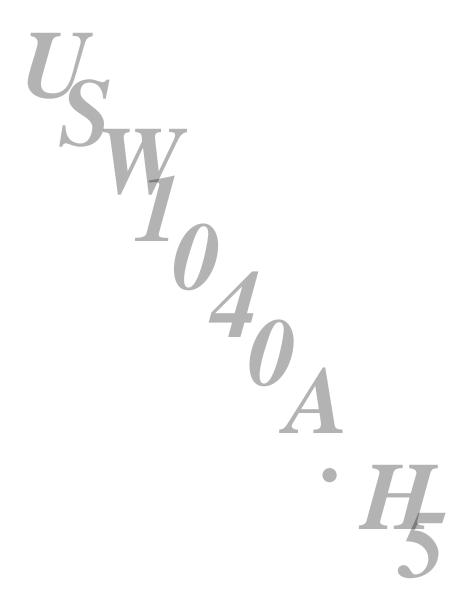
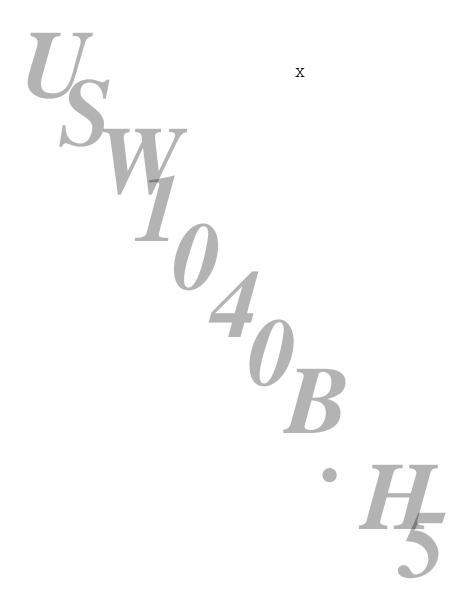
DOUG & MABEL COOK 695-02-0752

22,000.





