

**STEPHEN & PAULA HALE
123 ELM
PLUCKEMIN, NJ 07978
2015 INCOME TAX RETURN**

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

STEPHEN S HALE &
 PAULA S HALE
 123 ELM
 PLUCKEMIN NJ 07978
 (908) 555-1111

Preparer No.: 995
 Client No. : XXX-XX-0002
 Invoice Date: 12/03/2016

INVOICE

| Description | Amount |
|---|----------------------|
| PREPARATION OF 2015 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 SCHEDULE A (ITEMIZED DEDUCTIONS) SCHEDULE A MEDICAL BREAKDOWN SCHEDULE A MORTGAGE INSURANCE WKS SCHEDULE A CONTRIBUTION WORKSHEET SCHEDULE B (INTEREST & DIVIDENDS) SCHEDULE D (CAPITAL GAINS & LOSS) FORM 8949 (SALES OF CAPITAL ASSETS) (2) CAPITAL GAIN TAX WORKSHEET SCHEDULE E (SUPPLEMENTAL INCOME) FORM W-2G (GAMBLING WINNINGS) FORM 1099-R (RETIREMENT DISTRIBUTIONS) (3) SIMPLIFIED GENERAL RULE WORKSHEET SSA WORKSHEET FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8962 (PREMIUM TAX CREDIT) FORM 8965 (HEALTH COVERAGE EXEMPTIONS) SHARED RESPONSIBILITY PAYMENT WKS NJ STATE RESIDENT RETURN | |
| | Total Invoice |
| | \$0.00 |
| | Amount Paid |
| | \$0.00 |
| | Balance Due |
| | \$0.00 |

TAX YEAR: 2015

PROCESS DATE: 12/03/2016

CLIENT : 821-00-0002 STEPHEN S HALE
SPOUSE : 822-02-0002 PAULA S HALE

BIRTH DATE : 01/02/1937
BIRTH DATE : 02/03/1956

ADDRESS : 123 ELM
: PLUCKEMIN NJ 07978

PREPARER : 995

Phone #1: (908) 555-1111
Phone #2: -
Phone #3: -
STATUS : 2
FED TYPE: Direct Deposit
ST TYPE : Direct Deposit
E-MAIL :

PREPARER FEE:
ELECTRONIC :
TOTAL FEES :

| DEPENDENT NAME | BIRTH DATE | SSN | RELATIONSHIP | MONTHS |
|-----------------|------------|-------------|--------------|--------|
| WANDA S WINTERS | 03/04/1943 | 883-03-0002 | SISTER | 12 |

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)
SCHEDULE E (SUPPLEMENTAL INCOME/LOSS)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8949 (SALES AND OTHER DISPOSITIONS OF CAPITAL ASSETS)
FORM 8962 (PREMIUM TAX CREDIT)
FORM 8965 (HEALTH COVERAGE EXEMPTIONS)
SHARED RESPONSIBILITY PAYMENT WORKSHEET
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

| SUMMARY | FEDERAL | NJ RESIDENT |
|-----------------------|---------|-------------|
| FILING STATUS | 2 | 2 |
| TOTAL INCOME | 66979 | 55694 |
| TOTAL ADJUSTMENTS | 0 | 0 |
| ADJUSTED GROSS INCOME | 66979 | 35694 |
| DEDUCTIONS | 31417 | 18639 |
| EXEMPTIONS | 12000 | 5500 |
| TAXABLE INCOME | 23562 | 11555 |
| TAX | 2576 | 226 |
| CREDITS | 44 | 0 |
| PAYMENTS | 7388 | 950 |
| OTHER TAXES | 153 | 0 |
| EARNED INCOME CREDIT | 0 | 0 |
| REFUND | 4703 | 724 |
| AMOUNT DUE | 0 | 0 |

CLIENT : STEPHEN HALE
SPOUSE : PAULA HALE

821-00-0002
822-02-0002

PREPARER : 995 DATE : 12/03/2016

LISTING OF FORMS FOR THIS RETURN

* W-2G INCOME FORMS SUMMARY *

| | [T/S] | PAYER | GROSS WINNING | FED WITH | STATE WITH ST |
|----|-------|--------------------|---------------|----------|---------------|
| 1. | S | NEW JERSEY LOTTERY | 10000 | 2000 | 0 |
| | | TOTALS..... | 10000 | 2000 | 0 |

* 1099-R INCOME FORMS SUMMARY *

| | [T/S] | PAYER | GROSS DIST | TAXABLE AMT | FED WITH | STATE WITH |
|----|-------|-------------------|------------|-------------|----------|------------|
| 1. | T | ACME PENSIONS | 23793 | 23793 | 2379 | 0 |
| 2. | T | OFFICE OF PERSONN | 18625 | 18006 | 1862 | 700 |
| 3. | S | ACME IRAS | 1000 | 1000 | 100 | 0 |
| | | TOTALS..... | 43418 | 42799 | 4341 | 700 |

* FORM SSA-1099 INCOME FORMS SUMMARY *

| | [T/S] | PAYER | SSA BENEFITS | FED WITH |
|----|-------|-------------|--------------|----------|
| 1. | T | U.S. | 15972 | 550 |
| | | TOTALS..... | 15972 | 550 |

* ESTIMATED PAYMENT SUMMARY *

| ENTITY TYPE | AMOUNT APPLIED | 1ST PAYMENT | 2ND PAYMENT | 3RD PAYMENT | 4TH PAYMENT |
|----------------|-------------------|----------------|----------------|----------------|----------------|
| NJ | \$0.00 | \$20.00 | \$20.00 | \$20.00 | \$20.00 |

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.

