

US Form 1040 and 1040NR, Line 21: Other Income Worksheet 2015

Name: KEVIN R KENT & MARY B BRYANT

SSN: 211-25-1314

	TSJ	Amount
1 Gambling winnings from Form W-2G		1,700.
2 Form 1099-MISC, lines 3, 7, and 8		
3 Taxable distributions from education savings accounts (ESAs) and QTPs		
4 Recovery of itemized deductions		
5 Foreign income exclusion from Form 2555, line 45		
6 Foreign income exclusion from Form 2555-EZ, line 18		
7 Income addition from Form 6478, line 2		
8 Income addition from Form 8814, line 12		
9 Taxable Archer MSA distributions from Form 8853, line 8		
10 Taxable Medicare Advantage MSA distributions from Form 8853, line 12		
11 Taxable long-term care insurance contract payments from Form 8853, line 26		
12 Taxable HSA distributions from Form 8889, line 16		
13 Income for failure to maintain HDHP coverage from Form 8889, line 20		
14 Jury duty pay	<input type="checkbox"/>	
15 NOL carried forward - enter as a negative amount	<input type="checkbox"/>	
16 Medicaid waiver payments to a care provider incorrectly reported on Form W-2	<input type="checkbox"/>	
17 Describe -	<input type="checkbox"/>	
18 Describe -	<input type="checkbox"/>	
19 Describe -	<input type="checkbox"/>	
20 Describe -	<input type="checkbox"/>	
21 Describe -	<input type="checkbox"/>	
22 Describe -	<input type="checkbox"/>	
23 Describe -	<input type="checkbox"/>	
24 Describe -	<input type="checkbox"/>	
25 Describe -	<input type="checkbox"/>	
26 Describe -	<input type="checkbox"/>	
27 Describe -	<input type="checkbox"/>	
28 Describe -	<input type="checkbox"/>	
29 Describe -	<input type="checkbox"/>	
30 Describe -	<input type="checkbox"/>	
31 Total other income		1,700.

Affordable Care Act Worksheet

US

2015

Name: KEVIN R KENT & MARY B BRYANT

SSN: 211-25-1314

Did the taxpayer, spouse, or any dependent receive insurance through the Marketplace? See Form 8962 Yes No

Was the taxpayer, spouse, or any dependent granted a Marketplace exemption or do you want to apply for a Marketplace, household income, or gross income exemption? See Form 8965 Yes No

KEVIN R KENT Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 Did not have minimum essential coverage and is not claiming an exemption for any part of the year

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

MARY B BRYANT Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 Did not have minimum essential coverage and is not claiming an exemption for any part of the year

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

TERRI THOMAS Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 Did not have minimum essential coverage and is not claiming an exemption for any part of the year

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

YVONNE KENT Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 Did not have minimum essential coverage and is not claiming an exemption for any part of the year

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

PENNY BRYANT Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 Did not have minimum essential coverage and is not claiming an exemption for any part of the year

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 Did not have minimum essential coverage and is not claiming an exemption for any part of the year

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 Did not have minimum essential coverage and is not claiming an exemption for any part of the year

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year
 Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year
 Did not have minimum essential coverage and is not claiming an exemption for any part of the year

Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965.....

January February March April May June
 July August September October November December

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

Your first name and initial Last name
 KEVIN R KENT

Your social security number
 211-25-1314

If a joint return, spouse's first name and initial Last name
 MARY B BRYANT

Spouse's social security number
 212-25-1314

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
 8705 SOMERSBY WAY

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).
 HELENA MT 59601-

Foreign country name Foreign province/state/county Foreign postal code

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.
 You Spouse

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

Boxes checked on 6a and 6b **2**

c Dependents:

(1) First name Last name	(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)
TERRI THOMAS	214-25-1314	GRANDCHILD	<input checked="" type="checkbox"/>
YVONNE KENT	213-25-1314	DAUGHTER	<input type="checkbox"/>
PENNY BRYANT	215-25-1314	SISTER	<input type="checkbox"/>