Married filing sepa and full name here 6a X Yourself. If so	Last name  Last name  Dox, see instructions.  e a foreign address, a  Foreign provinc  ly (even if only one arately. Enter spouse.  emeone can claim y	e/state/county 4 [ had income)	Foreign postal of  Head of hous  If the qualifyir this child's na  Qualifying wid	ehold (with qu ng person is a me here.▶	Your s 695 Spous 696  Presid Check he jointly, wa ing a bo or refund.	eparate instructions.  ocial security number  -02-0752  e's social security number  -02-0752  ake sure the SSN(s) above and on line 6c are correct.  ential Election Campaign re if you, or your spouse if filing int \$3 to go to this fund. Check-x below will not change your tax  You Spouse erson). (See instructions not your dependent, enter
s first name and initial  and street). If you have a P.O. I  state, and ZIP code. If you have  AZ 86003-  Single  Married filing joint  Married filing sepa and full name here  and full name here  b X Spouse  c Dependents: st name  Last	Last name  Dox, see instructions.  e a foreign address, a  Foreign provinc  ly (even if only one arately. Enter spouse.  meone can claim y	e/state/county  4 [ had income) se's SSN above 5 [ rou as a dependent,	Foreign postal of  Head of hous  If the qualifyir this child's na  Qualifying wid	ehold (with quing person is a me here.	695  Spouse 696  Ma Preside Check he jointly, was ing a bor or refund.	e's social security number -02-0752  ake sure the SSN(s) above and on line 6c are correct.  ential Election Campaign re if you, or your spouse if filling int \$3 to go to this fund. Check-x below will not change your tax  You Spouse erson). (See instructions
state, and ZIP code. If you have AZ 86003 –  1 Single 2 X Married filing joint 3 Married filing sepa and full name here 6a X Yourself. If so b X Spouse c Dependents:	Foreign provinc  by (even if only one arately. Enter spouse)  meone can claim y	e/state/county  4 [ had income) se's SSN above 5 [ rou as a dependent,	Foreign postal of  Head of hous  If the qualifyir this child's na  Qualifying wid	ehold (with quing person is a me here.	Preside Check he jointly, wa ing a boo or refund.	ake sure the SSN(s) above and on line 6c are correct.  ential Election Campaign re if you, or your spouse if filing int \$3 to go to this fund. Check-x below will not change your tax  You Spouse erson). (See instructions
state, and ZIP code. If you hav AZ 86003—  1 Single 2 X Married filing joint 3 Married filing separand full name here 6a X Yourself. If so b X Spouse c Dependents: st name Last	Foreign province  y (even if only one parately. Enter spouse).	e/state/county  4 [ had income) se's SSN above 5 [ rou as a dependent,	Foreign postal of  Head of hous  If the qualifyir this child's na  Qualifying wid	ehold (with quing person is a me here.	President Check he jointly, was ing a boo or refund.	ential Election Campaign re if you, or your spouse if filing int \$3 to go to this fund. Check- x below will not change your tax You Spouse erson). (See instructions
AZ 86003-  1 Single 2 X Married filing joint 3 Married filing sepa and full name here 6a X Yourself. If so b X Spouse	Foreign province  by (even if only one arately. Enter spouse.   meone can claim y	e/state/county  4 [ had income) se's SSN above 5 [ rou as a dependent,	Foreign postal of  Head of hous  If the qualifyir this child's na  Qualifying wid	ehold (with qu ng person is a me here.▶	Check he jointly, wa ing a boo or refund.	re if you, or your spouse if filing int \$3 to go to this fund. Check-x below will not change your tax  You Spouse erson). (See instructions
Married filing joint  Married filing sepa and full name here  6a	y (even if only one arately. Enter spouse. ► meone can claim y	had income) se's SSN above 5 [ rou as a dependent,	Head of hous  If the qualifyir this child's na  Qualifying wid	ehold (with quag person is a me here.	ing a boo or refund.	x below will not change your tax You Spouseerson). (See instructions
Married filing joint  Married filing sepa and full name here  6a	arately. Enter spouse. ▶ meone can claim y	had income) se's SSN above 5 ou as a dependent,	If the qualifyir this child's na Qualifying wid	ng person is a me here.▶		
b X Spouse c Dependents:		•	do not check bo	, ,	ependent	child
c Dependents: st name Last						Boxes checked on 6a and 6b
st name Last	namo	(0) 0		. (4) v	if child under	No. of children
LY SMITH	Hallie	(2) Dependent's social security number	(3) Dependent relationship to	o vou	17 qualifying child tax credit instructions)	on 6c who:  lived with you
		697-02-075	2GRANDCH1		X	did not live with you due to divorce
						or separation (see instructions)
						Dependents on 6c not entered above
						Add numbers
<b>d</b> Total number of exe	mptions claimed .					on lines above
8a Taxable interest. A b Tax-exempt interest 9a Ordinary dividends. b Qualified dividends 10 Taxable refunds, cre 11 Alimony received 12 Business income or 13 Capital gain or (loss 14 Other gains or (loss 15a IRA distributions 16a Pensions and annuit 17 Rental real estate, re 18 Farm income or (los 19 Unemployment com 20a Social security bene 21 Other income. List te 22 Combine the amount	ttach Schedule B if t. <b>Do not</b> include co Attach Schedule B dits, or offsets of si (loss). Attach Schedule es). Attach Schedule es). Attach Form 4 15a ties . 16a byalties, partnership s). Attach Schedul pensation fits . 20a ype and amount ts in the far right co	required	9b   e taxes required, check h b Taxable amorusts, etc. Attach b Taxable amorusts, etc.	punt	11 12 13 14 15b 16b 17 18 19	22,000.
24 Certain business extended and fee-basis gov. of the second and	penses of reservists  fficials. Attach Form  unt deduction. Atta  Attach Form 3903  elf-employment tax.  SIMPLE, and qual  in insurance deduct  ndrawal of savings  ipient's SSN   t deduction	s, performing artists, m 2106 or 2106-EZ ach Form 8889	24 25 26 27 28 29 30 31a 32 33 34 35		. 36	
	7 Wages, salaries, tips 8a Taxable interest. A b Tax-exempt interest 9a Ordinary dividends. b Qualified dividends 10 Taxable refunds, cre 11 Alimony received 12 Business income or 13 Capital gain or (loss 14 Other gains or (loss 15a IRA distributions 16a Pensions and annuit 17 Rental real estate, re 18 Farm income or (loss 19 Unemployment com 20a Social security bene 21 Other income. List to 22 Combine the amoun 23 Reserved 24 Certain business ext 26 Moving expenses. A 27 Deductible part of se 28 Self-employed SEP, 29 Self-employed healt 30 Penalty on early with 31a Alimony paid b Receiver	7 Wages, salaries, tips, etc. Attach Form(8a Taxable interest. Attach Schedule B if b Tax-exempt interest. Do not include of ga Ordinary dividends. Attach Schedule B b Qualified dividends.  10 Taxable refunds, credits, or offsets of significant of the process of the Alimony received.  11 Alimony received.  12 Business income or (loss). Attach Schedule Other gains or (losses). Attach Schedule Other gains or (losses). Attach Form 4:  15a IRA distributions.  1	7 Wages, salaries, tips, etc. Attach Form(s) W-2  8a Taxable interest. Attach Schedule B if required  b Tax-exempt interest. Do not include on line 8a  9a Ordinary dividends. Attach Schedule B if required  b Qualified dividends  10 Taxable refunds, credits, or offsets of state and local incom  11 Alimony received  12 Business income or (loss). Attach Schedule C or C-EZ  13 Capital gain or (loss). Attach Schedule D if required. If not  14 Other gains or (losses). Attach Form 4797  15a IRA distributions  15a  16a Pensions and annuities  16a  17 Rental real estate, royalties, partnerships, S corporations, to  18 Farm income or (loss). Attach Schedule F  19 Unemployment compensation  20a Social security benefits  20a  21 Other income. List type and amount  22 Combine the amounts in the far right col for lines 7 through  23 Reserved  24 Certain business expenses of reservists, performing artists and fee-basis gov. officials. Attach Form 2106 or 2106-EZ  25 Health savings account deduction. Attach Form 8889  26 Moving expenses. Attach Form 3903  27 Deductible part of self-employment tax. Attach Schedule Si  28 Self-employed SEP, SIMPLE, and qualified plans  29 Self-employed health insurance deduction  30 Penalty on early withdrawal of savings  31a Alimony paid b Recipient's SSN▶	Taxable interest. Attach Schedule B if required  b Tax-exempt interest. Do not include on line 8a	Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b  9a Ordinary dividends. Attach Schedule B if required b Qualified dividends. Attach Schedule B if required b Qualified dividends. Attach Schedule B if required b Qualified dividends 9b  10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶  14 Other gains or (losses). Attach Form 4797  15a IRA distributions 15a b Taxable amount 5 Taxable amount 16a Pensions and annuities 16a b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F  19 Unemployment compensation 20a Social security benefits 20a 13,200 b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right col for lines 7 through 21. This is your total income 23 Reserved 23 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24 Health savings account deduction. Attach Form 8889 25 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 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN▶ 31a	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       12         15a IRA distributions       15a       b Taxable amount       15b         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       21         22 Combine the amounts in the far right col for lines 7 through 21. This is your total income       22         23 Reserved       23       24

