1040A	U.S	S. Individual I	ncome Ta	ax Return	99)	201	15	RS Use Only	-Do not	write or staple	in this	space	
Your first name and in	itial	30	Last name	1951, Blin	nuary 2,	st end	ere born be	Youv) Roarf	OMB No. 1545	-0074	bo	
		baploenta l b	Spause was born before January 2, 1851, Blind Jahadh							Your social security number			
Joseph			are married filing separately and your spouse iter						15	California (
If a joint return, spous	Last name	Bons, check here						Spouse's social security number					
00 0000		24				noils	land deduc	ur stans	DV.			-30	
Home address (number	tions. If enom			tion line 2	Apt. no.		Make sure the SSN(s) above and on line 6c are correct.						
City, town or post office,	state, an	d ZIP code. If you have a	foreign address, al	so complete spaces l	below (see	instruction	ns).	as enil t	Pres	idential Electic	n Camp	paign	
Illinois		-4								ere if you, or your			
Foreign country name	0. 26			Foreign province/state/county Foreign			gn postal coo		vant \$3 to go to thi slow will not chang				
			ris	ayment. Attac	der rep	ax ore	premium t	advance	refund.	You	s	pouse	
Filing	1 [Single				4	Head of hous						
status	2 [Married filing jo					If the qualifying			but not your	depen	dent	
Check only	3 [✓ Married filing sep		spouse's SSN ab	ove and	o tensi	enter this chil			31 (1100	8,900	
one box.		full name here.					Qualifying wid		depende		struct	tions)	
Exemptions	6a			can claim you	as a d	epend	lent, do no	t check	N Tibe	Boxes checked on	911		
			oox 6a.						1	6a and 6b	0	1	
	b	Spouse	55	13,	3, 1119	dba m	no i stor z	1.0 /	1831.b.	No. of child on 6c who:	ren		
	С	Dependents:		(2) Dependent's	s social	(3) D	ependent's	(4) If age 17 que		• lived with			
If more than six		(1) First name	Lastnama	security nun	security number		nship to you	child tax o	redit (see	you	-		
dependents, see instructions.	_	(i) First name	Last name	AND PART OF THE PARTY	MUDY 89	9.40000	C AND PROVE	instruc	tions)	did not live with you du			
instructions.		20 KT Approxi	College of the	(analiamitan	60.00 8	Edino.	consta lenda		ARIS AN	divorce or			
	-	oc 1st afferen	S CHO !	vet b	a find how	NA DE S	ima 38 Thi	nne St	will burn	separation (
00 10		12550	04.0	W-2 and 109	Forms	more I	Jarlelin Xa	0.000000	and a	Dependents			
	-	-		believe in	Jorns I	na ate	nemved xel	natan	9.210	on 6c not entered abo	we		
			116					sufer I	S.mes		Desire.	Spain.	
	1000		42a			-12	Stabilities	emooni	bernst	Add numbe on lines	Г	,3200	
	d	Total number of	f exemption	s claimed.						above ▶	es	1	
Income			43	ule 8812.	Sched	docute	Jibana xa	olino la	noil bby	43 /			
	7	Wages, salaries	s, tips, etc. /	Attach Form(s) W-2.	mont a	beto ylinut	toddo n	7	44 4	0	00	
Attach		45 Net premium tax greufit, Altaen Form 8552. 45											
Form(s) W-2 here. Also	8a										\rightarrow		
attach	b	Tax-exempt interest. Do not include on line 8a. 8b									be		
Form(s)	9a	Ordinary dividends. Attach Schedule B if required. 9a Qualified dividends (see instructions). 9b											
1099-R if tax	_ b				uoy or s	91	YOU WARK DIC	19 90 10	10				
was withheld.	10	Capital gain dis	tributions (s	see instruction		444	Tavalda as		10	144	-	COULD	
	iia	IRA distributions.	11a			11b	Taxable an (see instru		11b		200		
If you did not get a W-2, see	12a		IIa		1 101	12b	Taxable an		110	h hand	-	-	
instructions.	120	annuities.	12a	360.00		120	(see instru		12b		88.		
		difficition.	124				(SCC IIISUU	otions).	an Ath	6			
	13	Unemployment	compensat	tion and Alask	a Perm	anent	Fund divid	dends.	13				
							Taxable an		dent as	3	-		
		benefits.	14a			Totale	(see instru		14b		ewo	100	
	acif edi	Igmp0 zeY [] P(an	(sup instructio	affiliant year the IRS	or aidt oa	uca b o	naging terito	ns wolls o	d mean in	w Days	See	issiel	
	15	Add lines 7 thro	ough 14b (fa	r right column	n). This	is you	r total ince	ome. >	15	The land	0	.00	
Adjusted	4	60% advus		4 20					4	probit	vull	Sinn	
gross	16	Educator exper			null began	16		of perjury, I	rollering				
income	17	IRA deduction			was will do	17		bessed at the	copat an			ara ara	
nedmun	18	Student loan int	erest deduc	tion (see instri	uctions)	. 18	3		- Millerido				
	815-1	- w	(Design)	HIM D				1 500					
	19	Tuition and fee				15		SECTION OF REF	- Total of		(999)		
	20	Add lines 16 th	rough 19. Th	nese are your	total a	djusti	ments.		20	7.0	0	00	
	24	Cultivant line Of	from line 4	5 This is you				model & sel	01			bis	
	21	Subtract line 20	rom line 1	5. This is you	aujus	tea gi	uss incon	ie.	21		0	00	

