

US Schedule D		Capital Gain or Loss Transactions Worksheet								2015	
* Check if 28% rate gain or (loss)											
(a) Description of property	1 0 9 9	T S J	*	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) Code	(g) Adjustments to Gain or Loss	(h) Gain or loss	S / L
ACME FINANCIAL	D	T		VA/RI/OUS	12/31/2015	27,200.	39,000.	M		(11,800.)	L
30 ZALTD	E	T		07/02/2005	08/15/2015	2,900.	3,000.			(100.)	L
30 ZALTD	E	T		07/02/2005	10/15/2015	2,900.	3,000.			(100.)	L
ACME FINANCIAL	D	S		VA/RI/OUS	12/31/2015	4,000.	4,002.	M		(2.)	L
						37,000.	49,002.			(12,002.)	

PRINTED 01/19/2016

JAMES JONES
 JULIA
 123 ELM
 PLUCKEMIN NJ 07978-

	Taxpayer	Spouse
SSN	890-02-0752	801-02-0752
Birth	07/01/1944	03/01/1951
Death		
Day Phone	908-555-1111	
Evening		
Cell or Fax		
PIN	12345	12345

Email _____
 Taxpayer Occupation RETIRED Spouse Occupation WORKER
 Filing Status MARRIED FILING JOINT

JONAS		07/01/1997	802-02-0752	GRANDCHILD	12	1
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Preparer ID: _____ Preparation Fee: _____ Date: _____
 Preparer: AARP Foundation Tax-Aide Time in return _____ min.

Recap of 2014 Income Tax Return

Earned Income	6,000.	Federal Tax	2,396.
Federal AGI	47,970.	Withholding	5,200.
Taxable Income	22,120.	Refund/(Due)	2,804.
EIC		Tax Bracket	15.0 %

State	NJ	_____	_____	_____
Tax	155.	_____	_____	_____
Withholding	160.	_____	_____	_____
Refund/Due	5.	_____	_____	_____
State	_____	_____	_____	_____
Tax	_____	_____	_____	_____
Withholding	_____	_____	_____	_____
Refund/Due	_____	_____	_____	_____

Bank Product Information	Advance Only	Check	Direct Deposit	Debit Card	Walmart Direct2Cash
Qualifying refund					
Fees					
Net refund					
Advance					
Federal disbursement					
State disbursement					
Check one					

US 1040, 1040A, 1040EZ, 1040NR Income Worksheet 2015

Name: JAMES & JULIA JONES

SSN: 890-02-0752

Interest. List all interest on Schedule B, regardless of the amount.

Unemployment and/or state tax refund. Fill out 1099-G worksheet.

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	13,000.		
Railroad tier 1 received this year			
Total	13,000.		13,000.
Medicare to Schedule A			
Federal tax withheld	1,300.		

Married Filing Separately

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3

All others

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 39,916.

+ tax-exempt interest: _____ and excluded income from American Samoa (Form 4563) or Puerto Rico: _____ + 50% of the benefits received: 6,500. **46,416.**

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable.

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable	A	11,050.	
Modified AGI		46,416.	
\$34,000 (\$44,000)		44,000.	
Subtract		2,416.	
	X 85%=	2,054.	
Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly)		6,000.	
Add	B	8,054.	
Taxable social security and railroad retirement tier 1. Minimum of A or B.			8,054.

Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

	Taxpayer	Spouse	Total
Gross amount received attributable to 2015			
Using the above modified AGI, this is the taxable amount of the 2015 benefit			
Amounts taxable from previous years			
Taxable benefits using the lump-sum election method			

Affordable Care Act Worksheet

US

2015

Name: JAMES & JULIA JONES

SSN: 890-02-0752

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

JAMES JONES 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

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

JULIA JONES 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

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

JONAS JONES 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

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 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
 Did not have minimum essential coverage and is not claiming an exemption for any 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.....

January February March April May June
 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
 Did not have minimum essential coverage and is not claiming an exemption for any 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.....

January February March April May June
 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
 Did not have minimum essential coverage and is not claiming an exemption for any 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.....

January February March April May June
 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
 Did not have minimum essential coverage and is not claiming an exemption for any 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.....

January February March April May June
 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
 Did not have minimum essential coverage and is not claiming an exemption for any 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.....