Form 1040 (2015)	I	OOUG & MABEL COOK 695-	02-0	0752	Page 2
	38	Amount from line 37 (adjusted gross income)		38	22,000.
Tax and	39a	Check X You were born before Jan. 2, 1951, Blind. Total boxes			
Credits		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	41	Subtract line 40 from line 38	[	41	8,150.
check any box on line	42	<b>Exemptions.</b> If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	s .	42	12,000.
39a or 39b <b>or</b>	43	<b>Taxable income.</b> 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		44	
dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	-	46	
<ul><li>All others:</li></ul>	47	Add lines 44, 45, and 46		47	
Single or	48	Foreign tax credit. Attach Form 1116 if required			
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 . 49	$\neg$		
\$6,300	50	Education credits from Form 8863, line 19	-		
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51	-		
Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52	-		
widow(er), \$12,600	53	Residential energy credits. Attach Form 5695 53	-		
Head of	54	Other credits from Form: a 3800 b 8801 c 54	-		
household, \$9,250	55	Add lines 48 through 54. These are your <b>total credits</b>	_	55	
	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	
Othor	58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919 .	• •	58	
Other		<del></del>	-	59	
Taxes	59 60a	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if require			
	60a	, ,	-	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)	— ͺ ⊦	62	
Dovmente	63	Add lines 56 through 62. This is your <b>total tax</b>		63	
Payments	64		0.		
If you have a qualifying	65	2015 estimated tax payments and amount applied from 2014 return  Earned income credit (EIC)	0		
child, attach	66a	` 1	۶.		
Schedule EIC.	b	Nontaxable combat pay election 66b Additional child tax credit. Attach Form 8812 67 1 , 00			
	67		0.		
	68	American opportunity credit from Form 8863, line 8 68			
	69	Net premium tax credit. Attach Form 8962			
	70	Amount paid with request for extension to file			
	71	Excess social security and tier 1 RRTA tax withheld 71			
	72	Credit for federal tax on fuels. Attach Form 4136			
	73	Credits from Form: a 2439 b served C 8885 d 73			E
	74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	. •	74	5,559. 5,559.
Refund	75 	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>over</b>	paid	75	5,559.
D:		Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here ► Routing Saving	<u></u>	76a	5,559.
Direct deposit?	<b>▶</b> b	number Account Saving	js		
See instructions.	▶ d	number			
A	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)	T 1/	0 1	
Third Party Designee	Designee's name	110:	Per nun	rsonal ident nber (PIN)	<b>•</b>
Sign	Under penal they are true	ties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bes e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer ha	t of my kr as any kno	nowledge a owledge.	nd belief,
Here	Your signa	ture Date Your occupation			me phone number
Joint return?		RETIRED			
See instructions. Keep a copy for your records.	Spouse's s	signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation  WORKER		Protec	RS sent you an Identity tion PIN, enter (see inst.)
Prin	ıt/Type prep	arer's name Preparer's signature Date	Chec	ck if	PTIN
	RP Fou	ndation Tax-Aide		employed	S24051405
Preparer Firm	n's name	▶Kinnelon Volunteer Fire Co	Firm's E	IN ▶	•
Use Only ${Firm}$	n's address	. 100 1	Phone r		
			973-	838-1	321

