

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  
Brian S

Your social security number

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

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.  
2255

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
Winter Garden, FL 34787

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. ▶ Michele Swanson

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 . . . . .

**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)
H			Daughter	<input checked="" type="checkbox"/>
H			Daughter	<input checked="" type="checkbox"/>
S			Daughter	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here ☐

**d** Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b** 2

**No. of children on 6c who:**

- lived with you 3
- did not live with you due to divorce or separation (see instructions)

**Dependents on 6c not entered above**

**Add numbers on lines above ▶** 5

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 1666 68

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 ☐ 13

14 Other gains or (losses). Attach Form 4797 . . . . . 14

15a IRA distributions . . . . . 15a b Taxable amount . . . . . 15b

16a Pensions and annuities . . . . . 16a b Taxable amount . . . . . 16b 27,378 08

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 b Taxable amount . . . . . 20b

21 Other income. List type and amount . . . . . 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22 29,044 76

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

**Adjusted Gross Income**

23 Educator expenses . . . . . 23

24 Certain business expenses of reservists, performing artists, and fee-basis government 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 1778 18

34 Tuition and fees. Attach Form 8917 . . . . . 34

35 Domestic production activities deduction. Attach Form 8903 . . . . . 35

36 Add lines 23 through 35 . . . . . 36 1,778 18

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 27,266 58

## 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

## Payments

If you have a qualifying child, attach Schedule EIC.

## Refund

Direct deposit? See instructions.

## Amount You Owe

## Third Party Designee

## Sign Here

Joint return? See instructions. Keep a copy for your records.

## Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	27,266	58
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b>			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b>			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300	00
41	Subtract line 40 from line 38	41	20,966	58
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	20,000	00
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	966	58
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	96	00
45	Alternative minimum tax (see instructions). Attach Form 6251	45		
46	Excess advance premium tax credit repayment. Attach Form 8962	46		
47	Add lines 44, 45, and 46	47	96	00
48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52	96	00
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55	96	00
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0	00
57	Self-employment tax. Attach Schedule SE	57		
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a	Household employment taxes from Schedule H	60a		
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61		
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63	Add lines 56 through 62. This is your total tax	63	0	00
64	Federal income tax withheld from Forms W-2 and 1099	64	14,968	39
65	2015 estimated tax payments and amount applied from 2014 return	65		
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election <b>66b</b>			
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70		
71	Excess social security and tier 1 RRTA tax withheld	71		
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	14,968	39
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	14,968	39
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	14,968	39
b	Routing number			
d	Account number			
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
77	Amount of line 75 you want applied to your 2016 estimated tax	77		
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)	79		

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

Designee's name

Phone no.

Personal identification number (PIN)

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.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

Form  
**W-2**  
Wage  
And  
Tax  
Statement  
**2015**

Department of  
the Treasury -  
Internal  
Revenue  
Service

a. Employee's Social Security Number [REDACTED]		OMB No. 1545-0008					
b. Employer's Identification Number 31-1612994		d. Control Number COLS0000605		1 Wages, Tips, and other compensation 1666.68		2 Federal Income Tax withheld	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACCOUNTING S DFAS-CO-JJFKC PO BOX 182317 COLUMBUS, OH 43218-2317				3 Social Security Wages		4 Social Security Tax withheld	
				5 Medicare Wages and Tips		6 Medicare Tax withheld	
				7 Social Security tips		8 Allocated Tips	
e. Employee's Name, Address, and ZIP Code  BRIAN S. [REDACTED] 2103 [REDACTED] [REDACTED] GA 30809				9 [REDACTED]		10 Dependent Care Benefits	
				12 See instructions for box 12		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
*5 State		Employer's State ID Number		*6 State Wages, Tips, etc.		17 State Income Tax	
				1666.68			
						18 Local wages, tips, etc.	
						1666.68	
						19 Local Income Tax	
						20 Locality name	

Copy 2

To be Filed  
With  
Employee's  
State, City,  
or Local  
Income Tax  
Return

1 Wages, tips, other comp. 37518.80		2 Federal income tax withheld 3845.30	
3 Social security wages 38638.74		4 Social security tax withheld 2395.60	
5 Medicare wages and tips 38638.74		6 Medicare tax withheld 560.26	
d Control number 0000001828 TH8	Dept.	Corp. UQX6	Employer use only 1115
c Employer's name, address, and ZIP code [REDACTED] VIRTUAL SCHOOL [REDACTED] ORLANDO, FL 32835			
b Employer's FED ID number 59-3721320		a Employee's SSA number [REDACTED]	
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other 1119.94 FRS EE	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code			

d Control Number 443-0192	1 Wages, tips, other compensation 73731.43	2 Federal income tax withheld 7029.57
OMB NO. 1545-0008 This information is being furnished to the Internal Revenue Service.	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 78459.69	6 Medicare tax withheld 1137.66
c Employer's name, address and ZIP code [REDACTED] BD. OF ED. [REDACTED] GA 30824		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a See instructions for box 12 0.00
12b 0.00	12c 0.00	12d 0.00
b Employer identification number (EIN) 586 [REDACTED]		a Employee's social security number [REDACTED]
13 Statutory employee	Retirement plan X	14 Other

a Employer's name, address and ZIP code

CORRECTED (if checked)

