

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

Your first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ **Your social security number** \_\_\_\_\_

If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ **Spouse's social security number** \_\_\_\_\_

Mailing address (number and street). If you have a P.O. box, see instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_ **▲ Make sure the SSN(s) above and on line 6c are correct.**

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

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_ **IMPORTANT**  
Please Provide Current Mailing Address

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶ \_\_\_\_\_

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ \_\_\_\_\_

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<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**

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

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

**Dependents on 6c not entered above**

**Add numbers on lines above ▶**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2/W-2GU  7

8a Taxable interest. Attach Schedule B if required  8a

b Tax-exempt interest. Do not include on line 8a  8b

9a Ordinary dividends. Attach Schedule B if required  9a

b Qualified dividends  9b

10 Taxable refunds, credits, or offsets of state and local income taxes  10

11 Alimony received  11

12 Business income or (loss). Attach Schedule C or C-EZ  12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶   13

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

15a IRA distributions  15a  b Taxable amount  15b

16a Pensions and annuities  16a  b Taxable amount  16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  17

18 Farm income or (loss). Attach Schedule F  18

19 Unemployment compensation  19

20a Social security benefits  20a  b Taxable amount  20b

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

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

Attach Form(s) W-2/W-2GU here. Also attach Forms W-2G, 1099-R and SSA-1099.

(COPY B)

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

**Adjusted Gross Income**

23 Educator expenses  23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  24

25 Health savings account deduction. Attach Form 8889  25

26 Moving expenses. Attach Form 3903  26

27 Deductible part of self-employment tax. Attach Schedule SE  27

28 Self-employed SEP, SIMPLE, and qualified plans  28

29 Self-employed health insurance deduction  29

30 Penalty on early withdrawal of savings  30

31a Alimony paid  b Recipient's SSN ▶ \_\_\_\_\_  31a

32 IRA deduction  32

33 Student loan interest deduction  33

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