### SCHEDULE 8812 (Form 1040A or 1040)

# **Child Tax Credit**

1040A 1040A 1040NR 8812 OMB No. 1545-0074 2015 Attachment Sequence No. 47

Department of the Treasury Internal Revenue Service (99) ▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
 ▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.

Your social security number 695-02-0752

Name(s) shown on return
DOUG & MABEL COOK

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

	Ī	
	ï	
CAL	JΤ	ION

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.

		stions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, lin tification Number) and that you indicated is a qualifying child for the child tax credit by checking co		
Α		dent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child mee e separate instructions.	t the s	substantial
	Yes	☐ No		
В	•	pendent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child response separate instructions.	meet tl	ne substantial
	Yes	☐ No		
С	•	dent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child medes separate instructions.	et the	substantial
	Yes	☐ No		
D	•	endent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child me e separate instructions.	eet the	e substantial
	Yes	☐ No		
Note	: If you have more the	nan four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, s	ee se	parate instructions
				▶
Pa	rt II Additiona	l 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		1 000
		Instructions for Form 1040A, line 35).	1	1,000.
	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 <b>Pub</b>	972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
•	Estable assessed	1 (van Farm 4040 l'an 50 Farm 4040) l'an 05 an Farm 4040) l'an 40	•	
2		t from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	3	1,000.
3		om line 1. If zero, <b>stop</b> ; you cannot take this credit see separate instructions)	3	1,000.
4a b	,	pat pay (see separate		
D	:			
5	,	line 4a more than \$3,000?		
Ū		line 5 blank and enter -0- on line 6.		
		ct \$3,000 from the amount on line 4a. Enter the result		
6		unt on line 5 by 15% (.15) and enter the result	6	2,850.
•		ve three or more qualifying children?		
	F	6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of		
		or line 6 on line 13.		
		6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13.		
		vise, go to line 7.		

