

|  |           |   |
|--|-----------|---|
| Your first name and initial                        | Last name | OMB No. 1545-0074<br><b>Your social security number</b> |
| If a joint return, spouse's first name and initial | Last name | <b>Spouse's social security number</b>                  |

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

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

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

**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** Check only one box.

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 (see instructions)

**Exemptions**

6a  **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.  
 b  **Spouse**  
 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) |
|----------------|-----------|--|-------------------------------------|--|
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |

d Total number of exemptions claimed.

**Boxes checked on 6a and 6b**  
**No. of children on 6c who:**  
 • lived with you  
 • did not live with you due to divorce or separation (see instructions)  
**Dependents on 6c not entered above**  
**Add numbers on lines above ▶**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2. SCH 27,000 7

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 (see instructions). 9b

10 Capital gain distributions (see instructions). 10

|                                 |  |
|---------------------------------|--|
| 11a IRA distributions. 11a      | 11b Taxable amount (see instructions). 11b |
| 12a Pensions and annuities. 12a | 12b Taxable amount (see instructions). 12b |

13 Unemployment compensation and Alaska Permanent Fund dividends. 13

|                                   |  |
|-----------------------------------|--|
| 14a Social security benefits. 14a | 14b Taxable amount (see instructions). 14b |
|-----------------------------------|--|

15 Add lines 7 through 14b (far right column). This is your **total income.** ▶ 15

**Adjusted gross income**

|  |   |   |
|--|---|---|
| 16 Educator expenses (see instructions). 16                                    | 17 IRA deduction (see instructions). 17                                 | 18 Student loan interest deduction (see instructions). 18 |
| 19 Tuition and fees. Attach Form 8917. 19                                      | 20 Add lines 16 through 19. These are your <b>total adjustments.</b> 20 |   |
| 21 Subtract line 20 from line 15. This is your <b>adjusted gross income.</b> ▶ |   | 21  |

**Tax, credits, and payments**

|            |   |      |  |
|------------|---|------|--|
| <b>22</b>  | Enter the amount from line 21 (adjusted gross income).  | 22   |  |
| <b>23a</b> | Check <input type="checkbox"/> <b>You</b> were born before January 2, 1951, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes</b><br>if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1951, <input type="checkbox"/> <b>Blind</b> } <b>checked</b> ▶ 23a <input type="checkbox"/> |      |  |
| <b>b</b>   | If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>   |      |  |
| <b>24</b>  | Enter your <b>standard deduction</b> .  | 24   |  |
| <b>25</b>  | Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.  | 25   |  |
| <b>26</b>  | <b>Exemptions.</b> Multiply \$4,000 by the number on line 6d.   | 26   |  |
| <b>27</b>  | Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.<br>This is your <b>taxable income</b> .  | ▶ 27 |  |
| <b>28</b>  | <b>Tax</b> , including any alternative minimum tax (see instructions).  | 28   |  |
| <b>29</b>  | Excess advance premium tax credit repayment. Attach Form 8962.  | 29   |  |
| <b>30</b>  | Add lines 28 and 29.  | 30   |  |
| <b>31</b>  | Credit for child and dependent care expenses. Attach Form 2441.   | 31   |  |
| <b>32</b>  | Credit for the elderly or the disabled. Attach Schedule R.  | 32   |  |
| <b>33</b>  | Education credits from Form 8863, line 19.  | 33   |  |
| <b>34</b>  | Retirement savings contributions credit. Attach Form 8880.  | 34   |  |
| <b>35</b>  | Child tax credit. Attach Schedule 8812, if required.  | 35   |  |
| <b>36</b>  | Add lines 31 through 35. These are your <b>total credits</b> .  | 36   |  |
| <b>37</b>  | Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.  | 37   |  |
| <b>38</b>  | Health care: individual responsibility (see instructions). Full-year coverage <input type="checkbox"/>  | 38   |  |
| <b>39</b>  | Add line 37 and line 38. This is your <b>total tax</b> .  | 39   |  |
| <b>40</b>  | Federal income tax withheld from Forms W-2 and 1099.  | 40   |  |
| <b>41</b>  | 2015 estimated tax payments and amount applied from 2014 return.  | 41   |  |
| <b>42a</b> | <b>Earned income credit (EIC).</b>  | 42a  |  |
| <b>b</b>   | Nontaxable combat pay election. 42b   |      |  |
| <b>43</b>  | Additional child tax credit. Attach Schedule 8812.  | 43   |  |
| <b>44</b>  | American opportunity credit from Form 8863, line 8.   | 44   |  |
| <b>45</b>  | Net premium tax credit. Attach Form 8962.   | 45   |  |
| <b>46</b>  | Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .   | ▶ 46 |  |

**Standard Deduction for—**  
 • People who check any box on line 23a or 23b 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

If you have a qualifying child, attach Schedule EIC.

**Refund**

|            |   |     |  |
|------------|---|-----|--|
| <b>47</b>  | If line 46 is more than line 39, subtract line 39 from line 46.<br>This is the amount you <b>overpaid</b> .   | 47  |  |
| <b>48a</b> | Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>   | 48a |  |
| <b>b</b>   | Routing number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings  |     |  |
| <b>d</b>   | Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |     |  |
| <b>49</b>  | Amount of line 47 you want <b>applied to your 2016 estimated tax</b> .  | 49  |  |

**Amount you owe**

|           |  |      |  |
|-----------|--|------|--|
| <b>50</b> | <b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions. | ▶ 50 |  |
| <b>51</b> | Estimated tax penalty (see instructions).  | 51   |  |

**Third party designee**

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

|                   |             |   |
|-------------------|-------------|---|
| Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶ <input type="text"/> |
|-------------------|-------------|---|

**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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

|   |      |                     |   |
|---|------|---------------------|---|
| Your signature  | Date | Your occupation     | Daytime phone number  |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

**Paid preparer use only**

|                            |                      |      |   |      |
|----------------------------|----------------------|------|---|------|
| Print/type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶              | Firm's EIN ▶         |      | Phone no.                                       |      |
| Firm's address ▶           |                      |      |   |      |