January February March April May June
 July August September October November December

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 30,000.	15a	26,000.
b Taxable amount	15b	
16a Pensions and annuities 12,000.	16a	10,916.
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 13,000.	20a	8,054.
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	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.

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.

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.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

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: [redacted]. Phone no.: 973-838-1321.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2015

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return
JAMES & JULIA JONES

Your social security number
890-02-0752

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	31200.	43002.		-11802.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	5800.	6000.		-200.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -12002.

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

Schedule D (Form 1040) 2015

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	<p>16</p>	<p>(12,002.)</p>
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶</p>	<p>18</p>	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶</p>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or <input type="text"/> • (\$3,000), or if married filing separately, (\$1,500) <input type="text"/> 	<p>21</p>	<p>(3,000.)</p>
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

US Schedule D Worksheet for Capital Loss Carryovers or Sale of Your Home 2015

Name: JAMES & JULIA JONES

SSN: 890-02-0752

Capital Loss Carryovers from This Year to Next Year

1	Amount from Form 1040, line 41, or Form 1040NR, line 38		34,120.
2	Loss shown on Schedule D, line 21 as a positive amount		3,000.
3	Combine lines 1 and 2. If -0- or less, enter -0-		37,120.
4	Smaller line 2 or line 3		3,000.
5	Loss shown on Schedule D, line 7 as a positive amount		
6	Gain, if any, shown on Schedule D, line 15		
7	Add lines 4 and 6		3,000.
8	Short-term capital loss carryover. Subtract line 7 from line 5. If -0- or less, enter -0-		
9	Loss shown on Schedule D, line 15 as a positive amount		12,002.
10	Gain, if any, shown on Schedule D, line 7		
11	Subtract line 5 from line 4. If -0- or less, enter -0-	3,000.	
12	Add lines 10 and 11		3,000.
13	Long-term capital loss carryover. Subtract line 12 from line 9. If -0- or less, enter -0-		9,002.

Sale of Your Home

1 Date main home was sold: _____ Acquisition date: _____

2 If Form 8828 is also needed for this sale, check here

3 If any part of the main home was ever rented out or used for business, see instructions.

If part of the sale is a sale of business property, report the business portion using a depreciation wkst, and report personal portion below and skip line 9.

4 Selling price of home _____

5 Selling expenses _____

6 Amount realized _____

7 Adjusted basis of home sold _____

8 **Gain on the sale.** If -0- or less, enter -0- _____

9 Depreciation claimed on property after 05/06/1997 _____

10 Subtract line 9 from line 8. If -0- or less, enter -0- _____

11 Aggregate number of days of nonqualified use after 12/31/2008 _____

12 Number of days the taxpayer owned the property _____

13 Divide the amount on line 11 by the amount on line 12 _____

14 Gain allocated to nonqualified use _____

15 **Gain eligible for exclusion** _____

16a Did you (and your spouse if filing a joint return) own and occupy the property as your main home for a total of a least 2 years of the 5 year period before the sale? Yes No

b If "No", did you sell the home due to a change in place of employment, health or other unforeseen circumstances? Yes No

c If you are an unmarried surviving spouse, the sale occurred no later than 2 years after the date of the other spouse's death, the ownership and use requirements for joint filers were met immediately before the date of such death, and there was no sale or exchange of a main home by either spouse which qualified for the exclusion during the 2-year period ending on the date of the other spouse's death, check here Yes

17 Maximum exclusion _____

18 Smaller of line 15 or line 17. If you are reporting the sale on the installment method, enter this amount on Form 6252, line 15 _____

19 **Taxable gain.**

a You must enter this amount on Schedule D or Form 6252. This gain is to be considered: short-term long-term.

b Transferred to Form 4797, Part III _____

Information for Separate State Returns - Default is to the Taxpayer.

	Federal	Taxpayer	Spouse
1 Short term			
2 Short term loss based on joint return			
3 Long term	(12,002.)	(12,000.)	(2.)
4 Long term loss based on joint return	3,000.	2,998.	2.
5 Schedule D result (line 16 or line 21)	(3,000.)	(2,998.)	(2.)
6 Short term loss carryover			
7 Long term loss carryover	9,002.	9,002.	

