£1040	Department U.S. In	of the Treasury - Internal Reve dividual Income	nue Service (99 Tax Return	2015	OMB No.	1545-0074	IRS Us	se Only	-Do not w	rite or staple in this s	pace.
For the year Jan. 1		or other tax year beginning		,2015, ending		,20	1			eparate instruction	
Your first name and initial Last name DOUG COOK If a joint return, spouse's first name and initial Last name MABEL COOK									Your social security number 695-02-0752		
									Spouse's social security number 696-02-0752		
Home address (number and street). If you have a P.O. box, see instructions. 123 ELM City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FLAGSTAFF AZ 86003-								Make sure the SSN(s) above and on line 6c are correct.			
								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 pro			Foreign provin	,		Foreign postal code			ing a box below will not change your tax or refund. You Spouse		
Filing Statu Check only on box.	e 3	Single X Married filing jointly Married filing sepal and full name here	rately. Enter spou	e had income) ise's SSN above	If the this	ne qualifyir s child's na alifying wid	ng persor me here. dow(er) w	n is a c	hild but	erson). (See instrunct your depender child	
Exemption		₩		you as a depende	-					Boxes checked o 6a and 6b	n ,
	<u> </u>	Dependents:	· · · · · · · · · · · ·	(0) 5				 (4)√⊪	f child under	No. of children	
If more than	(1) First nam	•	name	(2) Dependent social security num		DependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDependentDepe		age 1	7 qualifying ild tax credit nstructions)	on 6c who: Iived with you	
four depen-	BILLY	SMITH		697-02-0			-	(566 11	X	did not live with you due to divorce	
dents, see instructions										or separation (see instructions)	- 1
and check										Dependents on 60 not entered above	e (
here 🕨										Add numbers	
	(Total number of exer	nptions claimed .							on lines above	<u> </u>
Attach Forms W-2 here. Als attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instruction	(s) 94 0 t 10 11 . 12 13 14 156 5. 166 17 18	a Ordinary dividends. Qualified dividends Taxable refunds, cree Alimony received Business income or (Capital gain or (loss) Other gains or (losse IRA distributions Pensions and annuiti Rental real estate, ro Farm income or (losse Unemployment comp Social security benef Other income. List ty Combine the amount	tach Schedule B is Do not include Attach Schedule Is Attach Schedule Is Italia, or offsets of Schedule	if required on line 8a	not require b Ta b Ta s, trusts, e cond b Ta	ed, check has a sable ame	nere Dunt Schedule		17 18 19	22,0	
Adjusted Gross Income	24 25 26 27 28 29 30 31: 32 33 34 35	Certain business exp and fee-basis gov. of Health savings accours Moving expenses. A Deductible part of set Self-employed SEP, Self-employed health Penalty on early with A Alimony paid b Reciping IRA deduction . Student loan interest Reserved Domestic production Add lines 23 through	enses of reservis ficials. Attach Fo unt deduction. Attach Form 3903 f-employment tax SIMPLE, and quainsurance deductionawal of savings pient's SSN Lactivities deduction activities deduction activities deduction 35	ts, performing art rm 2106 or 2106- tach Form 8889 Attach Schedule alified plans stion on. Attach Form 8	ists, EZ 24 25 26 26 SE 27 28 29 30 31a 32 34 3903 35						
	37	Subtract line 36 from	line 22. This is y	our adjusted gre	oss incom	<u>e</u> .	<u></u> .	<u></u>	▶ 37	22,0	00.

Tax and	38	Amount from line 37 (adjusted gross income)		38	22,000.	
Credits	39a	Check You were born before Jan. 2, 1951, Blind. Total boxes				
		if: Spouse was born before Jan. 2, 1951, Blind. checked ▶ 39a	1			
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)	4	40	13,850.	
People who	41	Subtract line 40 from line 38	4	41	8,150.	
check any box on line	42	$\textbf{Exemptions.} \ \ \textbf{If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instructions}$	4	42	12,000.	
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	0	
claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	4	14		
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				
separately,	49	Credit for child and dependent care expenses. Attach Form 2441 . 49	_			
\$6,300	50	Education credits from Form 8863, line 19 50				
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51	-			
Qualifying		Child tax credit. Attach Schedule 8812, if required 52	-			
widow(er), \$12,600	52		-			
Head of	53	Residential energy credits. Attach Form 5695	_			
household, \$9,250	54	Other credits from Form: a 3800 b 8801 c 54		_		
ψ9,230	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 .	· · <u> </u> 5	58		
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	1 . L	59		
	60a	Household employment taxes from Schedule H	6	0a		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	6	0b		
	61	Health care: individual responsibility (see instructions) Full-year coverage \overline{X}	6	61		
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	6	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 1,200				
If you have a	65	2015 estimated tax payments and amount applied from 2014 return 65				
qualifying	66a	Earned income credit (EIC) 66a 3,359	· ·			
child, attach	b	Nontaxable combat pay election 66b				
Schedule EIC.	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	$\overline{}$			
		·	-			
	70	Amount paid with request for extension to file	-			
	71	•				
	72	Credit for federal tax on fuels. Attach Form 4136				
	73				E	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		74	5,559.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overp	_ _	75	5,559.	
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶		'6a	5,559.	
Direct deposit?	► b	Routing number	,			
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	. ▶ _7	78		
You Owe	79	Estimated tax penalty (see instructions)				
Third Party Designee	Do you w Designee's name	ant to allow another person to discuss this return with the IRS (see instructions)? Phone no.	Perso	Complet nal identifi er (PIN)	e below. X No	
Sign	Under penal	ties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of	of my knov	wledge and	d belief,	
Here	they are true Your signa	e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has ture Your occupation	any know		e phone number	
Joint return?	rour signe	RETIRED		Dayum	e priorie number	
See instructions.	Spausola d			If the IR:	S sent you an Identity	
Keep a copy for	opouse's s	ignature. If a joint return, both must sign. Date Spouse's occupation WORKER		Protection	on PIN, enter see inst.)	
your records.	nt/Typo ====					
- · ·		arer's name Preparer's signature Date .ndation Tax-Aide	Check	if nployed	PTIN 624051405	
Drenarer -					S24051405	
Haa Only	m's name		irm's EIN			
Fin	m's address		hone no.	38_13	221	
		DULLION NO U/4U)	, , , –×	10-1:		

DOUG & MABEL COOK

Form 1040 (2015)

695-02-0752

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