12/ 14/ 2015

<b>PAYER'S name, street address, city, state, and ZIP code</b> Defense Finance and Accounting Service US Military Retirement Pay PO Box 7130 London, KY 40742-7130		<b>1 Gross distribution</b> \$ 27378.08	OMB No. 1545-0119  <b>2015</b>	<b>Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		<b>2a Taxable amount</b> \$ 27378.08		
<b>PAYER'S Federal identification number</b> 34-0727612	<b>RECIPIENT'S identification number</b> [REDACTED]	<b>2b Taxable amount not determined Total Distribution</b>		<b>Copy B Report this income on your Federal tax return. This information is being furnished to the Internal Revenue Service.</b>
<b>RECIPIENT'S name, address, and ZIP code</b> BRIAN [REDACTED] 704 SAWGRASS DR  CHARLES TOWN WV 25414-5975		<b>4 Federal Income tax withheld</b> \$ 1344.23	<b>7 Distribution code</b> 7	
		<b>9 Your percentage of total distribution</b> %		
		<b>12 State income tax withheld</b> \$ 0.00	<b>13 State/Payer's state number</b>	
		\$ 0.00		
		<b>RETIRED</b>		
		01012015-12312015		

**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

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

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

<b>1 Name(s) shown on return</b> Brian S. [REDACTED]	<b>2 Your social security number</b> [REDACTED]
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<b>3 Address</b> 2255 [REDACTED] Winter Garden, FL 34787
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**4 Enter year in space provided and check one box.** For the tax year ending December 31, 2015,

I have been unable to obtain (or have received an incorrect) ☒ Form W-2 **OR** ☐ Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

<b>5 Employer's or payer's name, address, and ZIP code</b> [REDACTED] VIRTUAL SCHOOL [REDACTED] Orlando, FL 32835	<b>6 Employer's or payer's identification number (if known)</b> [REDACTED]
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**7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.**

<b>a</b> Wages, tips, and other compensation <span style="float: right;">0</span> <b>b</b> Social security wages <span style="float: right;">0</span> <b>c</b> Medicare wages and tips <span style="float: right;">0</span> <b>d</b> Social security tips <span style="float: right;">0</span> <b>e</b> Federal income tax withheld <span style="float: right;">3845.30</span>	<b>f</b> State income tax withheld <span style="float: right;">0</span> (Name of state) <u>Florida</u> <b>g</b> Local income tax withheld <span style="float: right;">0</span> (Name of locality) _____ <b>h</b> Social security tax withheld <span style="float: right;">2395.60</span> <b>i</b> Medicare tax withheld <span style="float: right;">560.26</span>
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**8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.**

<b>a</b> Gross distribution _____ <b>b</b> Taxable amount _____ <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution <input type="checkbox"/> <b>e</b> Capital gain (included in line 8b) _____	<b>f</b> Federal income tax withheld _____ <b>g</b> State income tax withheld _____ <b>h</b> Local income tax withheld _____ <b>i</b> Employee contributions _____ <b>j</b> Distribution codes _____
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**9 How did you determine the amounts on lines 7 and 8 above?**

After a review of 26 USC and an careful self-assessment, I determined that the compensation I received for my labor was not "Wages" paid to an "Employee" as defined in 3121(a) and 3401(a), but the amounts withheld are correct.

**10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.**  
None.

**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

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

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

**1** Name(s) shown on return

Brian S. [REDACTED]

**2** Your social security number

[REDACTED]

**3** Address

2255 [REDACTED] Winter Garden, FL 34787

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2015,I have been unable to obtain (or have received an incorrect) ☒ Form W-2 OR ☐ Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

**5** Employer's or payer's name, address, and ZIP code

[REDACTED] BD. OF ED.

[REDACTED] GA 30824

**6** Employer's or payer's identification number (if known)

[REDACTED]

**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation	0	<b>f</b> State income tax withheld	3436.82
<b>b</b> Social security wages	0	(Name of state)	Georgia
<b>c</b> Medicare wages and tips	0	<b>g</b> Local income tax withheld	
<b>d</b> Social security tips	0	(Name of locality)	
<b>e</b> Federal income tax withheld	7029.57	<b>h</b> Social security tax withheld	0
		<b>i</b> Medicare tax withheld	1137.66

**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution		<b>f</b> Federal income tax withheld	
<b>b</b> Taxable amount		<b>g</b> State income tax withheld	
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	<b>h</b> Local income tax withheld	
<b>d</b> Total distribution	<input type="checkbox"/>	<b>i</b> Employee contributions	
<b>e</b> Capital gain (included in line 8b)		<b>j</b> Distribution codes	

**9** How did you determine the amounts on lines 7 and 8 above?

After a review of 26 USC and an careful self-assessment, I determined that the compensation I received for my labor was not "Wages" paid to an "Employee" as defined in 3121(a) and 3401(a), but the amounts withheld are correct.

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None.