2015

Submission Identification Number (SID) ▶

| | |
|--|---|
| Taxpayer's name STEPHEN S HALE | Social security number 821-00-0002 |
| Spouse's name PAULA S HALE | Spouse's social security number 822-02-0002 |

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

| | | |
|--|----------|--------------|
| 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | 66979 |
| 2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) | 2 | 2685 |
| 3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) | 3 | 7021 |
| 4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) | 4 | 4703 |
| 5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14) | 5 | |

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 as my signature on my tax year 2015 electronically filed income tax return.

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 ▶ 12/03/2016

Spouse's PIN: check one box only

I authorize PRACTICE LAB to enter or generate my PIN as my signature on my tax year 2015 electronically filed income tax return.

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 ▶ 12/03/2016

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.

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 ▶ 12/03/2016
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 STEPHEN S | Last name HALE | Your social security number 821-00-0002 |
| If a joint return, spouse's first name and initial PAULA S | Last name HALE | Spouse's social security number 822-02-0002 |
| Home address (number and street). If you have a P.O. box, see instructions. 123 ELM | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). PLUCKEMIN, NJ 07978 | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | |

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 checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| (1) First name | Last name | | | |
| WANDA | WINTERS | 883-03-0002 | SISTER | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- lived with you 1
- 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 3

Income

| | | | |
|-----|---|-----|-------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | |
| 8a | Taxable interest. Attach Schedule B if required | 8a | 974 |
| b | Tax-exempt interest. Do not include on line 8a | 8b | 769 |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | 706 |
| b | Qualified dividends | 9b | 226 |
| 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 | -2052 |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions | 15a | |
| b | Taxable amount | 15b | 1000 |
| 16a | Pensions and annuities | 16a | 42418 |
| b | Taxable amount | 16b | 41799 |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 976 |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits | 20a | 15972 |
| b | Taxable amount | 20b | 13576 |
| 21 | Other income. List type and amount <u>GAMBLING WINNINGS</u> | 21 | 10000 |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | 66979 |

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 | 66979 |

| | | | |
|---|--|------------|-------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 66979 |
| Tax and Credits | 39a Check <input checked="" type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. } Total boxes checked 39a 2 if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input checked="" type="checkbox"/> Blind. } | | |
| | b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/> | | |
| Standard Deduction for— | 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 31417 |
| • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. | 41 Subtract line 40 from line 38 | 41 | 35562 |
| • All others: Single or Married filing separately, \$6,300 | 42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions | 42 | 12000 |
| Married filing jointly or Qualifying widow(er), \$12,600 | 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 23562 |
| Head of household, \$9,250 | 44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 2576 |
| | 45 Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| | 46 Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| | 47 Add lines 44, 45, and 46 | 47 | 2576 |
| | 48 Foreign tax credit. Attach Form 1116 if required | 48 | 44 |
| | 49 Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| | 50 Education credits from Form 8863, line 19 | 50 | |
| | 51 Retirement savings contributions credit. Attach Form 8880 | 51 | |
| | 52 Child tax credit. Attach Schedule 8812, if required | 52 | |
| | 53 Residential energy credits. Attach Form 5695 | 53 | |
| | 54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| | 55 Add lines 48 through 54. These are your total credits | 55 | 44 |
| | 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 2532 |
| Other Taxes | 57 Self-employment tax. Attach Schedule SE | 57 | |
| | 58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| | 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| | 60a Household employment taxes from Schedule H | 60a | |
| | b First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| | 61 Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/> | 61 | 153 |
| | 62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | |
| | 63 Add lines 56 through 62. This is your total tax | 63 | 2685 |
| Payments | 64 Federal income tax withheld from Forms W-2 and 1099 | 64 | 7021 |
| | 65 2015 estimated tax payments and amount applied from 2014 return | 65 | |
| | 66a Earned income credit (EIC) | 66a | |
| | b Nontaxable combat pay election 66b | 66b | |
| | 67 Additional child tax credit. Attach Schedule 8812 | 67 | |
| | 68 American opportunity credit from Form 8863, line 8 | 68 | |
| | 69 Net premium tax credit. Attach Form 8962 | 69 | 367 |
| | 70 Amount paid with request for extension to file | 70 | |
| | 71 Excess social security and tier 1 RRTA tax withheld | 71 | |
| | 72 Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| | 73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| | 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 7388 |
| Refund | 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 4703 |
| | 76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | 4703 |
| Direct deposit? See instructions. | b Routing number 1 2 3 4 5 6 7 8 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 9 8 6 5 3 2 | | |
| | 77 Amount of line 75 you want applied to your 2016 estimated tax | 77 | |
| Amount You Owe | 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | |
| | 79 Estimated tax penalty (see instructions) | 79 | |

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 Phone no. Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date 12/03/16 Your occupation **RETIRED** Daytime phone number 908-555-1111

