

**TROY THOMPSON & YVONNE SMITH  
30911 BARD ROAD  
DOVER, NJ 07801  
2015 INCOME TAX RETURN**

PRACTICE LAB  
 15 PRACTICE LAB WAY  
 WASHINGTON DC 20005  
 (202) 202-2022

TROY H THOMPSON &  
 YVONNE E SMITH  
 30911 BARD ROAD  
 DOVER NJ 07801  
 (973) 555-5589

Preparer No.: 995  
 Client No. : XXX-XX-0752  
 Invoice Date: 09/01/2016

**INVOICE**

Description	Amount
PREPARATION OF 2015 FEDERAL/STATE FORMS & WORKSHEETS:  FORM 1040 SCHEDULE A (ITEMIZED DEDUCTIONS) SCHEDULE A MEDICAL BREAKDOWN SCHEDULE A CONTRIBUTION WORKSHEET SCHEDULE B (INTEREST & DIVIDENDS) SCHEDULE D (CAPITAL GAINS & LOSS) FORM 8949 (SALES OF CAPITAL ASSETS) (3) CAPITAL GAIN TAX WORKSHEET FORM W-2G (GAMBLING WINNINGS) FORM 1099-R (RETIREMENT DISTRIBUTIONS) (2) SSA WORKSHEET FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8965 (HEALTH COVERAGE EXEMPTIONS) NJ STATE RESIDENT RETURN	
	<b>Total Invoice</b>
	\$0.00
	<b>Amount Paid</b>
	\$0.00
	<b>Balance Due</b>
	\$0.00

TAX YEAR: 2015

PROCESS DATE: 09/01/2016

CLIENT : 621-00-0752 TROY H THOMPSON  
SPOUSE : 622-00-0752 YVONNE E SMITH

BIRTH DATE : 03/12/1947  
BIRTH DATE : 10/30/1951

ADDRESS : 30911 BARD ROAD  
: DOVER NJ 07801

PREPARER : 995

Phone #1: (973) 555-5589

PREPARER FEE:

Phone #2: -

ELECTRONIC :

Phone #3: -

TOTAL FEES :

STATUS : 2

FED TYPE: Electronic Mail

ST TYPE : Regular Tax

E-MAIL : NONE@TAXSLAYERPRO.COM

LISTING OF FORMS FOR THIS RETURN

FORM 1040  
FORM W-2G  
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)  
FORM 1099-R (RETIREMENT DISTRIBUTIONS)  
SCHEDULE A (ITEMIZED DEDUCTIONS)  
SCHEDULE B (INTEREST/DIVIDEND INCOME)  
SCHEDULE D (CAPITAL GAINS/LOSSES)  
FORM 8949 (SALES AND OTHER DISPOSITIONS OF CAPITAL ASSETS)  
FORM 8965 (HEALTH COVERAGE EXEMPTIONS)  
NJ STATE RESIDENT RETURN

\* QUICK SUMMARY \*

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	2	2
TOTAL INCOME	75063	56080
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	75063	36080
DEDUCTIONS	24287	20373
EXEMPTIONS	8000	3000
TAXABLE INCOME	42776	12707
TAX	3236	178
CREDITS	7	0
PAYMENTS	3567	250
EARNED INCOME CREDIT	0	0
REFUND	338	72
AMOUNT DUE	0	0

CLIENT : TROY THOMPSON  
SPOUSE : YVONNE SMITH

621-00-0752  
622-00-0752

PREPARER : 995 DATE : 09/01/2016

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LISTING OF FORMS FOR THIS RETURN

\* W-2G INCOME FORMS SUMMARY \*

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	[T/S]	PAYER	GROSS WINNING	FED WITH	STATE WITH	ST
1.	S	ROCKHURST CASINO	1200	200	200	NJ
		TOTALS.....	1200	200	200	

\* 1099-R INCOME FORMS SUMMARY \*

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	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH
1.	T	TRI STATE CONSTRU	24295	24295	1245	0
2.	S	HARRIS TRUST CO	13223	13223	1322	0
		TOTALS.....	37518	37518	2567	0

\* FORM SSA-1099 INCOME FORMS SUMMARY \*

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	[T/S]	PAYER	SSA BENEFITS	FED WITH
1.	T	U.S.	13108	0
2.	S	U.S.	8960	0
		TOTALS.....	22068	0

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](http://www.irs.gov/form8879).