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 **2**

Add numbers on lines above **5**

d Total number of exemptions claimed **5**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	23,239.
8a	Taxable interest. Attach Schedule B if required	8a	2,682.
b	Tax-exempt interest. Do not include on line 8a	8b	269.
9a	Ordinary dividends. Attach Schedule B if required	9a	108.
b	Qualified dividends	9b	108.
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	540.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	(3,000.)
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	9,277.
b	Taxable amount	15b	628.
16a	Pensions and annuities	16a	14,038.
b	Taxable amount	16b	13,503.
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	1,380.
20a	Social security benefits	20a	13,682.
b	Taxable amount	20b	3,114.
21	Other income. List type and amount <u>GAMBLING WINNINGS</u>	21	1,700.
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income ▶	22	43,894.

Adjusted Gross Income

23	Reserved	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. 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	38.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	24.
31a	Alimony paid b Recipient's SSN ▶ <u>215-25-1314</u>	31a	3,600.
32	IRA deduction	32	6,000.
33	Student loan interest deduction	33	268.
34	Reserved	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	9,930.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	33,964.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering income, deductions, and credits.

Standard Deduction for-
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others: Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,250

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 covering self-employment tax, unreported social security, and other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 covering federal income tax withheld, estimated tax payments, and earned income credit.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 covering overpaid amount, refunding, and applied to 2016 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 covering amount owed and estimated tax penalty.

Third Party Designee

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

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.

Form section for Preparer Use Only, including fields for firm name, address, EIN, and phone number.

Name: KEVIN R KENT & MARY B BRYANT

SSN: 211-25-1314

2016 Estimated Tax Worksheet

1 Adjusted gross income expected
2 Deductions
3 Subtract line 2 from line 1
4 Exemptions. Multiply number: times \$4,050
5 Subtract line 4 from line 3
6 Tax
7 Enter any additional taxes (Forms 4972, 6251, 8814, or 8889)
8 Add lines 6 and 7
9 Nonrefundable credits
10 Subtract line 9 from line 8
11 Self employment income: x .9235
12 Other taxes including, if applicable, additional medicare tax and / or NIIT
13a Total. Add lines 10 through 12
b Refundable credits such as EIC, additional child tax credit and Form 4136 credits
c Total. Subtract line 13b from line 13a
14a 90% of line 13. (66 2/3% for farmers and fishermen:
b 100% of your 2015 income tax (110% if the 2015 adjusted gross income is greater than \$150,000; \$75,000 if married filing separately)
c Smaller of lines 14a or 14b
15 Income tax withheld and estimated to be withheld
16 Balance. Subtract line 15 from line 14c.
Note: If this is less than \$1,000, you are not required to make estimated payments
Estimate desired, if different from required.
Amount of vouchers below

Current year overpayment: 10,280.

Credit: [X] All (Check here [] for equal division)
[] 1st installment only

Amount applied to 2016 tax: 5,140.

Table with 5 columns: Payment due, 04/15/2016, 06/15/2016, 09/15/2016, 01/18/2017. Rows include Amount, Overpayment, Balance, Date paid, Amount paid.

Department of the Treasury Internal Revenue Service

2016

Form 1040-ES Estimated Voucher

- Use this voucher when making a payment with Form 1040
Do not staple this voucher or your payment to Form 1040
Make your check or money order payable to the "United States Treasury"
Write your Social Security Number (SSN) on your check or money order

211-25-1314

212-25-1314

Enter the amount of your payment

Dollars

1045

KEVIN R KENT & MARY B BRYANT
8705 SOMERSBY WAY
HELENA

MT 59601-

P0 Box 802502
Cincinnati OH 45280-2502

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2015

Attachment
Sequence No. **08**

Name(s) shown on return

KEVIN R KENT & MARY B BRYANT

Your social security number

211-25-1314

Part I

Interest

(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.

