

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
JAMES JONES

Your social security number
890-02-0752

If a joint return, spouse's first name and initial Last name
JULIA JONES

Spouse's social security number
801-02-0752

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
123 ELM

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
PLUCKEMIN NJ 07978-

Foreign country name Foreign province/state/county Foreign postal code

▲ 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. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

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) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
JONAS JONES	802-02-0752	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**

d Total number of exemptions claimed **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	6,000.
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	(3,000.)
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions 15a 30,000. b Taxable amount	15b	26,000.
16a Pensions and annuities 16a 12,000. b Taxable amount	16b	10,916.
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 13,000. b Taxable amount	20b	8,054.
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	47,970.

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	47,970.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits, with amounts ranging from 47,970 to 2,396.

Standard Deduction for- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$6,300. Married filing jointly or Qualifying widow(er), \$12,600. Head of household, \$9,250.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes, with amounts ranging from 2,396 to 5,200.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments, with amounts ranging from 5,200 to 5,200.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund, with amounts ranging from 2,804 to 2,804.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe, with amounts ranging from 2,804 to 2,804.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Sign Here

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.

Paid Preparer Use Only

Print/Type preparer's name: AARP Foundation Tax-Aide. Preparer's signature, Date, Check self-employed, PTIN: S24051405. Firm's name: Kinnelon Volunteer Fire Co. Firm's address: 103 Kiel Avenue, BUTLER NJ 07405. Firm's EIN: 973-838-1321.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
▶ Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

JAMES & JULIA JONES

Your social security number

890-02-0752

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1	Medical and dental expenses (see instructions)	1	4,000.		
	2	Enter amount from Form 1040, line 38 <input type="text" value="2"/> 47,970.				
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1951, multiply line 2 by 7.5% (.075) instead	3	3,598.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		402.	
Taxes You Paid	5	State and local				
	a	<input type="checkbox"/> Income taxes	5	718.		
	b	<input checked="" type="checkbox"/> Reserved				
	6	Real estate taxes (see instructions)	6			
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶ _____	8			
	9	Add lines 5 through 8	9		718.	
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10		
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address▶ _____	11		
12		Points not reported to you on Form 1098. See instructions for special rules	12			
13		Reserved	13			
14		Investment interest. Attach Form 4952 if required. (See instructions.)	14			
15		Add lines 10 through 14	15			
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16			
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18	19			
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
	Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ _____	21		
		22	Tax preparation fees	22		
		23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ _____	23		
		24	Add lines 21 through 23	24		
25	Enter amount from Form 1040, line 38 <input type="text" value="25"/> 47,970.					
	26	Multiply line 25 by 2% (.02)	26	959.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			
Other Miscellaneous Deductions	28	Other - from list in the inst. List type and amount ▶ _____	28			
	Total Itemized Deductions	29	Is Form 1040, line 38, over \$154,950? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	1,120.	
30		If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2015



JONES JAMES & JULIA

890020752

1045

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN X
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER 1
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 1
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 3
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF X SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER

DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL; SOCIAL SECURITY NUMBER; BIRTH YEAR; HEALTH INS IND. Row A: JONES JONAS, 802-02-0752, 1997.

GOVERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO X
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES X NO

Main tax table with 36 rows. Columns include line number, description, and amount. Total taxable income (line 36) is 14874.



JONES JAMES & JULIA

890020752

1045

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	3780 .
37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	38.	3780 .
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	11094 .
40. TAX (FROM TAX TABLES, PAGE 53)	40.	155 .
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	.
41A. JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	155 .
43. SHELTERED WORKSHOP TAX CREDIT	43.	.
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	155 .
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	.
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A. FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	155 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	160 .
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	.
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2014 TAX RETURN	50.	.
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	52.	.
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	53.	.
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	54.	.
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	160 .
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE <small>IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT</small>	56.	.
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	5 .
58. YOUR 2016 TAX	58.	.
59. NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60. NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62. NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 40)	64.	.
64C. DESIGNATION CODE	64C.	
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	5 .

DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	4
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	
dd3. FILL IN THE CHECK BOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4. ROUTING NUMBER	dd4.	
dd5. ACCOUNT NUMBER	dd5.	
dnm. DO NOT MAIL INDICATOR	dnm.	
pa. POWER OF ATTORNEY INDICATOR	pa.	
pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	