**2015**

Submission Identification Number (SID) ▶

Taxpayer's name TROY H THOMPSON	Social security number 621-00-0752
Spouse's name YVONNE E SMITH	Spouse's social security number 622-00-0752

**Part I Tax Return Information—Tax Year Ending December 31, 2015 (Whole Dollars Only)**

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	<b>1</b>	75063
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	<b>2</b>	3229
<b>3</b> Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	<b>3</b>	2767
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	<b>4</b>	338
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	<b>5</b>	

**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 acknowledgement 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 PRACTICE LAB to enter or generate my PIN 

1	0	7	5	2
---	---	---	---	---

 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 ▶ 09/01/2016

**Spouse's PIN: check one box only**

- I authorize PRACTICE LAB to enter or generate my PIN 

1	0	7	5	2
---	---	---	---	---

 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 ▶ 09/01/2016

**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. 

3	6	9	2	5	8	1	9	2	5	8
---	---	---	---	---	---	---	---	---	---	---

  
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 ▶ PRACTICE LAB Date ▶ 09/01/2016  
IRS PREPARER

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

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial <b>TROY H</b>	Last name <b>THOMPSON</b>	<b>Your social security number</b> 621-00-0752
If a joint return, spouse's first name and initial <b>YVONNE E</b>	Last name <b>SMITH</b>	<b>Spouse's social security number</b> 622-00-0752
Home address (number and street). If you have a P.O. box, see instructions. <b>30911 BARD ROAD</b>		▲ 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). <b>DOVER, NJ 07801</b>		
Foreign country name	Foreign province/state/county	Foreign postal code

**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 . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	Boxes checked on 6a and 6b
(1) First name	Last name				
				<input type="checkbox"/>	No. of children on 6c who:
				<input type="checkbox"/>	• lived with you
				<input type="checkbox"/>	• did not live with you due to divorce or separation (see instructions)
				<input type="checkbox"/>	Dependents on 6c not entered above
d Total number of exemptions claimed . . . . .					<b>2</b>

If more than four dependents, see instructions and check here

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	850
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	975
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	12485
b	Qualified dividends . . . . .	9b	11353
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	4252
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	13223
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	24295
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	22068
b	Taxable amount . . . . .	20b	18758
21	Other income. List type and amount <b>GAMBLING WINNINGS</b>	21	1200
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	75063

**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	
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	75063



**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).**  
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

TROY THOMPSON & YVONNE SMITH

621-00-0752

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.																															
	1 Medical and dental expenses (see instructions) . . . . .	1	21095																													
	2 Enter amount from Form 1040, line 38 <input type="text" value="2"/> 75063																															
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	5630																													
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4				15465																											
<b>Taxes You Paid</b>	5 State and local ( <b>check only one box</b> ):																															
	a <input type="checkbox"/> Income taxes, or	5	826																													
	b <input checked="" type="checkbox"/> General sales taxes																															
	6 Real estate taxes (see instructions) . . . . .	6	1378																													
	7 Personal property taxes . . . . .	7																														
	8 Other taxes. List type and amount ►	8																														
	9 Add lines 5 through 8 . . . . .	9				2204																										
	<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10																													
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► <u>BIG BANK, 213000752</u> <u>67 LONG RD DENVILLE NJ 07834</u>	11	3258																												
12 Points not reported to you on Form 1098. See instructions for special rules . . . . .		12																														
13 Mortgage insurance premiums (see instructions) . . . . .		13																														
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14																														
15 Add lines 10 through 14 . . . . .		15				3258																										
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions. . . . .	16	1800																													
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17	360																													
	18 Carryover from prior year . . . . .	18																														
	19 Add lines 16 through 18 . . . . .	19				2160																										
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20																														
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21																														
	22 Tax preparation fees . . . . .	22																														
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23																														
	24 Add lines 21 through 23 . . . . .	24																														
	25 Enter amount from Form 1040, line 38 <input type="text" value="25"/>	25																														
	26 Multiply line 25 by 2% (.02) . . . . .	26																														
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27																														
<b>Other Miscellaneous Deductions</b>	28 Other—from list in instructions. List type and amount ► <b>GAMBLING LOSSES TO AMOUNT WON 1200</b>	28																														
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$154,950? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29				24287																										
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .																															