			Amount
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 ELIZABETH DUNLAP 219251314 4216 CHATHAM WAY HELENA MT 59601- DERBY FCU PORTFOLIO INVESTMENT	1	1,672.
2	Add the amounts on line 1	2	2,682.
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 & on Form 1040A, or Form 1040, line 8a	4	2,682.

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

Part II

Ordinary Dividends

(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.

			Amount
5	List name of payer ▶ PORTFOLIO INVESTMENT	5	108.
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	108.

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

Part III
Foreign Accounts and Trusts

(See instructions on back.)

	Yes	No
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 instr.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2015

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

▶ **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
▶ **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2015

Attachment
Sequence No. **09**

Name of proprietor MARY B BRYANT		Social security number (SSN) 212-25-1314
A Principal business or profession, including product or service (see instructions) MEDICAL TRANSCRIPTS	B Enter code from instructions ▶ 561410	
C Business name. If no separate business name, leave blank.	D Employer ID no. (EIN), (see instr.)	
E Business address (including suite or room no.) ▶ 8705 SOMERSBY WAY City, town or post office, state, and ZIP code HELENA MT 59601-		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses. . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2015, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions).		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	674.
2	Returns and allowances		
3	Subtract line 2 from line 1		674.
4	Cost of goods sold (from line 42)		
5	Gross profit. Subtract line 4 from line 3		674.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).		982.
7	Gross income. Add lines 5 and 6		1,656.

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising	8	
9	Car and truck expenses (see instructions)	9	999.
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest:		
16a	a Mortgage (paid to banks, etc.)	16a	
16b	b Other	16b	
17	Legal and professional services	17	
18	Office expense (see instructions)	18	117.
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):		
20a	a Vehicles, machinery, and equipment	20a	
20b	b Other business property	20b	
21	Repairs and maintenance	21	
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	
24	Travel, meals, and entertainment:		
24a	a Travel	24a	
24b	b Deductible meals and entertainment (see instructions)	24b	
25	Utilities	25	
26	Wages (less employment credits)	26	
27a	27a Other expenses (from line 48)	27a	
27b	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	1,116.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	540.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.	31	540.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a <input type="checkbox"/> 32b <input type="checkbox"/>	All investment is at risk. Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

▶ Attach to Form 1040 or Form 1040NR.

2015

Department of the Treasury
Internal Revenue Service (99)

▶ 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.

Attachment
Sequence No. **12**

Name(s) shown on return

KEVIN R KENT & MARY B BRYANT

Your social security number

211-25-1314

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
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

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	28207 .	33741 .	-35 .	-5569 .
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	2549 .	7222 .		-4673 .
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
13 Capital gain distributions. See the instructions				13 7 .
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
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 -10235 .

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2015

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	<p>16</p>	<p>(10,235.)</p>
<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. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶</p>	<p>18</p>	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶</p>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or <input type="text"/> • (\$3,000), or if married filing separately, (\$1,500) <input type="text"/> 	<p>21</p>	<p>(3,000.)</p>
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><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).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Name: KEVIN R KENT & MARY B BRYANT

SSN: 211-25-1314

Capital Loss Carryovers from This Year to Next Year

1	Amount from Form 1040, line 41, or Form 1040NR, line 38		20,114.
2	Loss shown on Schedule D, line 21 as a positive amount		3,000.
3	Combine lines 1 and 2. If -0- or less, enter -0-		23,114.
4	Smaller line 2 or line 3		3,000.
5	Loss shown on Schedule D, line 7 as a positive amount		
6	Gain, if any, shown on Schedule D, line 15		
7	Add lines 4 and 6		3,000.
8	Short-term capital loss carryover. Subtract line 7 from line 5. If -0- or less, enter -0-		
9	Loss shown on Schedule D, line 15 as a positive amount		10,235.
10	Gain, if any, shown on Schedule D, line 7		
11	Subtract line 5 from line 4. If -0- or less, enter -0-	3,000.	
12	Add lines 10 and 11		3,000.
13	Long-term capital loss carryover. Subtract line 12 from line 9. If -0- or less, enter -0-		7,235.