Spouse's signature. If a joint return, **both** must sign. Date 12/03/16 Spouse's occupation **HOMEMAKER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 12/03/2016 Check if self-employed PTIN **S12345678**

Firm's name **PRACTICE LAB** Firm's EIN **-**

Firm's address **15 PRACTICE LAB WAY WASHINGTON DC 20005** Phone no. **202-202-2022**

**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.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

STEPHEN & PAULA HALE

821-00-0002

| Caution: Do not include expenses reimbursed or paid by others. | | | | | |
|---|---|--|--|-----------|------|
| Medical and Dental Expenses | 1 | Medical and dental expenses (see instructions) | 1 | 12218 | |
| | 2 | Enter amount from Form 1040, line 38 2 66979 | | | |
| | 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 | 5023 | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 7195 | |
| Taxes You Paid | 5 State and local (check only one box): | | | | |
| | a | <input checked="" type="checkbox"/> Income taxes, or | 5 | 1245 | |
| | b | <input type="checkbox"/> General sales taxes | | | |
| | 6 | Real estate taxes (see instructions) | 6 | 8600 | |
| | 7 | Personal property taxes | 7 | | |
| | 8 | Other taxes. List type and amount ► | 8 | | |
| | 9 | Add lines 5 through 8 | 9 | 9845 | |
| | Interest You Paid | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | 3477 |
| | | 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 ► | 11 | |
| 12 | | Points not reported to you on Form 1098. See instructions for special rules | 12 | | |
| 13 | | Mortgage insurance premiums (see instructions) | 13 | 300 | |
| 14 | | Investment interest. Attach Form 4952 if required. (See instructions.) | 14 | | |
| 15 | | Add lines 10 through 14 | 15 | 3777 | |
| Gifts to Charity | 16 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | 600 | |
| | 17 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | | |
| | 18 | Carryover from prior year | 18 | | |
| | 19 | Add lines 16 through 18 | 19 | 600 | |
| Casualty and Theft Losses | 20 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | 20 | | |
| Job Expenses and Certain Miscellaneous Deductions | 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 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 | | |
| Other Miscellaneous Deductions | 28 | Other—from list in instructions. List type and amount ► GAMBLING LOSSES TO AMOUNT WON 10000 | 28 | 10000 | |
| Total Itemized Deductions | 29 | Is Form 1040, line 38, over \$154,950? <input checked="" type="checkbox"/> No. 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"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | 29 | 31417 | |
| | 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.**

Name(s) shown on return

Your social security number

STEPHEN & PAULA HALE

821-00-0002

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 ▶

ACME BROKERAGE
ACME PARTNERS

(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 **2** 974
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶ **4** 974

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

Amount

631
343

Part II
Ordinary Dividends

5 List name of payer ▶
ACME BROKERAGE
ACME PARTNERS

(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 ▶ **6** 706

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

Amount

232
474

Part III
Foreign Accounts and Trusts

(See instructions on back.)

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.

- 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.**
▶ **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

Your social security number

STEPHEN & PAULA HALE

821-00-0002

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) |
|--|----------------------------------|---------------------------------|---|---|
| 1a 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 . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 72 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). 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 | | | | 7 72 |

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) |
|---|----------------------------------|---------------------------------|--|---|
| 8a 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 . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 18360 | 8000 | | 10360 |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 16351 | 16765 | 97 | -317 |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 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 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 218 |
| 13 Capital gain distributions. See the instructions | | | | 13 69 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 (12454) |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back | | | | 15 -2124 |

Part III Summary

| | | | |
|-----------|---|-----------|---------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -2052 |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶ | 18 | |
| 19 | Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶ | 19 | |
| 20 | Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (2052) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. 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

Social security number or taxpayer identification number

STEPHEN & PAULA HALE

821-00-0002

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 Note 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). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ACME BROKERAGE | VARIOUS | 12/31/2015 | 18360 | 8000 | M | | 10360 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 18360 | 8000 | | | 10360 |

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2015
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

Your social security number

STEPHEN & PAULA HALE

821-00-0002

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

| | | |
|-----------|---|------|
| 1a | Physical address of each property (street, city, state, ZIP code) | |
| A | 123 MAIN PLUCKEMIN NJ 07978 | 5002 |
| B | | 0 |
| C | | 0 |

| 1b | Type of Property (from list below) | 2 | Fair Rental Days | Personal Use Days | QJV |
|-----------|------------------------------------|---|------------------|-------------------|--------------------------|
| A | 6 | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | A | | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | | Properties: | | A | B | C |
|------------------|--|--------------------|-----|----------|----------|----------|
| 3 | Rents received | 3 | | | | |
| 4 | Royalties received | 4 | | 976 | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | 976 | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | () | () | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | 976 | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | 976 |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | () | | | () |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 NPA=976 | 26 | | | | 976 |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.
▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

Name shown on your return

Your social security number

STEPHEN S HALE

821-00-0002

You cannot claim the PTC if your filing status is married filing separately unless you are eligible for an exception (see instructions). If you qualify, check the box.