**SCHEDULE B**  
**(Form 1040A or 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).**

Name(s) shown on return

Your social security number

TROY THOMPSON & YVONNE SMITH

621-00-0752

**Part I**  
**Interest**

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶  
ALVIN BOND FUNDS

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2** Add the amounts on line 1 . . . . .
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ▶

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**1**

850

**2**

850

**3**

**4**

850

**Amount**

**Part II**  
**Ordinary Dividends**

- 5** List name of payer ▶  
ALVIN BOND FUNDS

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ▶

**Note:** If line 6 is over \$1,500, you must complete Part III.

**5**

12485

**6**

12485

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Part III**  
**Foreign Accounts and Trusts**

(See instructions on back.)

- 7a** At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8** During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back . . . . .

Yes	No
	X
	X

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://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**

Name(s) shown on return

TROY THOMPSON & YVONNE SMITH

Your social security number

621-00-0752

**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)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	7454	7118	227	563
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> 563

**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)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	1787	1500		287
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	40674	37272		3402
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked. . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> 3689

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	4252
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . ▶	<b>18</b>	
<b>19</b>	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 <b>both</b> zero or blank? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
 TROY THOMPSON & YVONNE SMITH

Social security number or taxpayer identification number  
 621-00-0752

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or 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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ALVIN BOND FUND	VARIOUS	08/28/2015	1787	1500			287
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►				1787	1500			287

**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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
 TROY THOMPSON & YVONNE SMITH

Social security number or taxpayer identification number  
 621-00-0752

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or 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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	HILLFORD INVEST	VARIOUS	08/26/2015	40674	37272			3402
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►				40674	37272			3402

**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.

### Health Coverage Exemptions

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

▶ Information about Form 8965 and its separate instructions is at [www.irs.gov/form8965](http://www.irs.gov/form8965).

Name as shown on return

TROY H THOMPSON

Your social security number

621-00-0752

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

**Part I Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

**Part II Coverage Exemptions Claimed on Your Return for Your Household**

7a Are you claiming an exemption because your household income is below the filing threshold? . . . . .  Yes  No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? . . . . .  Yes  No

**Part III Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
8	YVONNE E SMITH	622-00-0752	A		X	X	X	X	X	X						
9																
10																
11																
12																
13																

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Medical and Dental Insurance	4234
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	2723
Prescription Medicine, Drugs, or Insulin	7355
Hospital Care including Meals and Lodging	6230
Mileage (1210 miles x 0.230)	278
PRESCRIPTION GLASSES	275
	<hr/>
TOTALS:	21095



**SCHEDULE A CONTRIBUTION LIMITATION WORKSHEET**

Keep for your records

**SUMMARY**

	(a) Current Year Contributions 2015	(b) Contributions carried from prior year	(c) Total	(d) Current Year Deduction	(e) Carryover Deduction
<b>1</b> 50% Limitation	2160		2160	2160	
<b>2</b> 30% Capital Gain					
<b>3</b> 30% Limitation					
<b>4</b> 20% Limitation					
<b>5</b> TOTALS	2160		2160	2160	

**LIMITATION CALCULATIONS**

**6** 2015 Adjusted Gross Income (AGI) . . . . . **6** 75063

50% Contributions

	Limitation	2015 Deduction & Carryover to 2016
<b>7</b> Total 50% Contributions (line 1, column c) . . . . . <b>7</b>	2160	
<b>8</b> 50% of AGI limitation (line 6 x .50) . . . . . <b>8</b>	37532	
<b>9</b> 2015 deduction (lesser of line 7 or line 8) (carries to line 1, column d) . . . . . <b>9</b>		2160
<b>10</b> Carryover to 2016, if any (line 7 less line 9) (carries to line 1, column e) . . . . . <b>10</b>		

30% Capital Gain Special Limit

<b>11</b> Total 30% Capital Gain Special Limit Contributions (line 2, column c) . . . . . <b>11</b>		
<b>12</b> 30% AGI limitation (line 6 x .30) . . . . . <b>12</b>	22519	
<b>13</b> 50% AGI limitation less 50% deduction (line 8 less line 9) . . . . . <b>13</b>	35372	
<b>14</b> 2015 deduction (lesser lines 11,12 and 13) (carries to line 2, column d) . . . . . <b>14</b>		
<b>15</b> Carryover to 2016, if any (line 11 less line 14) (carries to line 2, column e) . . . . . <b>15</b>		

