

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 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. 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). Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code 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 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. 2 ☒ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. 5 ☐ Qualifying widow(er) with dependent child

**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. No. of children on 6c who: • lived with you 4 • 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 6. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instructions) Daughter ☐ Son ☐ Daughter ☐ Daughter ☐ d Total number of exemptions claimed

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 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 111 61 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

**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 33 165 78 34 Tuition and fees. Attach Form 8917 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 -54 17

**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

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	-54	17
<b>39a</b>	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>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>▶ 39b</b>			
<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	12600	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	-12654	17
<b>42</b>	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	<b>42</b>	24000	
<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	0	
<b>44</b>	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	<b>44</b>	0	
<b>45</b>	Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>		
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>		
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	0	
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>		
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>		
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>		
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>		
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>		
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>		
<b>54</b>	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>54</b>		
<b>55</b>	Add lines 48 through 54. These are your total credits	<b>55</b>	0	
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	0	

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>		
<b>58</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>58</b>		
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>		
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>		
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>		
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	<b>61</b>		
<b>62</b>	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>		
<b>63</b>	Add lines 56 through 62. This is your total tax	<b>63</b>		

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	1813	01
<b>65</b>	2015 estimated tax payments and amount applied from 2014 return	<b>65</b>		
<b>66a</b>	Earned income credit (EIC)	<b>66a</b>		
<b>b</b>	Nontaxable combat pay election <b>66b</b>			
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>		
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>		
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>		
<b>70</b>	Amount paid with request for extension to file	<b>70</b>		
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>		
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>		
<b>73</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	<b>73</b>		
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	<b>74</b>	1813	01

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	1813	01
<b>76a</b>	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <b>▶</b>	<b>76a</b>	1813	01
<b>b</b>	Routing number	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number			
<b>77</b>	Amount of line 75 you want applied to your 2016 estimated tax <b>▶</b>	<b>77</b>		
<b>78</b>	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions <b>▶</b>	<b>78</b>	0	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>		

**Third Party Designee**

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

Designee's name <b>▶</b>	Phone no. <b>▶</b>	Personal identification number (PIN) <b>▶</b>
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**Sign Here**

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

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.)

**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

2 Your social security number

C

### 3 Address

**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

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

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

**a** Wages, tips, and other compensation

**b** Social security wages

**c Medicare wages and tips**

#### d Social security tips

**e** Federal income tax withheld

**f** State income tax withheld

(Name of state) .

**g** Local income tax withheld

(Name of locality)

#### h Social security tax withheld

- i Medicare tax withheld

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

**a** Gross distribution . . . . .

**b** Taxable amount

**c** Taxable amount not determined

**d** Total distribution

**e** Capital gain (included in line 8b)

0

111.61

100

111.61

**f** Federal income tax withheld

**g** State income tax withheld

#### **h** Local income tax withheld

- i Employee contributions

i Distribution codes .

1066.50

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

Applicable tax law and my records.

**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.**

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

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

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

a Wages, tips, and other compensation	_____	f State income tax withheld	_____
b Social security wages	_____	(Name of state)	_____
c Medicare wages and tips	_____	g Local income tax withheld	_____
d Social security tips	_____	(Name of locality)	_____
e Federal income tax withheld	_____	h Social security tax withheld	217.47
		i Medicare tax withheld	50.86

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

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

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

Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby DISPUTED. I receive no such wages.

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

**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.**

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<b>1</b> Name(s) shown on return	<b>2</b> Your social security number
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**3** Address

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

<p><b>a</b> Wages, tips, and other compensation _____</p> <p><b>b</b> Social security wages . . . . . _____</p> <p><b>c</b> Medicare wages and tips . . . . . _____</p> <p><b>d</b> Social security tips . . . . . _____</p> <p><b>e</b> Federal income tax withheld . . . . . <u>746.51</u></p>	<p><b>f</b> State income tax withheld . . . . . _____ (Name of state) , _____</p> <p><b>g</b> Local income tax withheld . . . . . _____ (Name of locality) _____</p> <p><b>h</b> Social security tax withheld . . . . . <u>3084.49</u></p> <p><b>i</b> Medicare tax withheld . . . . . <u>721.38</u></p>
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**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

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

Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby DISPUTED. I received no such wages.

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