Part I Annual and Monthly Contribution Amount

| | | | |
|-----------|---|-----------|--------|
| 1 | Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d | 1 | 3 |
| 2a | Modified AGI. Enter your modified AGI (see instructions) | 2a | 70144 |
| b | Enter the total of your dependents' modified AGI (see instructions) | 2b | |
| 3 | Household income. Add the amounts on lines 2a and 2b | 3 | 70144 |
| 4 | Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC | 4 | 19790 |
| 5 | Household income as a percentage of federal poverty line (see instructions) | 5 | 354% |
| 6 | Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to receive PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount. | | |
| 7 | Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions | 7 | 0.0956 |
| 8a | Annual contribution amount. Multiply line 3 by line 7 | 8a | 6706 |
| b | Monthly contribution amount. Divide line 8a by 12. Round to whole dollar amount | 8b | 559 |

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV, Shared Policy Allocation, or Part V, Alternative Calculation for Year of Marriage. **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

| Annual Calculation | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) | (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B) | (c) Annual contribution amount (line 8a) | (d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-) | (e) Annual premium tax credit allowed (smaller of (a) or (d)) | (f) Annual advance payment of PTC (Form(s) 1095-A, line 33C) |
|-------------------------|---|--|--|--|--|--|
| 11 Annual Totals | 6840 | 7553 | 6706 | 847 | 847 | 480 |
| Monthly Calculation | (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) | (b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B) | (c) Monthly contribution amount (amount from line 8b or alternative marriage monthly contribution) | (d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-) | (e) Monthly premium tax credit allowed (smaller of (a) or (d)) | (f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C) |
| 12 January | | | | | | |
| 13 February | | | | | | |
| 14 March | | | | | | |
| 15 April | | | | | | |
| 16 May | | | | | | |
| 17 June | | | | | | |
| 18 July | | | | | | |
| 19 August | | | | | | |
| 20 September | | | | | | |
| 21 October | | | | | | |
| 22 November | | | | | | |
| 23 December | | | | | | |

| | | | |
|-----------|--|-----------|-----|
| 24 | Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here | 24 | 847 |
| 25 | Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here | 25 | 480 |
| 26 | Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 | 26 | 367 |

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

| | | | |
|-----------|---|-----------|--|
| 27 | Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here | 27 | |
| 28 | Repayment limitation (see instructions) | 28 | |
| 29 | Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44 | 29 | |

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.

Name as shown on return: **STEPHEN S HALE**
 Your social security number: **821-00-0002**

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)-(p) | | | | | | | | | | | | |
|----|---------------------------|-------------|-----------------------|------------------|------------|------------|------------|------------|------------|-------------|-------------|------------|-------------|------------|------------|------------|--|
| | | | | | (e) Jan | (f) Feb | (g) Mar | (h) Apr | (i) May | (j) June | (k) July | (l) Aug | (m) Sept | (n) Oct | (o) Nov | (p) Dec | |
| 8 | WANDA WINTERS | 883-03-0002 | B | | X | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | |

Medical and Dental Expenses

| <u>Description of Expense</u> | <u>Amount</u> |
|---|---------------|
| Medical and Dental Insurance | 10488 |
| Amount Paid to Doctors, Dentists, Eye Doctors, etc. | 300 |
| Qualified Long-Term Care Insurance | <u>1430</u> |
| TOTALS: | 12218 |



Mortgage Insurance Premiums Deduction Worksheet—Line 13

Keep for Your Records

Before you begin: ✓ See the instructions for line 13 to see if you must use this worksheet to figure your deduction.

- 1. Enter the total premiums you paid in 2015 for qualified mortgage insurance for a contract issued after December 31, 2006 1. 300
- 2. Enter the amount from Form 1040, line 38 2. 66979
- 3. Enter \$100,000 (\$50,000 if married filing separately) 3. 100000
- 4. Is the amount on line 2 more than the amount on line 3?
 No. Your deduction isn't limited. Enter the amount from line 1 of this worksheet on Schedule A, line 13. **Don't** complete the rest of this worksheet.
 Yes. Subtract line 3 from line 2. If the result isn't a multiple of \$1,000 (\$500 if married filing separately), increase it to the next multiple of \$1,000 (\$500 if married filing separately). For example, increase \$425 to \$1,000, increase \$2,025 to \$3,000; or if married filing separately, increase \$425 to \$500, increase \$2,025 to \$2,500, etc. 4. 0
- 5. Divide line 4 by \$10,000 (\$5,000 if married filing separately). Enter the result as a decimal. If the result is 1.0 or more, enter 1.0 5. 0.
- 6. Multiply line 1 by line 5 6. 0
- 7. **Mortgage insurance premiums deduction.** Subtract line 6 from line 1. Enter the result here and on Schedule A, line 13 7. 300

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 |
|---------------------------|--|--|--------------|----------------------------------|-------------------------------|
| 1 50% Limitation | 600 | | 600 | 600 | |
| 2 30% Capital Gain | | | | | |
| 3 30% Limitation | | | | | |
| 4 20% Limitation | | | | | |
| 5 TOTALS | 600 | | 600 | 600 | |