30% Contribution

<b>16</b> Total 30% Contribution (line 3, column c) . . . . . <b>16</b>		
<b>17</b> 30% AGI (line 6 x .30) . . . . . <b>17</b>	22519	
<b>18</b> 50% of AGI limitation less 50% deduction and 30% Capital Gain Special Limitation deduction (line 8 less lines 9 and 14) . . . . . <b>18</b>	35372	
<b>19</b> 2015 deduction (lesser of lines 16,17 and 18) (carries to line 3, column d) . . . . . <b>19</b>		
<b>20</b> Carryover to 2016, if any (line 16 less line 19) (carries to line 3, column e) . . . . . <b>20</b>		

20% Contributions

<b>21</b> Total 20% contribution (line 4, column c) . . . . . <b>21</b>		
<b>22</b> 20% of AGI (line 6 x .20) . . . . . <b>22</b>	15013	
<b>23</b> 30% of AGI limitation less 30% deduction (line 17 less line 19) . . . . . <b>23</b>	22519	
<b>24</b> 30% of AGI limitation less 30% Capital Gain Limitation deduction (line 12 less line 14) . . . . . <b>24</b>	22519	
<b>25</b> 50% of AGI limitation less 50% and 30% deduction (line 8 less lines 9,14 and 19) . . . . . <b>25</b>	35372	
<b>26</b> 2015 deduction (lesser of lines 21,22,23, 24 and 25) (carries to line 4, column d) . . . . . <b>26</b>		
<b>27</b> Carryover to 2016, if any (line 21 less line 26) (carries to line 4, column e) . . . . . <b>27</b>		

**Qualified Dividends and Capital Gain Tax Worksheet—Line 44**

Keep for Your Records



**Before you begin:** ✓ See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.  
 ✓ Before completing this worksheet, complete Form 1040 through line 43.  
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1.	Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<u>42776</u>
2.	Enter the amount from Form 1040, line 9b*	2.	<u>11353</u>
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-	} 3.	<u>3689</u>
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13		
4.	Add lines 2 and 3	4.	<u>15042</u>
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	<u>          </u>
6.	Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>15042</u>
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>27734</u>
8.	Enter: \$37,450 if single or married filing separately, \$74,900 if married filing jointly or qualifying widow(er), \$50,200 if head of household.	} 8.	<u>74900</u>
9.	Enter the smaller of line 1 or line 8		
10.	Enter the smaller of line 7 or line 9	10.	<u>27734</u>
11.	Subtract line 10 from line 9. This amount is taxed at 0%	11.	<u>15042</u>
12.	Enter the smaller of line 1 or line 6	12.	<u>15042</u>
13.	Enter the amount from line 11	13.	<u>15042</u>
14.	Subtract line 13 from line 12	14.	<u>          </u>
15.	Enter: \$413,200 if single, \$232,425 if married filing separately, \$464,850 if married filing jointly or qualifying widow(er), \$439,000 if head of household.	} 15.	<u>464850</u>
16.	Enter the smaller of line 1 or line 15		
17.	Add lines 7 and 11	17.	<u>42776</u>
18.	Subtract line 17 from line 16. If zero or less, enter -0-	18.	<u>          </u>
19.	Enter the smaller of line 14 or line 18	19.	<u>          </u>
20.	Multiply line 19 by 15% (0.15)	20.	<u>          </u>
21.	Add lines 11 and 19	21.	<u>15042</u>
22.	Subtract line 21 from line 12	22.	<u>          </u>
23.	Multiply line 22 by 20% (0.20)	23.	<u>          </u>
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>3236</u>
25.	Add lines 20, 23, and 24	25.	<u>3236</u>
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	<u>5494</u>
27.	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	<u>3236</u>

\*If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**28% Rate Gain Worksheet—Line 18**

Keep for Your Records 

1. Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II .....	1. _____
2. Enter as a positive number the total of:	
• Any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 50% of the gain;	} .....
• $\frac{2}{3}$ of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 60% of the gain; and	
• $\frac{1}{3}$ of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 75% of the gain.	
Do not make an entry for any section 1202 exclusion that is 100% of the gain.	
3. Enter the total of all collectibles gain or (loss) from Form 4684, line 4 (but only if Form 4684, line 15, is more than zero); Form 6252; Form 6781, Part II; and Form 8824 .....	3. _____
4. Enter the total of any collectibles gain reported to you on:	
• Form 1099-DIV, box 2d;	} .....
• Form 2439, box 1d; and	
• Schedule K-1 from a partnership, S corporation, estate, or trust.	
5. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C .....	5. ( _____ )
6. If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0- .....	6. ( _____ )
7. Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 .....	7. _____