Sale of Your Home

1 Date main home was sold: _____ Acquisition date: _____

2 If Form 8828 is also needed for this sale, check here

3 If any part of the main home was ever rented out or used for business, see instructions.

If part of the sale is a sale of business property, report the business portion using a depreciation wkst, and report personal portion below and skip line 9.

4 Selling price of home _____

5 Selling expenses _____

6 Amount realized _____

7 Adjusted basis of home sold _____

8 **Gain on the sale.** If -0- or less, enter -0- _____

9 Depreciation claimed on property after 05/06/1997 _____

10 Subtract line 9 from line 8. If -0- or less, enter -0- _____

11 Aggregate number of days of nonqualified use after 12/31/2008 _____

12 Number of days the taxpayer owned the property _____

13 Divide the amount on line 11 by the amount on line 12 _____

14 Gain allocated to nonqualified use _____

15 **Gain eligible for exclusion** _____

16a Did you (and your spouse if filing a joint return) own and occupy the property as your main home for a total of a least 2 years of the 5 year period before the sale? Yes No

b If "No", did you sell the home due to a change in place of employment, health or other unforeseen circumstances? Yes No

c If you are an unmarried surviving spouse, the sale occurred no later than 2 years after the date of the other spouse's death, the ownership and use requirements for joint filers were met immediately before the date of such death, and there was no sale or exchange of a main home by either spouse which qualified for the exclusion during the 2-year period ending on the date of the other spouse's death, check here Yes

17 Maximum exclusion _____

18 Smaller of line 15 or line 17. If you are reporting the sale on the installment method, enter this amount on Form 6252, line 15 _____

19 **Taxable gain.**

a You must enter this amount on Schedule D or Form 6252. This gain is to be considered: short-term long-term.

b Transferred to Form 4797, Part III _____

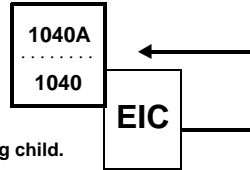
Information for Separate State Returns - Default is to the Taxpayer.

	Federal	Taxpayer	Spouse
1 Short term			
2 Short term loss based on joint return			
3 Long term	(10,235.)	(10,235.)	
4 Long term loss based on joint return	3,000.	3,000.	
5 Schedule D result (line 16 or line 21)	(3,000.)	(3,000.)	
6 Short term loss carryover			
7 Long term loss carryover	7,235.	7,235.	

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2015

Department of the Treasury
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**
- ▶ **Information about Sch EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.**

Attachment
Sequence No. **43**

Name(s) shown on return
KEVIN R KENT & MARY B BRYANT

Your social security number
211-25-1314

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	TERRI	THOMAS	YVONNE	KENT	PENNY	BRYANT
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2015. If your child was born and died in 2015 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	214-25-1314		213-25-1314		215-25-1314	
3 Child's year of birth	Year <u>2009</u>		Year <u>1991</u>		Year <u>1949</u>	
	<i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		<i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		<i>If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4a Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input checked="" type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
b Was the child permanently and totally disabled during any part of 2015?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input checked="" type="checkbox"/> No.	<input checked="" type="checkbox"/> Yes.	<input type="checkbox"/> No.
	The child is not a Go to line 5. qualifying child.		The child is not a Go to line 5. qualifying child.		The child is not a Go to line 5. qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	GRANDCHILD		DAUGHTER		SISTER	
6 Number of months child lived with you in the United States during 2015 • If the child lived with you for more than half of 2015 but less than 7 months, enter "7." • If the child was born or died in 2015 and your home was the child's home for more than half the time he or she was alive during 2015, enter "12".	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040A or 1040) 2015