LIMITATION CALCULATIONS

6 2015 Adjusted Gross Income (AGI) **6** 66979

50% Contributions

| | Limitation | 2015 Deduction & Carryover to 2016 |
|--|------------|---------------------------------------|
| 7 Total 50% Contributions (line 1, column c) 7 | 600 | |
| 8 50% of AGI limitation (line 6 x .50) 8 | 33490 | |
| 9 2015 deduction (lesser of line 7 or line 8) (carries to line 1, column d) 9 | | 600 |
| 10 Carryover to 2016, if any (line 7 less line 9) (carries to line 1, column e) 10 | | |

30% Capital Gain Special Limit

| | | |
|--|-------|--|
| 11 Total 30% Capital Gain Special Limit Contributions (line 2, column c) 11 | | |
| 12 30% AGI limitation (line 6 x .30) 12 | 20094 | |
| 13 50% AGI limitation less 50% deduction (line 8 less line 9) 13 | 32890 | |
| 14 2015 deduction (lesser lines 11,12 and 13) (carries to line 2, column d) 14 | | |
| 15 Carryover to 2016, if any (line 11 less line 14) (carries to line 2, column e) 15 | | |

30% Contribution

| | | |
|---|-------|--|
| 16 Total 30% Contribution (line 3, column c) 16 | | |
| 17 30% AGI (line 6 x .30) 17 | 20094 | |
| 18 50% of AGI limitation less 50% deduction and 30% Capital Gain Special Limitation deduction (line 8 less lines 9 and 14) 18 | 32890 | |
| 19 2015 deduction (lesser of lines 16,17 and 18) (carries to line 3, column d) 19 | | |
| 20 Carryover to 2016, if any (line 16 less line 19) (carries to line 3, column e) 20 | | |

20% Contributions

| | | |
|---|-------|--|
| 21 Total 20% contribution (line 4, column c) 21 | | |
| 22 20% of AGI (line 6 x .20) 22 | 13396 | |
| 23 30% of AGI limitation less 30% deduction (line 17 less line 19) 23 | 20094 | |
| 24 30% of AGI limitation less 30% Capital Gain Limitation deduction (line 12 less line 14) 24 | 20094 | |
| 25 50% of AGI limitation less 50% and 30% deduction (line 8 less lines 9,14 and 19) 25 | 32890 | |
| 26 2015 deduction (lesser of lines 21,22,23, 24 and 25) (carries to line 4, column d) 26 | | |
| 27 Carryover to 2016, if any (line 21 less line 26) (carries to line 4, column e) 27 | | |

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>23562</u> |
| 2. | Enter the amount from Form 1040, line 9b* | 2. | <u>226</u> |
| 3. | Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0- <input type="checkbox"/> No. Enter the amount from Form 1040, line 13 | 3. | <u> </u> |
| 4. | Add lines 2 and 3 | 4. | <u>226</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>226</u> |
| 7. | Subtract line 6 from line 1. If zero or less, enter -0- | 7. | <u>23336</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 | 9. | <u>23562</u> |
| 10. | Enter the smaller of line 7 or line 9 | 10. | <u>23336</u> |
| 11. | Subtract line 10 from line 9. This amount is taxed at 0% | 11. | <u>226</u> |
| 12. | Enter the smaller of line 1 or line 6 | 12. | <u>226</u> |
| 13. | Enter the amount from line 11 | 13. | <u>226</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 | 16. | <u>23562</u> |
| 17. | Add lines 7 and 11 | 17. | <u>23562</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>226</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>2576</u> |
| 25. | Add lines 20, 23, and 24 | 25. | <u>2576</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>2614</u> |
| 27. | Tax on all taxable income. Enter the smaller 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>2576</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; | } | |
| • 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 | | |
| • 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. | (<u>12454</u>) |
| 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. (12454)
- 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. 12454
- 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 66979

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
2 769

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. 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.

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 67748

Step 4 Percentage Income Amount

1. Enter your household income from Step 3.
1 67748

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 45898

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.

7 918

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](#).

2 414

*\$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 | 54 |
| 2. Enter the percentage income amount | 2 | 153 |
| 3. Enter the larger of line 1 or line 2 | 3 | 153 |
| 4. Enter the National Average Bronze Plan Premium | 4 | 414 |
| 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. This is your shared responsibility payment | 5 | 153 |

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 |
| WANDA WINTERS | | | | | | | X | X | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1. Total number of X's in a month. If 5 or more, enter 5 | | | | | | | 1 | 1 | | | | |
| 2. Total number of X's in a month for individuals 18 or over* | | | | | | | 1 | 1 | | | | |
| 3. One-half the number of X's in a month for individuals under 18* | | | | | | | | | | | | |
| 4. Add lines 2 and 3 for each month | | | | | | | 1.0 | 1.0 | | | | |
| 5. Multiply line 4 by \$325 for each month. If \$975 or more, enter \$975 | | | | | | | 325 | 325 | | | | |
| 6. Add the amounts for each month on line 5 | | | | | | | | | | | 650 | |
| 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. | | | | | | | | | | | 54 | |
| 8. Add the amounts entered for each month on line 1. Go to Step 3 | | | | | | | | | | | 2 | |
| *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](#).

| 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> * | (a) | (b) | (c) |
|--|------------------------------|--------------------------------------|--|
| | 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 | 325 | 918 | 918 |
| 8. August | 325 | 918 | 918 |
| 9. September | | | |
| 10. October | | | |
| 11. November | | | |
| 12. December | | | |
| 13. Add the amounts in column (c) | | | 1836 |
| 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 | | | 153 |

*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.