QNA

**Unrecaptured Section 1250 Gain Worksheet—Line 19**

Keep for Your Records



**If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.**

- 1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the **smaller** of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. If you had more than one such property, see instructions . . . . . **1.** \_\_\_\_\_
- 2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . . **2.** \_\_\_\_\_
- 3. Subtract line 2 from line 1 . . . . . **3.** \_\_\_\_\_
- 4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year (see instructions) . . . . . **4.** \_\_\_\_\_
- 5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as “unrecaptured section 1250 gain” . . . . . **5.** \_\_\_\_\_
- 6. Add lines 3 through 5 . . . . . **6.** \_\_\_\_\_
- 7. Enter the **smaller** of line 6 or the gain from Form 4797, line 7 . . . . . **7.** \_\_\_\_\_
- 8. Enter the amount, if any, from Form 4797, line 8 . . . . . **8.** \_\_\_\_\_
- 9. Subtract line 8 from line 7. If zero or less, enter -0- . . . . . **9.** \_\_\_\_\_
- 10. Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain (see instructions) . . . . . **10.** \_\_\_\_\_
- 11. Enter the total of any amounts reported to you as “unrecaptured section 1250 gain” on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, trust, real estate investment trust, or mutual fund (or other regulated investment company) or in connection with a Form 1099-R . . . . . **11.** \_\_\_\_\_
- 12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale (see instructions) . . . . . **12.** \_\_\_\_\_
- 13. Add lines 9 through 12 . . . . . **13.** \_\_\_\_\_
- 14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the **28% Rate Gain Worksheet**. Otherwise, enter -0- . . . . . **14.** \_\_\_\_\_
- 15. Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . . **15.** ( \_\_\_\_\_ )
- 16. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C\* . . . . . **16.** ( \_\_\_\_\_ )
- 17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- . . . . . **17.** \_\_\_\_\_
- 18. **Unrecaptured section 1250 gain.** Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19 . . . . . **18.** \_\_\_\_\_



\*If you are filing Form 2555 or 2555-EZ (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet in the Form 1040 instructions before completing this line.



# Shared Responsibility Payment

## To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete [Worksheet A](#) and [Worksheet B](#) if you are directed to them as you complete Steps 1 through 5.
- Complete the [Shared Responsibility Payment Worksheet](#) as directed by Steps 1 through 5 or Worksheets A and B.

### Step 1 All Filers

1. Can someone claim you as a dependent?
- Yes.**   **No.** Continue 
- You do not owe a shared responsibility payment. Do not check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box on line 5.

2. Did you, your spouse (if filing jointly), and everyone you claimed or could have claimed as a dependent have qualifying health coverage for every month of 2015\*?
- Yes.**   **No.** Continue 
- You do not owe a shared responsibility payment. Check the Full-year coverage checkbox on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.


\*You can check the Full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage for every month he or she was a member of your tax household.

3. Do you, your spouse (if filing jointly), or anyone else you claimed or could have claimed as a dependent have qualifying health coverage or qualify for a coverage exemption for any month in 2015?

**Yes.**   **No.** Continue 

Claim any coverage exemption you qualify for on Form 8965. Skip questions 4 and 5; go to Worksheet A.

4. Did you elect not to claim a dependent you could have claimed?

**Yes.**   **No.** Continue 

Skip question 5; go to Worksheet A.

5. Did you, your spouse (if filing jointly), or any of your dependents turn 18 during 2015?

**Yes.** Go to Worksheet A.  **No.** Go to Step 2.

### Step 2 Flat Dollar Amount

1. Multiply \$325 for each person for whom you claimed an exemption on line 6d of Forms 1040 or 1040A who was at least 18 years old.\* Multiply \$325 by each person for whom you did not check a box on Form 1040EZ, line 5, who is at least 18 years old.

1 \_\_\_\_\_

\*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.

2. Multiply \$162.50 for each person for whom you claimed an exemption on line 6d of Forms 1040 or 1040A who was under age 18. Multiply \$162.50 by each person for whom you did not check a box on Form 1040EZ, line 5, who is under age 18.

2 \_\_\_\_\_

3. Add lines 1 and 2.

3 \_\_\_\_\_

4. Enter the smaller of line 3 or \$975 here and on line 1 of the [Shared Responsibility Payment Worksheet](#). Go to Step 3.