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of person

212-25-1314

MARY B BRYANT

with self-employment income ▶

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	540.
3 Combine lines 1a, 1b, and 2	3	540.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	499.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	499.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	499.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015	7	118,500 00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$18,500 or more, skip lines 8b through 10, and go to line 11	8a	10,956.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	10,956.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	107,544.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	62.
11 Multiply line 6 by 2.9% (.029)	11	14.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	76.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	38.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$7,320, or (b) your net farm profits ² were less than \$5,284.		
14 Maximum income for optional methods	14	4,880 00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,880. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,284 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

W-2 DETAIL REPORT - 2015

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
JEFFERSON COUNTY SCHOOL	25-5159034	X	9456	946	397	137	MT	9456	575		
PETROLEUM OIL AND GAS	25-6159034	X	12283	1228	630	218	MT	12283	936		
BOARD OF ELECTIONS	26-5159034	X	1500		63	22					
			-----	-----	-----	-----		-----	-----		
			23239	2174	1090	377		21739	1511		

US Estimated Tax Payments Made for the Current Tax Year 2015

Name: KEVIN R KENT & MARY B BRYANT

SSN: 211-25-1314

Federal Estimated Tax Payments

See note below	Date of payment	Amount of payment	Towards 04/15/2015 payment	Towards 06/15/2015 payment	Towards 09/15/2015 payment	Towards 01/15/2016 payment
From last year	04/15/2015	200.				
D 04/15 1	04/14/2015	100.				
U 06/15 2						
E 09/15 3	09/18/2015	100.				
01/15 4						
* Pay date	04/15/2016					
Totals		400.				

* Fill in the pay date on Form 2210, page 1.

State Estimated Tax Payments

**The day listed in the date of payment section is the due date for most state estimated tax payments. If your state has different due dates, disregard the date suggested. If payment 1 was paid on or before the date due for payment 1, enter it in payment 1, etc.

* Check the * column if payment 4 was paid before 01/01/2016.

Taxpayer, Joint, or Combined State Return

** Date of Payment

State	Credit from last year	04/15/2015 Amount 1	06/15/2015 Amount 2	09/15/2015 Amount 3	01/15/2016 Amount 4	*	Total

_____	State and/or local balance due from previous years' returns paid in 2015. Include amounts paid with a 2014 extension paid in 2015	
_____	State and/or local balance due from previous years' returns paid in 2015. Include amounts paid with a 2014 extension paid in 2015	
_____	Last state estimate payment for 2014 paid in 2015 (due January 15, 2015).....	
_____	Last state estimate payment for 2014 paid in 2015 (due January 15, 2015).....	

Spouse Filing Married Separate State Tax Return or Second Full Year Resident State

** Date of Payment

State	Credit from last year	04/15/2015 Amount 1	06/15/2015 Amount 2	09/15/2015 Amount 3	01/15/2016 Amount 4	*	Total

W-2G DETAIL REPORT - 2015

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
GET RICH LOTTERY BOA	26-7159034	X		1200		2250
GA STATE LOTTERY		X		500		
				-----		-----
				1700		2250

1099G DETAIL REPORT - 2015

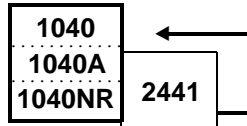
Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
-----	---	-----	-----	-----	-----
INDIANA UNEMPLOYMENT COMMISSION	X	1380		138	
		----		---	
		1380		138	

1099-R DETAIL REPORT - 2015

Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
PEOPLES TRUST COMPAN	26-2159034	T	1	X		MT	628	628		628		
YALE SECURITY IRA	26-3159034	T	G	X		MT	8649		R 8649			
OFFICE OF PERSONNEL	16-5159034	T	7				1295	1200		1200		
ALPINE PENSION FUND	26-4159034	T	7		1274		12743		E 440	12303	5870	5095
					-----		-----	-----	-----	-----	-----	-----
					1274		23315	1828	9089	14131	5870	5095

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.