Form

Department of the Treasury-Internal Revenue Service

Form 1040A	(2015)		ankovi	2 econover) lumiestr	the Treatment of	to mecchiquG	Pa	age 2	
Tax, credits,	22	Enter the amount from line 21 (adjusted gro	oss inco	me).	ni tsubivi	22	0	00	
and	23a	Check You were born before January 2, 195	51, 🔲 B	lind Total b	oxes	- lai	ini bese aman te	50 RAD	
payments		if: Spouse was born before January 2, 19	951, B	lind checke	d ▶ 23a	0			
paymonts	b	If you are married filing separately and your	r spouse	itemizes					
Standard	e laloes	deductions, check here			▶ 23b	to aman helt a			
Deduction for—	24	Enter your standard deduction.				24	6300	00	
People who	25	Subtract line 24 from line 22. If line 24 is me	ore than	line 22. ente	er -0	25	0300	00	
check any box on line	26	Exemptions. Multiply \$4,000 by the number				26	4000	00	
23a or 23b or	27	Subtract line 26 from line 25. If line 26 is me			er -0-	about Till bein gerale	4000	- 00	
who can be claimed as a	the least	This is your taxable income.				▶ 27	a aloniti . o	00	
dependent, see	28	Tax, including any alternative minimum tax (see	instruction	ons). 28			Schen Valorico	- 00	
instructions.	29	Excess advance premium tax credit repayn							
All others:	- Inches	Form 8962.		29	als	uni2 File			
Single or Married filing	30	Add lines 28 and 29.	of ann of	20	doi mail y bay	30	ام	000	
separately, \$6,300	31	Credit for child and dependent care expens	cae Atta	ch	end seminaria na	00	. 0	00	
Married filing	1 1 1 1 1 1 1	Form 2441.	oco. Atta	31	of every start	n 3.1			
jointly or Qualifying	32	Credit for the elderly or the disabled. Attach	h	31	N Marsu	. 9 1 62			
widow(er),	200	Schedule R.	U - HERBER C	32	- Mine 10		suondu	19%2	
\$12,600 Head of	33	Education credits from Form 8863, line 19.		33	92110	-9 T 1 A			
household,	34	Retirement savings contributions credit. Attac			5500	to Later			
\$9,250	35				ndentst	ageu a			
	36	Child tax credit. Attach Schedule 8812, if re		35		-00	ste ned		
	37	Add lines 31 through 35. These are your tot			- 0	36	0	00	
	38	Subtract line 36 from line 30. If line 36 is mo				37	0	00	
		Health care: individual responsibility (see inst		. rull-year	coverage	✓ 38			
	39	Add line 37 and line 38. This is your total ta		200 10		39	0	00	
	40	Federal income tax withheld from Forms W-		099. 40	13669				
If you have	41	2015 estimated tax payments and amount	applied						
a qualifying [from 2014 return.		41					
Schedule r	42a	Earned income credit (EIC).		42a					
EIC.	b	Nontaxable combat pay election. 42b	.bemisla	anodtements	to redmun				
	43	Additional child tax credit. Attach Schedule		43			me		
	44	American opportunity credit from Form 886			sehelea a	aps A Squ			
	45	Net premium tax credit. Attach Form 8962.		45			ris		
	46	Add lines 40, 41, 42a, 43, 44, and 45. These			nents.	▶ 46	13669	00	
Refund	47	If line 46 is more than line 39, subtract line 3	39 from	line 46.			Ustra		
Neiulia		This is the amount you overpaid.	eiuberla	de Altach Si	nabivit yis	47	13669	00	
Direct	48a	Amount of line 47 you want refunded to you. If F	Form 888	8 is attached,	check here	► 48a	13669	00	
deposit? See instructions and fill in 48b, 48c, and 48d or	- b	Routing To To	vne.	Checking [Savings	70 Cape		SSW	
		number	урс. 🗀	Checking [_ oavings				
	- d	Account TITITITITITITITITITITITITITITITITITITI		T att					
		number			bha and	12a Pensi			
Form 8888.	49	Amount of line 47 you want applied to you	r	129	.88	umne			
		2016 estimated tax. 49							
Amount you owe	50	Amount you owe. Subtract line 46 from line	e 39. Fo	r details on h	now to pay,	nenU Er			
		see instructions.				▶ 50			
you one	51	Estimated tax penalty (see instructions).		51	.21	benef			
Third party	Do	you want to allow another person to discuss this return	with the I	RS (see instruct	tions)? Yes	. Complete the	following.	No	
-0.0	De	ignee's 4 someoni Islah boy a siriT (Phor	ne me		Persons	al identification			
designee	name ► no. ► number (PIN) ►								
Cian	Un	der penalties of perjury, I declare that I have examined this return belief, they are true, correct, and accurately list all amounts a	m and acco	mpanying schedu	les and statement	ents, and to the b	est of my know	ledge	
Sign	tha	n the taxpayer) is based on all information of which the preparer	r has any kn	nowledge.	ved during the t	ax year. Declarati	on or preparer	torner	
here	You	r signature Date	ni ene	Your occupation		Daytime phone	number		
Joint return? See instructions.	1	7-6	4-16 N	Mill Operator					
Keep a copy	Sto	Date		Spouse's occupat	on		an Identity Protect	ction	
for your records.	/	our fotal adjustments. 20	V 613 42			PIN, enter it here (see inst.)	TTT	T	