4 \_\_\_\_\_

**Step 3 Household Income**

1. Enter the amount from Form 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4.  
1 75063

2. Did you receive any tax-exempt interest?  
 **Yes.** Enter the amount from Form 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2.  **No.** Continue  
2 975

3. Did you attach Form 2555 or Form 2555-EZ?  
 **Yes.** Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18.  **No.** Continue  
3 \_\_\_\_\_

4. Did you claim any dependents?  
 **Yes.** Continue  **No.**   
Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1.  
5 \_\_\_\_\_

5. Were any of the dependents you claimed required to file a return?  
 **Yes.** Complete questions 1 through 3 for each dependent with a filing requirement for whom you **did not** attach Form 8814. Enter the total here.  **No.** Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1.  
5 \_\_\_\_\_

6. Did you attach Form 8814?  
 **Yes.** Continue  **No.**   
Add lines 1, 2, 3, and 5. **This is your household income.** Enter the result on Step 4, line 1.  
5 \_\_\_\_\_

7. Is Form 8814, line 4 more than \$1,050?  
 **Yes.** Add the amount from Form 8814, line 1b and the smaller of Form 8814, line 4 or 5.  **No.** Enter -0- below. Continue   
7 \_\_\_\_\_

8. Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1.  
8 \_\_\_\_\_

**Step 4 Percentage Income Amount**

1. Enter your household income from Step 3.  
1 76038

2. Were you or your spouse (if filing jointly) born before January 2, 1951?  
 **Yes.** Skip question 3. Find your filing threshold on the **Filing Thresholds For Most People** chart and enter it both here and on line 4.  **No.** Go to question 3.  
2 21850

3. Enter the amount listed below for your filing status.  
• Single—\$10,300  
• Head of household—\$13,250  
• Married filing jointly—\$20,600  
• Married filing separately—\$4,000  
• Qualifying widow(er) with dependent child—\$16,600  
3 \_\_\_\_\_

4. Enter the amount from line 2 or 3.  
4 21850

5. Subtract line 4 from line 1.  
5 54188

6. Is the amount on line 5 zero or less?



- Yes.**   **No.** Continue 

You do not owe a shared responsibility payment. Complete Form 8965 by checking the "Yes" box on line 7a.


7. Multiply line 5 by 2.0% (0.02). This is your percentage of income amount.

7 \_\_\_\_\_ 1084

8. Were you required to complete Worksheet A?

- Yes.** Go to Worksheet B. Continue   **No.**  Enter the amount from line 7 on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet.

**Step 5 National Average Bronze Plan Premium**

1. Were you required to complete Worksheet A?  
 **Yes.** Continue   **No.** Skip question 2; Go to question 3.

2. Multiply \$207\* by the number on [Worksheet A](#), line 8. Enter the result here and on line 4 of the [Shared Responsibility Payment Worksheet](#). Skip question 3 and complete line 5 of the [Shared Responsibility Payment Worksheet](#).

2 \_\_\_\_\_

\*\$207 is the 2015 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.

3. Enter on line 4 of the [Shared Responsibility Payment Worksheet](#), the amount below that corresponds to the total number of exemptions you claimed on line 6d of Form 1040 or Form 1040A. If you filed Form 1040EZ, enter the amount below that corresponds to the number of boxes left unchecked on line 5 of Form 1040EZ. Then complete line 5 of the [Shared Responsibility Payment Worksheet](#).

- 1 exemption—\$2,484
- 2 exemptions—\$4,968
- 3 exemptions—\$7,452
- 4 exemptions—\$9,936
- 5 or more exemptions—\$12,420

**Shared Responsibility Payment Worksheet**

1. Enter the flat dollar amount	1	
2. Enter the percentage income amount	2	
3. Enter the larger of line 1 or line 2	3	
4. Enter the National Average Bronze Plan Premium	4	
5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A; line 38; or Form 1040EZ, line 11. <b>This is your shared responsibility payment</b>	5	

**Worksheet A**

Use this worksheet if you were referred here from Step 1 under *Shared Responsibility Payment*. After completing the worksheet, go to Step 3 under *Shared Responsibility Payment*. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2015, stop here. You do not owe a shared responsibility payment.

Complete the monthly columns by placing "X's" in each month in which you or another member of your tax household had neither minimum essential coverage nor a coverage exemption.