Jonicaa	le 0012 (1 01111 1040A	CO 1040/2010 DOOG & MABEL COOK			0 7 3	02	0 / 5 2	Page Z
Part	Certain F	ilers Who Have Three or More Qualifying Children	1					
7	Withheld social s	ecurity, Medicare, and Additional Medicare taxes from						
	Form(s) W-2, bo	xes 4 and 6. If married filing jointly, include your spouse's				ł		
	amounts with you	urs. 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				ł		
		27 and 58, plus any taxes that you identified using code						
		"UT" and entered on line 62.						
	1040A filers:	Enter -0	8					
	1040NR filers:	Enter the total of the amounts from Form 1040NR,						
		lines 27 and 56, plus any taxes that you identified using				ł		
		code "UT" and entered on line 60.						
9	Add lines 7 and 8	3	9					
10	1040 filers:	Enter the total of the amounts from Form 1040, lines						
		66a and 71.						
	1040A filers:	Enter the total of the amount from Form 1040A, line				ł		
		42a, plus any excess social security and tier 1 RRTA	10					
		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	rom line 9. If zero or less, enter -0-			11			
12	Enter the larger	of line 6 or line 11			12			
		maller of line 3 or line 12 on line 13.						
Part		l Child Tax Credit						
13	This is your	additional child tax credit			13		1,00	00.
				1040			is amount o	
				1040A			)40, line 67, )40A, line 4,	
				1040NR	<b>∢</b>	Form 10	40NR, line	64.
				10.10/414	•			

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

2015

Number (SID) 20075220160140000117		
Taxpayer's name DOUG COOK	Social security	
Spouse's name MABEL COOK	696-02-	
Part I Tax Return Information-Tax Year Ending December 31, 2015 (Whole I	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, li		3 1,200.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part	· -	4 5,559.
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 a		copy of your return)
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax restatements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is clare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS son for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds with institution account indicated in the tax preparation software for payment of my federal taxes owed on this tax, and the financial institution to debit the entry to this account. This authorization is to remain in full for Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to authorize the financial institutions involved in the processing of the electronic payment of taxes to received answer inquiries and resolve issues related to the payment. I further acknowledge that the personal iden signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent	true, correct, a particular and control of the date of drawal (direct doing a return and/or a ce and effect up e U.S. Treasur the payment (se confidential in tification numbers)	and complete. I further de- rmediate service provider, wledgment of receipt or rea- any refund. If applicable, lebit) entry to the financial a payment of estimated intil I notify the U.S. by Financial Agent at settlement) date. I also offormation necessary to
Taxpayer's PIN: check one box only  X   Lauthorize   Kinnelong Volunteer Fire Co to enter or general to the content of the con	erate my PIN	12345 Enter five digits, but
as my signature on my tax year 2015 electronically filed income tax return.		do not enter all zeros
I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must cor Your signature ▶	-	below.
Spouse's PIN: check one box only		
	DINI	12345
<u> </u>	erate my PIN	
ERO firm name		Enter five digits, but
as my signature on my tax year 2015 electronically filed income tax return.		do not enter all zeros
I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must co Spouse's signature ▶ Date ▶	-	below.
Practitioner PIN Method Returns Only-continu	ue 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.		5298765
certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically	/ filed income t	
for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requand <b>Publication 1345</b> , Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns ERO's signature   S24051405 Kinnelong Volunteer Fi Date		
EPO Must Potain This Form - See Instruction		

# Form 8965

# **Health Coverage Exemptions**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

75

Information about Form 8965 and its separate instructions is at www.irs.gov/form8965 Your social security number

695-02-0752 DOUG & MABEL COOK 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. Name of Individual SSN **Exemption Certificate Number** 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?..... Yes X No 7a Are you claiming a hardship exemption because your gross income is below the filing threshold? . . . . . . Yes X No 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. (b) (c) (g) (h) (i) (j) (m) (n) (o) (p) SSN Name of Individual Exemption Full Mar June Jan Feb Apr May July Aug Sept Oct Nov Dec Type Year 697-02-0752 Χ BILLY SMITH Α Χ Χ Χ Χ Χ Χ Χ 9 10 11 12