Simplified Method Worksheet—Lines 16a and 16b

Keep for Your Records



Before you begin: ✓ If you are the beneficiary of a deceased employee or former employee who died **before** August 21, 1996, include any death benefit exclusion that you are entitled to (up to \$5,000) in the amount entered on line 2 below.

More than one pension or annuity. If you had more than one partially taxable pension or annuity, figure the taxable part of each separately. Enter the total of the taxable parts on Form 1040, line 16b. Enter the total pension or annuity payments received in 2015 on Form 1040, line 16a.

| | |
|--|---|
| <p>1. Enter the total pension or annuity payments from Form 1099-R, box 1. Also, enter this amount on Form 1040, line 16a</p> <p>2. Enter your cost in the plan at the annuity starting date</p> <p>Note. If you completed this worksheet last year, skip line 3 and enter the amount from line 4 of last year’s worksheet on line 4 below (even if the amount of your pension or annuity has changed). Otherwise, go to line 3.</p> <p>3. Enter the appropriate number from Table 1 below. But if your annuity starting date was after 1997 and the payments are for your life and that of your beneficiary, enter the appropriate number from Table 2 below</p> <p>4. Divide line 2 by the number on line 3</p> <p>5. Multiply line 4 by the number of months for which this year’s payments were made. If your annuity starting date was before 1987, skip lines 6 and 7 and enter this amount on line 8. Otherwise, go to line 6</p> <p>6. Enter the amount, if any, recovered tax free in years after 1986. If you completed this worksheet last year, enter the amount from line 10 of last year’s worksheet</p> <p>7. Subtract line 6 from line 2</p> <p>8. Enter the smaller of line 5 or line 7</p> <p>9. Taxable amount. Subtract line 8 from line 1. Enter the result, but not less than zero. Also, enter this amount on Form 1040, line 16b. If your Form 1099-R shows a larger amount, use the amount on this line instead of the amount from Form 1099-R. If you are a retired public safety officer, see <i>Insurance Premiums for Retired Public Safety Officers</i> before entering an amount on line 16b</p> <p>10. Was your annuity starting date before 1987? <input type="checkbox"/> Yes. Do not complete the rest of this worksheet. <input checked="" type="checkbox"/> No. Add lines 6 and 8. This is the amount you have recovered tax free through 2015. You will need this number if you need to fill out this worksheet next year</p> <p>11. Balance of cost to be recovered. Subtract line 10 from line 2. If zero, you won’t have to complete this worksheet next year. The payments you receive next year will generally be fully taxable</p> | <p>1. <u>18625</u></p> <p>2. <u>15984</u> <u>02/01/2008</u></p> <p>3. <u>310</u></p> <p>4. <u>51.56</u></p> <p>5. <u>619</u></p> <p>6. <u>4281</u></p> <p>7. <u>11703</u></p> <p>8. <u>619</u></p> <p>9. <u>18006</u></p> <p>10. <u>4900</u></p> <p>11. <u>11084</u></p> |
|--|---|

Table 1 for Line 3 Above

AND your annuity starting date was—

| IF the age at annuity starting date was . . . | before November 19, 1996, enter on line 3 . . . | after November 18, 1996, enter on line 3 . . . |
|---|---|--|
| 55 or under | 300 | 360 |
| 56–60 | 260 | 310 |
| 61–65 | 240 | 260 |
| 66–70 | 170 | 210 |
| 71 or older | 120 | 160 |

Table 2 for Line 3 Above

| IF the combined ages at annuity starting date were . . . | THEN enter on line 3 . . . |
|--|----------------------------|
| 110 or under | 410 |
| 111–120 | 360 |
| 121–130 | 310 |
| 131–140 | 260 |
| 141 or older | 210 |

Worksheet 1. Figuring Your Taxable Benefits

Keep for Your Records



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. | 15972 | |
| 2. Enter one-half of line 1 | 2. | | 7986 |
| 3. Combine the amounts from: Form 1040: Lines 7, 8a, 9a, 10 through 14, 15b, 16b, 17 through 19, and 21 Form 1040A: Lines 7, 8a, 9a, 10, 11b, 12b, and 13 | 3. | | 53403 |
| 4. Enter the amount, if any, from Form 1040 or 1040A, line 8b | 4. | | 769 |
| 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. | | 62158 |
| 7. Form 1040 filers: 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. Form 1040A filers: 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? No. None of your social security benefits are taxable. Enter -0- on Form 1040, line 20b, or Form 1040A, line 14b. X Yes. Subtract line 7 from line 6 | 8. | | 62158 |
| 9. If you are: • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2015, enter \$25,000 | 9. | | 32000 |
| Note. 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? No. 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 lived apart 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. X Yes. Subtract line 9 from line 8 | 10. | | 30158 |
| 11. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2015 | 11. | | 12000 |
| 12. Subtract line 11 from line 10. If zero or less, enter -0- | 12. | | 18158 |
| 13. Enter the smaller of line 10 or line 11 | 13. | | 12000 |
| 14. Enter one-half of line 13 | 14. | | 6000 |
| 15. Enter the smaller of line 2 or line 14 | 15. | | 6000 |
| 16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- | 16. | | 15434 |
| 17. Add lines 15 and 16 | 17. | | 21434 |
| 18. Multiply line 1 by 85% (0.85) | 18. | | 13576 |
| 19. Taxable benefits. Enter the smaller of line 17 or line 18. Also enter this amount on Form 1040, line 20b, or Form 1040A, line 14b | 19. | | 13576 |



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.