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Total number of X's in a month. If 5 or more, enter 5 . . . . .												
2. Total number of X's in a month for individuals 18 or over* . . . . .												
3. One-half the number of X's in a month for individuals under 18* . . . . .												
4. Add lines 2 and 3 for each month . . . . .												
5. Multiply line 4 by \$325 for each month. If \$975 or more, enter \$975 . . . . .												
6. Add the amounts for each month on line 5 . . . . .											_____	
7. Divide line 6 by 12.0. This is your flat dollar amount. Enter this amount on line 1 of the Shared Responsibility Payment Worksheet. . . . .											_____	
8. Add the amounts entered for each month on line 1. Go to Step 3 . . . . .											_____	

\*For purposes of figuring the shared responsibility payment, an individual is considered under 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born. For example, someone born on March 1, 2000, is considered age 18 on March 1, 2018, and, therefore, isn't considered age 18 for purposes of the shared responsibility payment until April 2018.



**Worksheet B**



Do not complete this worksheet unless you were directed here in Step 4 under [Shared Responsibility Payment](#).

	(a)	(b)	(c)
For each month, you must determine if the amount on line 5 of Worksheet A is less than the amount on line 7 of Step 4 under <i>Shared Responsibility Payment</i> *	Enter the amount from line 5	Enter the amount from Step 4, line 7	Enter the larger of column (a) or column (b)
1. January			
2. February			
3. March			
4. April			
5. May			
6. June			
7. July			
8. August			
9. September			
10. October			
11. November			
12. December			
13. Add the amounts in column (c)			
14. Divide line 13 by 12.0. Enter the result on lines 2 and 3 of the Shared Responsibility Payment Worksheet. Go to Step 5			

\*If the amount on line 1 of Worksheet A is -0- for any month, leave all columns of this worksheet blank for that month.

**Filing Thresholds For Most People**

IF your filing status is...	AND at the end of 2015 you were*...	THEN you must file a tax return if your gross income** is more than...
Single	Under 65	\$10,300
	65 or older	\$11,850
Head of Household	Under 65	\$13,250
	65 or older	\$14,800
Married Filing Jointly***	Under 65 (both spouses)	\$20,600
	65 or older (one spouse)	\$21,850
	65 or older (both spouses)	\$23,100
Married Filing Separately	Any age	\$4,000
Qualifying Widow(er) with Dependent children	Under 65	\$16,600
	65 or older	\$17,850

\*If you were born on January 1, 1951, you are considered to be age 65 at the end of 2015. (If your spouse died in 2015 or if you are preparing a return for someone who died in 2015, see Pub. 501.)

\*\*Gross income means all income you received in the form of money, goods, property, and services that isn't exempt from tax, including any income from sources outside the United States. It also includes gain from the sale of your main home, even if you can exclude part or all of it. Include only the taxable part of social security benefits (Form 1040, line 20b; Form 1040A, line 14b). Also include gains, but not losses, reported on Form 8949 or Schedule D. Gross income from a business means, for example, the amount on Schedule C, line 7, or Schedule F, line 9. But, in figuring gross income, don't reduce your income by any losses, including any loss on Schedule C, line 7, or Schedule F, line 9.

\*\*\*If you did not live with your spouse at the end of 2015 (or on the date your spouse died) and your gross income was at least \$4,000, you must file a return regardless of your age.



# Worksheet 1. Figuring Your Taxable Benefits

**Before you begin:**

- If you are married filing separately and you lived apart from your spouse for all of 2015, enter "D" to the right of the word "benefits" on Form 1040, line 20a, or Form 1040A, line 14a.
- Do not use this worksheet if you repaid benefits in 2015 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2015 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2015. For more information, see [Repayments More Than Gross Benefits](#).
- If you are filing Form 8815, Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989, do not include the amount from line 8a of Form 1040 or Form 1040A on line 3 of this worksheet. Instead, include the amount from Schedule B (Form 1040A or 1040), line 2.