13

Affordable Care Act Worksheet US Name: DOUG MABEL COOK SSN: 695-02 Did the taxpayer, spouse, or any dependent receive insurance through the Marketplace? See Form 8962 ...... Yes 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 DOUG COOK Had a minimum essential coverate and/or is applying for or was granted an exemption for the entire year 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 Did not have minimum essential coverage and is not claiming an exemption for any part of the year this person did not have minimum April essential coverage and is NOT January February March May June claiming an exemption on Form 8965. July August September October November December MABEL COOK Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year 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 Did not have minimum essential coverage and is not claiming an exemption for any part of the year this person did not have minimum essential coverage and is NOT January February March April May June claiming an exemption on Form 8965. July August September October November December BILLY SMITH Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year 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 Did not have minimum essential coverage and is not claiming an exemption for any part of the year this person did not have minimum essential coverage and is NOT January February March April Mav June claiming an exemption on Form 8965. July August September October November December Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year 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 Did not have minimum essential coverage and is not claiming an exemption for any part of the year this person did not have minimum essential coverage and is NOT January February March April June Mav December claiming an exemption on Form 8965. July August September October November Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year 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 Did not have minimum essential coverage and is not claiming an exemption for any part of the year this person did not have minimum essential coverage and is NOT January February March April May June September October November December claiming an exemption on Form 8965. July August Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year 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 Did not have minimum essential coverage and is not claiming an exemption for any part of the year this person did not have minimum essential coverage and is NOT January February March April May claiming an exemption on Form 8965. July August September October November December Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year 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 Did not have minimum essential coverage and is not claiming an exemption for any part of the year this person did not have minimum April May essential coverage and is NOT January February March June claiming an exemption on Form 8965. August September October November December July Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year

Did not have minimum essential coverage and is not claiming an exemption for any part of the year

April

October

Mav

November

March

September

January

July

February

August

Check the boxes for each month

this person did not have minimum essential coverage and is NOT

claiming an exemption on Form 8965.

June

December

2015

Name: DOUG & MABEL COOK SSN: 695-02-0752

### **Preparer Use Fields**

US

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 25	

## **Taxpayer Reminders**

### **SCHEDULE EIC** (Form 1040A or 1040)

### **Earned Income Credit**

Qualifying Child Information

40404	1	OMB No. 1545-0074				
1040A	<b>─</b>					
1040		2015				
'	TEIC					
g child. at www.irs	gov/scheduleeic	Attachment				

Department of the Treasury Internal Revenue Service

► Complete and attach to Form 1040A or 1040 only if you have a qualifyin

▶ Information about Sch EIC (Form 1040A or 1040) and its instructions is

Your social security number

Name(s) shown on return

DOUG & MABEL COOK 695-02-0752

### 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.



- 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.

<b>Qualifying Child Information</b>		Ch	ild 1	Chi	ild 2	Child 3		
1	Child's name	First name	Last name	First name	Last name	First name	Last name	
	If you have more than three qualifying							
	children, you have to list only three to get	BILLY						
	the maximum credit.	SMITH						
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.	607 0	2-0752					
3	Child's year of birth		2-0752 2007	Year		Year		
Ŭ	omia o your or birm	If born after 199		If born after 1996	6 <b>and</b> the child	_	96 <b>and</b> the child	
		is younger than	you (or your ointly), skip lines	is younger than y spouse, if filing jo 4a and 4b; go to	you (or your pintly), skip lines	is younger than	you (or your jointly), skip lines	
4 a	Was the child under age 24 at the end of	Yes.	No.	Yes.	No.	Yes.	No.	
	2015, a student, and younger than you (or							
	your spouse, if filing jointly)?	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	
b	Was the child permanently and totally	_	_		_		_	
	disabled during any part of 2015?	Yes.	No.	Yes.	No.	Yes.	No.	
			The child is not a	-	The child is not a		The child is not a	
		Go to line 5.	qualifying child.	Go to line 5.	qualifying child.	Go to line 5.	qualifying child.	
5	Child's relationship to you							
	(for example, son, daughter, grandchild,	~	~					
	niece, nephew, foster child, etc.)	GRAND	CHILD					
6	Number of months child lived with							
	you in the United States during 2015							
	<ul> <li>If the child lived with you for more</li> </ul>							
	than half of 2015 but less than 7							
	months, enter "7."							
	If the child was born or died in 2015	07	and the		and the		and the	
	and your home was the child's home	07	months		months		months	
	for more than half the time he or she	Do not enter n	nore than 12		more than 12		r more than 12	
_	was alive during 2015, enter "12".	months.		months.		months.		