(Rev. September 2014)

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.

OMB No. 1545-0074

Department of the Treasury

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

▶ Information about Form 4852 is available at www.irs.gov/form4852

Interna	Reve	enue Service Information	about Form 4852 is av	aila	ble at www.irs.gov/form	4852.		- 1		
1	Nam	ne(s) shown on return			2	Yourso	cial	sec	urity n	ımber
Jose	ph H	I								
3	Add	ress								
		, II								
4	Ent	er year in space provided and check	one box. For the tax	yea	ar ending December 31	, 2015	,			
	I ha	ve been unable to obtain (or have receive	ved an incorrect) ✓	Fo	orm W-2 OR Form	1099-R.				
	I ha	notifying ve notified the IRS of this fact. The amo	unts shown on line 7	or	line 8 are my best estir	nates for	all w	ages	s or pay	ments
	mad	de to me and tax withheld by my employ	yer or payer named o	on I	ine 5.			_		
5	Emp	ployer's or payer's name, address, and a	ZIP code				6		oyer's or	
Р								ident	ification	number (if known)
	IL									
7	Fo	orm W-2. Enter wages, tips, other comp	ensation, and taxes	with	hheld.					
	а	Wages, tips, and other compensation	0	f	State income tax with	held .				2592
	b	Social security wages	0			Illinois				
	C	Medicare wages and tips	0	g	Local income tax with	held .				
	d	Social security tips			(Name of locality)					
	e	Federal income tax withheld	7927	h	Social security tax wit	hheld .				4654
				i	Medicare tax withheld				. —	1088
8	Fo	orm 1099-R. Enter distributions from pe	nsions, annuities, ret	irer	ment/profit-sharing plan	s, IRAs, ir	nsur	ance	contra	cts, etc.
	a	Gross distribution		f	Federal income tax w	ithheld				
	b	Taxable amount		g	State income tax with	held .				
	c	Taxable amount not determined .		h	Local income tax with	held .			. —	
	d	Total distribution		i	Employee contribution	ns				
	е	Capital gain (included in line 8b) .		j	Distribution codes .					

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