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 # _____

HALE STEPHEN S & PAULA S

123 ELM

PLUCKEMIN NJ 07978 1801

1038 12

821000002 822020002

S12345678

50001 00002



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
S12345678

Firm's Name PRACTICE LAB Federal Employer Identification Number
15 PRACTICE LAB WAY WASHINGTON DC 20005



HALE STEPHEN S & PAULA S

821000002

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 1
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 1
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 4
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1

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 X

DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Row A: WINTERS WANDA S, 883-03-0002, 1943.

GOVERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES X NO
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO X

Main tax calculation table with 36 rows. Includes categories like WAGES, TAXABLE INTEREST INCOME, DIVIDENDS, NET PROFITS, PENSIONS, TOTAL INCOME, and TAXABLE INCOME. Total taxable income is 18690.



HALE STEPHEN S & PAULA S

821000002

1038

| | | | |
|------|--|------|---------|
| 37A. | TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29) | 37A. | 7135 . |
| 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. | 7135 . |
| 39. | NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY | 39. | 11555 . |
| 40. | TAX (FROM TAX TABLES, PAGE 53) | 40. | 162 . |
| 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. | 162 . |
| 43. | SHELTERED WORKSHOP TAX CREDIT | 43. | . |
| 44. | BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42) | 44. | 162 . |
| 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. | 64 . |
| 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. | 226 . |
| 48. | TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099) | 48. | 700 . |
| 49. | PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32) | 49. | . |
| 50. | NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2014 TAX RETURN | 50. | 250 . |
| 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. | 950 . |
| 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. | 724 . |
| 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. | 724 . |

DIRECT DEPOSIT INFORMATION

| | | | |
|------|---|------|-----------|
| dd1. | REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) | dd1. | 1 |
| dd2. | ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS) | dd2. | C |
| dd3. | FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES | dd3. | |
| dd4. | ROUTING NUMBER | dd4. | 123456789 |
| dd5. | ACCOUNT NUMBER | dd5. | 986532 |
| dnm. | DO NOT MAIL INDICATOR | dnm. | X |
| pa. | POWER OF ATTORNEY INDICATOR | pa. | |
| pdr. | PRESIDENTIAL DISASTER RELIEF INDICATOR | pdr. | |

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
 ▶ See instructions.

2015

| | |
|---|--|
| Taxpayer's name STEPHEN S HALE | Social security number 821-00-0002 |
| Spouse's name or Civil Union Prtnr's PAULA S HALE | Spouse's social security number or Civil Union Prtnr's 822-02-0002 |

| Part I Tax Return Information-Tax Year Ending December 31, 2015 (Whole Dollars Only) | | |
|--|---|-------|
| 1 New Jersey Taxable income | 1 | 11555 |
| 2 Total tax | 2 | 226 |
| 3 New Jersey income tax withheld | 3 | 700 |
| 4 Refund | 4 | 724 |
| 5 Amount you owe | 5 | |

Part II Declaration and Signature Authorization of Taxpayer

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 shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 my PIN 12345 as my signature
ERO firm name do not enter all zeros
 on my tax year 2015 electronically filed income tax return.
 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 ▶ 12/03/2016

Spouse's PIN: check one box only
(or Civil Union Prtnr's PIN)
 I authorize PRACTICE LAB to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
 on my tax year 2015 electronically filed income tax return.
 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 or Civil Union Prtnr's ▶ _____ Date ▶ 12/03/2016

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 369258 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on 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.

ERO's signature ▶ _____ Date ▶ 12/03/2016

**ERO Must Retain This Form - See Instructions
 Do Not Submit This Form to New Jersey Unless Requested To Do So**



2016 NJ-1040-ES-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2015 New Jersey income taxes or make payment of estimated tax for 2016 by credit card by visiting the Division's website at www.nj.gov/treasury/taxation/ and selecting electronic services.

Payment by E-Check

You may pay your 2015 New Jersey income taxes or make a payment of estimated tax for 2016 by e-check. This option is available on the Division's Website at: www.nj.gov/treasury/taxation/ Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2016 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

821-00-0002 HALE 822-02-0002 HALE STEPHEN S & PAULA S 123 ELM PLUCKEMIN NJ 07978

1038 2016

Calendar Year - Due Voucher April 17, 2016 1

Make check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041

Enter amount of payment here:

20.00



012018210000020000HALE1612060000002000



2016 NJ-1040-ES-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2015 New Jersey income taxes or make payment of estimated tax for 2016 by credit card by visiting the Division's website at www.nj.gov/treasury/taxation/ and selecting electronic services.

