 1040NR, line 67.			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Enter the larger of line 6 or line 11	12		
	Next, enter the smaller of line 3 or line 12 on line 13.			

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	1,000.
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1040
1040A
1040NR

Enter this amount on
 Form 1040, line 67,
 Form 1040A, line 43, or
 Form 1040NR, line 64.

Form **8879**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

OMB No. 1545-0074

2015Submission Identification
Number (SID)

20075220160140000116

Taxpayer's name
JACOB FINCHSocial security number
685-02-0752Spouse's name
MARY E FINCHSpouse's social security number
686-02-0752**Part I Tax Return Information-Tax Year Ending December 31, 2015 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	22,000.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	400.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	4,759.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for 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, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only
☒ I authorize Kinnelong Volunteer Fire Co to enter or generate my PIN
ERO firm name

12345

Enter five digits, but
do not enter all zeros

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.
Your signature ▶ _____ Date ▶ 01/13/2016**Spouse's PIN: check one box only**
☒ I authorize Kinnelong Volunteer Fire Co to enter or generate my PIN
ERO firm name

12345

Enter five digits, but
do not enter all zeros

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.
Spouse's signature ▶ _____ Date ▶ 01/13/2016**Practitioner PIN Method Returns Only-continue below****Part III Certification and Authentication-Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

20075298765

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for 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.

ERO'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**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2015)

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965

Name as shown on return

JACOB & MARY E FINCH

Your social security number

685-02-0752

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

Part I Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household7a Are you claiming an exemption because your household income is below the filing threshold? ☐ Yes ☒ Nob Are you claiming a hardship exemption because your gross income is below the filing threshold? ☐ Yes ☒ No**Part III Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	MARY E FINCH	686-02-0752	A	X												
9																
10																
11																
12																
13																

Affordable Care Act Worksheet

US

2015

Name: JACOB & MARY E FINCH

SSN: 685-02-0752

Did the taxpayer, spouse, or any dependent receive insurance through the Marketplace? See Form 8962 ☐ Yes ☒ No

Was the taxpayer, spouse, or any dependent granted a Marketplace exemption or do you want to apply for a Marketplace, household income, or gross income exemption? See Form 8965 ☒ Yes ☐ No

JACOB FINCH	<input checked="" type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....	<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year
	<input type="checkbox"/>	January
	<input type="checkbox"/>	February
	<input type="checkbox"/>	March
	<input type="checkbox"/>	April
	<input type="checkbox"/>	May
	<input type="checkbox"/>	June
	<input type="checkbox"/>	July
	<input type="checkbox"/>	August
	<input type="checkbox"/>	September
	<input type="checkbox"/>	October
	<input type="checkbox"/>	November
	<input type="checkbox"/>	December
MARY E FINCH	<input checked="" type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....	<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year
	<input type="checkbox"/>	January
	<input type="checkbox"/>	February
	<input type="checkbox"/>	March
	<input type="checkbox"/>	April
	<input type="checkbox"/>	May
	<input type="checkbox"/>	June
	<input type="checkbox"/>	July
	<input type="checkbox"/>	August
	<input type="checkbox"/>	September
	<input type="checkbox"/>	October
	<input type="checkbox"/>	November
	<input type="checkbox"/>	December
ALLISON SMITH	<input checked="" type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....	<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year
	<input type="checkbox"/>	January
	<input type="checkbox"/>	February
	<input type="checkbox"/>	March
	<input type="checkbox"/>	April
	<input type="checkbox"/>	May
	<input type="checkbox"/>	June
	<input type="checkbox"/>	July
	<input type="checkbox"/>	August
	<input type="checkbox"/>	September
	<input type="checkbox"/>	October
	<input type="checkbox"/>	November
	<input type="checkbox"/>	December
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....	<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year
	<input type="checkbox"/>	January
	<input type="checkbox"/>	February
	<input type="checkbox"/>	March
	<input type="checkbox"/>	April
	<input type="checkbox"/>	May
	<input type="checkbox"/>	June
	<input type="checkbox"/>	July
	<input type="checkbox"/>	August
	<input type="checkbox"/>	September
	<input type="checkbox"/>	October
	<input type="checkbox"/>	November
	<input type="checkbox"/>	December
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....	<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year
	<input type="checkbox"/>	January
	<input type="checkbox"/>	February
	<input type="checkbox"/>	March
	<input type="checkbox"/>	April
	<input type="checkbox"/>	May
	<input type="checkbox"/>	June
	<input type="checkbox"/>	July
	<input type="checkbox"/>	August
	<input type="checkbox"/>	September
	<input type="checkbox"/>	October
	<input type="checkbox"/>	November
	<input type="checkbox"/>	December
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....	<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year
	<input type="checkbox"/>	January
	<input type="checkbox"/>	February
	<input type="checkbox"/>	March
	<input type="checkbox"/>	April
	<input type="checkbox"/>	May
	<input type="checkbox"/>	June
	<input type="checkbox"/>	July
	<input type="checkbox"/>	August
	<input type="checkbox"/>	September
	<input type="checkbox"/>	October
	<input type="checkbox"/>	November
	<input type="checkbox"/>	December
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
	<input type="checkbox"/>	Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....	<input type="checkbox"/>	Did not have minimum essential coverage and is not claiming an exemption for any part of the year
	<input type="checkbox"/>	January
	<input type="checkbox"/>	February
	<input type="checkbox"/>	March
	<input type="checkbox"/>	April
	<input type="checkbox"/>	May
	<input type="checkbox"/>	June
	<input type="checkbox"/>	July
	<input type="checkbox"/>	August
	<input type="checkbox"/>	September
	<input type="checkbox"/>	October
	<input type="checkbox"/>	November
	<input type="checkbox"/>	December

US**Preparer Use Form****2015****Name:** JACOB & MARY E FINCH**SSN:** 685-02-0752**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	
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Taxpayer Reminders

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

1040A

1040

EIC

OMB No. 1545-0074

2015

Attachment
Sequence No. **43**

Name(s) shown on return

JACOB & MARY E FINCH

Your social security number
685-02-0752

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

!

CAUTION

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name ALLISON SMITH	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2015. If your child was born and died in 2015 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	687-02-0752		
3 Child's year of birth	Year 2007 <i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4a Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2015?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	GRANDCHILD		
6 Number of months child lived with you in the United States during 2015 <ul style="list-style-type: none">• If the child lived with you for more than half of 2015 but less than 7 months, enter "7."• If the child was born or died in 2015 and your home was the child's home for more than half the time he or she was alive during 2015, enter "12".	12 months <i>Do not enter more than 12 months.</i>	months <i>Do not enter more than 12 months.</i>	months <i>Do not enter more than 12 months.</i>

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040A or 1040) 2015