1. Enter the total amount from box 5 of ALL your Forms SSA-1099 and RRB-1099. Also enter this amount on Form 1040, line 20a, or Form 1040A, line 14a	1.	22068	
2. Enter one-half of line 1	2.		11034
3. Combine the amounts from: <b>Form 1040:</b> Lines 7, 8a, 9a, 10 through 14, 15b, 16b, 17 through 19, and 21 <b>Form 1040A:</b> Lines 7, 8a, 9a, 10, 11b, 12b, and 13	3.		56305
4. Enter the amount, if any, from Form 1040 or 1040A, line 8b	4.		975
5. Enter the total of any exclusions/adjustments for: • Adoption benefits (Form 8839, line 28), • Foreign earned income or housing (Form 2555, lines 45 and 50, or Form 2555-EZ, line 18), and • Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico	5.		
6. Combine lines 2, 3, 4, and 5	6.		68314
7. <b>Form 1040 filers:</b> Enter the amounts from Form 1040, lines 23 through 32, and any write-in adjustments you entered on the dotted line next to line 36. <b>Form 1040A filers:</b> Enter the amounts from Form 1040A, lines 16 and 17	7.		
8. Is the amount on line 7 less than the amount on line 6? <b>No.</b> None of your social security benefits are taxable. Enter -0- on Form 1040, line 20b, or Form 1040A, line 14b. <b>X Yes.</b> Subtract line 7 from line 6	8.		68314
9. If you are: • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2015, enter \$25,000	9.		32000
<b>Note.</b> If you are married filing separately and you lived with your spouse at any time in 2015, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then go to line 18.			
10. Is the amount on line 9 less than the amount on line 8? <b>No.</b> None of your benefits are taxable. Enter -0- on Form 1040, line 20b, or on Form 1040A, line 14b. If you are married filing separately and you <b>lived apart</b> from your spouse for all of 2015, be sure you entered "D" to the right of the word "benefits" on Form 1040, line 20a, or on Form 1040A, line 14a. <b>X Yes.</b> Subtract line 9 from line 8	10.		36314
11. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2015	11.		12000
12. Subtract line 11 from line 10. If zero or less, enter -0-	12.		24314
13. Enter the <b>smaller</b> of line 10 or line 11	13.		12000
14. Enter one-half of line 13	14.		6000
15. Enter the <b>smaller</b> of line 2 or line 14	15.		6000
16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0-	16.		20667
17. Add lines 15 and 16	17.		26667
18. Multiply line 1 by 85% (0.85)	18.		18758
19. <b>Taxable benefits.</b> Enter the <b>smaller</b> of line 17 or line 18. Also enter this amount on Form 1040, line 20b, or Form 1040A, line 14b	19.		18758



*If you received a lump-sum payment in 2015 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see if you can report a lower taxable benefit.*

**\*\*\* FILE COPY ONLY -- DO NOT MAIL \*\*\***

\*\*\*\* SUPPORTING NOTES FOR SCHEDULE A

621-00-0752

TROY THOMPSON & YVONNE SMITH

-----  
Schedule of Other Medical Expenses:

Description

PRESCRIPTION GLASSES

Amount

275

Total Other Medical Expenses:

275

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040  
2015  
Page 1



For Privacy Act Notification, See Instructions  
For Tax Year Jan. – Dec. 2015 or Other Tax Year  
Beginning \_\_\_\_\_, 20\_\_ Month Ending \_\_\_\_\_, 20\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

THOMPSON TROY H & SMITH YVONNE E

30911 BARD ROAD

DOVER NJ 07801 1409

1038 12

621000752 622000752

S23051413

12370 001



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.

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.

> \_\_\_\_\_  
Your Signature Date

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

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  
S23051413

Firm's Name PRACTICE LAB

Federal Employer Identification Number

15 PRACTICE LAB WAY WASHINGTON DC 20005



THOMPSON TROY H & SMITH YVONNE E

621000752

1038

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
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)

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 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows A, B, C, D.

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 NO X

Main tax schedule table with 36 rows. Columns include line number, description, and amount. Total taxable income is 12707.



THOMPSON TROY H & SMITH YVONNE E

621000752

1038

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	1300 .
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.	.
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	12707 .
40.	TAX (FROM TAX TABLES, PAGE 53)	40.	178 .
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.	178 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	178 .
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.	0 .
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.	178 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	200 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	50 .
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.	250 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE 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	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.	72 .
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.	72 .

**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 CHECKBOX 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.	X
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 <b>THOMPSON TROY H &amp; SMITH YVONNE E</b>	Your Social Security Number <b>621   00   0752</b>
---	---

**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 <b>both</b> 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.				
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.	COLUMN A	COLUMN B	
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.	5.		<b>- 0 -</b>	
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.			
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.			
8. Allowable Credit (Line 3 times Line 7)	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). <b>(The credit may not exceed your New Jersey tax on Line 40).</b>	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)
	SEE ATTACHED STATEMENT					
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. <b>4252</b>