Payment by E-Check

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DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

821-00-0002 HALE 822-02-0002 HALE STEPHEN S & PAULA S 123 ELM PLUCKEMIN NJ 07978

1038 2016

Calendar Year - Due Voucher June 15, 2016 2

Make check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041

Enter amount of payment here:

20.00



012018210000020000HALE1612060000002000



2016 NJ-1040-ES-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2015 New Jersey income taxes or make payment of estimated tax for 2016 by credit card by visiting the Division's website at www.nj.gov/treasury/taxation/ and selecting electronic services.

Payment by E-Check

You may pay your 2015 New Jersey income taxes or make a payment of estimated tax for 2016 by e-check. This option is available on the Division's Website at: www.nj.gov/treasury/taxation/ Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2016 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

821-00-0002 HALE 822-02-0002 HALE STEPHEN S & PAULA S 123 ELM PLUCKEMIN NJ 07978

1038 2016

Calendar Year - Due Voucher Sept 17, 2016 3

Make check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041

Enter amount of payment here:

20.00





2016 NJ-1040-ES-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2015 New Jersey income taxes or make payment of estimated tax for 2016 by credit card by visiting the Division's website at www.nj.gov/treasury/taxation/ and selecting electronic services.

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Payment by Check

If you are paying your 2016 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

821-00-0002 HALE 822-02-0002 HALE STEPHEN S & PAULA S 123 ELM PLUCKEMIN NJ 07978

1038 2016

Calendar Year - Due Voucher Jan 15, 2017 4

Make check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041

Enter amount of payment here:

20.00



SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2015

| | |
|---|---|
| Name(s) as shown on Form NJ-1040 HALE STEPHEN S & PAULA S | Your Social Security Number 821 00 0002 |
|---|---|

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 both 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. | | COLUMN A | | COLUMN B |
| 4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040 | 4. | | 4. | |
| 5. Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 33. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> 5a. Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 33. | 5. | | 5. | - 0 - |
| 6. New Jersey Taxable Income (Line 4 minus Line 5) | 6. | | 6. | |
| 7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules) | 7. | | 7. | |
| 8. Allowable Credit (Line 3 times Line 7) | 8. | | 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. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> 9a. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 40). | 9. | | 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 | | | | | 69 |
| 3. | Other Net Gains | | | | | 290 |
| 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) | | | | | 10402 |

**SCHEDULE
NJ-BUS-1**
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX
BUSINESS INCOME SUMMARY SCHEDULE**

2015

| | |
|--|--|
| Name(s) as shown on Form NJ-1040 HALE STEPHEN S & PAULA S | Your Social Security Number 821 00 0002 |
|--|--|

PART I NET PROFITS FROM BUSINESS List the net profit (loss) from business(es). See instructions.

| | Business Name | Social Security Number/ Federal EIN | Profit or (Loss) |
|----|---|--|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.) | | 4. |

PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME List the distributive share of income (loss) from partnership(s). See instructions.

| | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) |
|----|---|-------------|--|
| 1. | ACME PARTNERS | 91-5009999 | |
| 2. | | | |
| 3. | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.) | | 4. |

PART III NET PRO RATA SHARE OF S CORPORATION INCOME List the pro rata share of income (usable loss) from S corporation(s). See instructions.

| | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) |
|----|--|-------------|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.) | | 4. |

PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

| | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN | Type - Enter number from list above | Income or (Loss) |
|----|---|--|---|------------------|
| 1. | ACME PARTNERS | 821-00-0002 | 1 | 976 |
| 2. | | | | |
| 3. | | | | |
| 4. | Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.) | | | 4. 976 |

**SCHEDULE
NJ-BUS-2**
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX
ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT**

2015

| | | | | | | |
|--|---|---|------|--|-----|---|
| Name(s) as shown on Form NJ-1040 HALE STEPHEN S & PAULA S | | | | Your Social Security Number 821 00 0002 | | |
| PART I INCOME (LOSS) | | Column A | | Column B | | |
| | | Reportable Regular Business Income | | Alternative Business Income/(Loss) | | |
| 1. | Net Profits From Business | 1a. | | 1b. | | |
| 2. | Distributive Share of Partnership Income | 2a. | | 2b. | | |
| 3. | Net Pro Rata Share of S Corporation Income | 3a. | | 3b. | | |
| 4. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a. | 976 | 4b. | 976 | |
| 5. | Loss Carryforward From Tax Year 2014 | | | 5b. | (|) |
| 6. | Totals | 6a. | 976 | 6b. | 976 | |
| PART II ADJUSTMENT CALCULATION | | | | | | |
| 7. | Total Regular Business Income | 7. | 976 | | | |
| 8. | Total Alternative Business Income/(Loss). (If loss, enter zero) | 8. | 976 | | | |
| 9. | Business Increment (Line 7 minus Line 8) | 9. | | | | |
| 10. | Adjustment Percentage | 10. | 0.40 | | | |
| 11. | Alternative Business Calculation Adjustment (Line 9 x 0.40) | 11. | | | | |
| PART III LOSS CARRYFORWARD TO TAX YEAR 2016 | | | | | | |
| 12. | Loss Carryforward to Tax Year 2016 | 12. | (| |) | |

Instructions

- Line 1a. Enter the amount from Line 17 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 20 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 21 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 22 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from Line 12 of your 2014 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for tax year 2015 is 40% (0.40).
- Line 11. Multiply the amount on Line 9 by 40% (0.40). Enter here and Line 34 of Form NJ-1040.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.