W-2 DETAIL REPORT - 2015

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
ACME INDUSTRIES	81-9990752	X	6000	100	372	87	NJ	6000	160		
			-----	---	---	--		-----	---		
			6000	100	372	87		6000	160		

US Estimated Tax Payments Made for the Current Tax Year 2015

Name: JAMES & JULIA JONES

SSN: 890-02-0752

Federal Estimated Tax Payments

See note below	Date of payment	Amount of payment	Towards 04/15/2015 payment	Towards 06/15/2015 payment	Towards 09/15/2015 payment	Towards 01/15/2016 payment
From last year						
D 04/15 1						
U 06/15 2						
E 09/15 3						
01/15 4						
* Pay date						
Totals						

* Fill in the pay date on Form 2210, page 1.

State Estimated Tax Payments

**The day listed in the date of payment section is the due date for most state estimated tax payments. If your state has different due dates, disregard the date suggested. If payment 1 was paid on or before the date due for payment 1, enter it in payment 1, etc.

* Check the * column if payment 4 was paid before 01/01/2016.

Taxpayer, Joint, or Combined State Return

** Date of Payment

State	Credit from last year	04/15/2015 Amount 1	06/15/2015 Amount 2	09/15/2015 Amount 3	01/15/2016 Amount 4	*	Total
NJ							
NJ	State and/or local balance due from previous years' returns paid in 2015. Include amounts paid with a 2014 extension paid in 2015						98.
	State and/or local balance due from previous years' returns paid in 2015. Include amounts paid with a 2014 extension paid in 2015						
NJ	Last state estimate payment for 2014 paid in 2015 (due January 15, 2015).....						
	Last state estimate payment for 2014 paid in 2015 (due January 15, 2015).....						

Spouse Filing Married Separate State Tax Return or Second Full Year Resident State

** Date of Payment

State	Credit from last year	04/15/2015 Amount 1	06/15/2015 Amount 2	09/15/2015 Amount 3	01/15/2016 Amount 4	*	Total

1099-R DETAIL REPORT - 2015

Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
OFFICE OF PERSONNEL	16-5990752	S	7		1200NJ		12000		E 1084	10916	28000	25109
ACME RETIREMENT	81-7990752	T	7	X	700NJ		7000	7000		7000		
ACME RETIREMENT	81-7990752	T	Q		NJ		4000		E			
ACME RETIREMENT	81-7990752	S	7	X	1900NJ		19000	19000		19000		
					----		-----	-----	----	-----	-----	-----
					3800		42000	26000	1084	36916	28000	25109

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification number

JAMES & JULIA JONES

890-02-0752

Before you checked Box D, E, or F below, see whether you received any Form(s) 1099-B substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instr.	(g) Amount of adjustment	
	ACME FINANCIAL	VA/RI/OUS	12/31/2015	27200.	39000.	M		-11800.
	ACME FINANCIAL	VA/RI/OUS	12/31/2015	4000.	4002.	M		-2.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								
				31200.	43002.			-11802.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

▶ 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.

2015

Submission Identification Number (SID) **20075220160190000164**

Taxpayer's name **JAMES JONES** Social security number **890-02-0752**

Spouse's name **JULIA JONES** Spouse's social security number **801-02-0752**

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	47,970.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	2,396.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	5,200.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	2,804.
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 **12345** as my signature on my tax year 2015 electronically filed income tax return. **ERO firm name** Enter five digits, but do not enter all zeros
 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 ▶ 01/16/2016

Spouse's PIN: check one box only

I authorize Kinnelong Volunteer Fire Co to enter or generate my PIN **12345** as my signature on my tax year 2015 electronically filed income tax return. **ERO firm name** Enter five digits, but do not enter all zeros
 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 ▶ 01/16/2016

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 ▶ 01/16/2016

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Name: JAMES & JULIA JONES

SSN: 890-02-0752

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	YES
11 Other than English what language is spoken in your home	NO ANSWER
12 Do you or any member of your household have a disability	NO ANSWER
13 Preparer Initials	AH
14 QR Initials	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

Taxpayer Reminders

Empty area for taxpayer reminders.



STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2015 or Other Tax Year

Beginning _____, 2015 Month Ending _____
On-line Federal Extension Confirmation # _____

JONES JAMES & JULIA

123 ELM

PLUCKEMIN

NJ 07978 1801

1045 12

890020752 801020752

S24051405



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

Paid Preparer's Signature

Federal Identification Number

S24051405

Firm's Name KINNELON VOLUNTEER FIRE CO

Federal Employer Identification Number

BUTLER

NJ 07405



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 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.	

SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2015

Name(s) as shown on Form NJ-1040 JONES JAMES & JULIA	Your Social Security Number 890-02-0752
---	--

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 41.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1. Income properly taxed by both New Jersey and other jurisdiction during tax year. See instructions page 41. (Indicate jurisdiction name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.		
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.		
3. Maximum Allowable Credit Percentage 1 _____ (Divide Line 2 into Line 1) 2 _____	3.		%

IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B. **COLUMN A** **COLUMN B**

4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.		4.	
5. Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 33. Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 33.	5a.		5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.		6.	
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.		7.	
8. Allowable Credit (Line 3 times Line 7)	8.		8.	
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 44. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 40).	9a.		9.	

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 38 or 49, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet I on page 43 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
FED SCH D					(12,002.)
2. Capital Gains Distributions					2.
3. Other Net Gains					3.
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.

**SCHEDULE
NJ-BUS-1**
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX
BUSINESS INCOME SUMMARY SCHEDULE**

2015

Name(s) as shown on Form NJ-1040 JONES JAMES & JULIA	Your Social Security Number 890-02-0752
---	--

PART I NET PROFITS FROM BUSINESS		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	JAMES JONES	890-02-0752	
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4.

PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)		4.

PART III NET PRO RATA SHARE OF S CORPORATION INCOME		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)		4.

PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)			4.

NJ

Dependents Information

2015

Name: JAMES & JULIA JONES

SSN: 890-02-0752

First name	MI	Last name	SSN	Birth year
JONAS		JONES	802-02-0752	1997

Name: JONES JAMES & JULIA

SSN: 890-02-0752

Part I

1	Value of IRA on December 31, 2015	
2	Total distributions from IRA during the tax year	7,000.
3	Total value of IRA	7,000.
Unrecovered contributions: Complete either line 4a or 4b.		
4 a	First year of withdrawal from IRA, enter the total of IRA contributions that were previously taxed	
b	After first year of withdrawal from IRA. Amount of unrecovered contributions from Part II, line 7	
5	Accumulated earnings in IRA on December 31, 2015	7,000.
6	Divide line 5 by line 3	1.00
7	Taxable portion of this year's withdrawal	7,000.
8	Excludable portion of this year's withdrawal	

Part II: Unrecovered Contributions for Second and Later Years

a	Last year's unrecovered contributions, from line 4 of last year's worksheet	
b	Amount withdrawn last year, from line 2 of last year's worksheet	
c	Taxable portion of last year's withdrawal, from line 7 of last year's worksheet	
d	Contributions recovered last year	
e	This year's unrecovered contributions	
f	Contributions to IRA during current tax year, do not include tax free rollovers	
g	Total unrecovered contributions	

Name: JONES JAMES & JULIA

SSN: 890-02-0752

Part I

1	Value of IRA on December 31, 2015	
2	Total distributions from IRA during the tax year	19,000.
3	Total value of IRA	19,000.
Unrecovered contributions: Complete either line 4a or 4b.		
4 a	First year of withdrawal from IRA, enter the total of IRA contributions that were previously taxed	
b	After first year of withdrawal from IRA. Amount of unrecovered contributions from Part II, line 7	
5	Accumulated earnings in IRA on December 31, 2015	19,000.
6	Divide line 5 by line 3	1.00
7	Taxable portion of this year's withdrawal	19,000.
8	Excludable portion of this year's withdrawal	

Part II: Unrecovered Contributions for Second and Later Years

a	Last year's unrecovered contributions, from line 4 of last year's worksheet	
b	Amount withdrawn last year, from line 2 of last year's worksheet	
c	Taxable portion of last year's withdrawal, from line 7 of last year's worksheet	
d	Contributions recovered last year	
e	This year's unrecovered contributions	
f	Contributions to IRA during current tax year, do not include tax free rollovers	
g	Total unrecovered contributions	