Name(s) shown on return
KEVIN R KENT & MARY B BRYANT

Your social security number
211-25-1314

Part I Persons or Organizations Who Provided the Care - You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
HAPPY BLESSINGS DAMELENA	128 MAGICAL WAY STREET MT 59601-	26-8159034	1,100.

Did you receive dependent care benefits?	No	→	Complete only Part II below.
	Yes	→	Complete Part III on page 2.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2015 for the person listed in column (a)
First	Last		
TERRI	THOMAS	214-25-1314	1,100.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,100.
4 Enter your earned income . See instructions	4	12,283.
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	11,458.
6 Enter the smallest of line 3, 4, or 5	6	1,100.

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 **7** 33,964.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0-15,000		.35	\$29,000-31,000		.27
15,000-17,000		.34	31,000-33,000		.26
17,000-19,000		.33	33,000-35,000		.25
19,000-21,000		.32	35,000-37,000		.24
21,000-23,000		.31	37,000-39,000		.23
23,000-25,000		.30	39,000-41,000		.22
25,000-27,000		.29	41,000-43,000		.21
27,000-29,000		.28	43,000-No limit		.20

8 x. 0.25

9 Multiply line 6 by the decimal amount on line 8. If you paid 2014 expenses in 2015, see the instructions **9** 275.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 0

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 **11** 0

For Paperwork Reduction Act Notice, see your tax return instructions.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.
▶ Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.

Name of individual subject to additional tax. If married filing jointly, see instructions.
KEVIN R KENT

Your social security no.
211-25-1314

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.
City, town or post office, state, and ZIP code.	If you have a foreign address, also complete the spaces below (see instructions).	If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.

Part I Additional Tax on Early Distributions.

Complete this part if you took a taxable distribution before you reached age 59 1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR - see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1 Early distributions included in income. For Roth IRA distributions, see instructions	1	628 .
2 Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: <u>12</u>	2	628 .
3 Amount subject to additional tax. Subtract line 2 from line 1	3	
4 Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	4	
<i>Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).</i>		

Part II Additional Tax on Certain Distributions From Education Accounts and ABLÉ Accounts.

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLÉ account.

5 Distributions included in income from a Coverdell ESA, a QTP, or an ABLÉ account	5	
6 Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7 Amount subject to additional tax. Subtract line 6 from line 5	7	
8 Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs.

Complete this part if you contributed more to your traditional IRAs for 2015 than is allowable or you had an amount on line 17 of your 2014 Form 5329.

9 Enter your excess contributions from line 16 of your 2014 Form 5329 (see instructions). If zero, go to line 15	9	
10 If your traditional IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11 2015 traditional IRA distributions included in income (see instructions)	11	
12 2015 distributions of prior year excess contributions (see instructions)	12	
13 Add lines 10, 11, and 12	13	
14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15 Excess contributions for 2015 (see instructions)	15	
16 Total excess contributions. Add lines 14 and 15	16	
17 Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs.

Complete this part if you contributed more to your Roth IRAs for 2015 than is allowable or you had an amount on line 25 of your 2014 Form 5329.

18 Enter your excess contributions from line 24 of your 2014 Form 5329 (see instructions). If zero, go to line 23	18	
19 If your Roth IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20 2015 distributions from your Roth IRAs (see instructions)	20	
21 Add lines 19 and 20	21	
22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23 Excess contributions for 2015 (see instructions)	23	
24 Total excess contributions. Add lines 22 and 23	24	
25 Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	

Name(s) shown on Form 1040 or Form 1040NR
KEVIN R KENT & MARY B BRYANT

Your social security number
211-25-1314

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

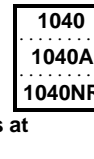
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38 and go to line 7. (If less than zero, enter as a negative amount.)	1	33,964.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions	6	()
7	Tax refund from Form 1040, line 10 or line 21	7	()
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.)	28	33,964.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.) If your filing status is... AND line 28 is not over... THEN enter on line 29... Single or head of household \$119,200 \$53,600 Married filing jointly or qualifying widow(er) 158,900 83,400 Married filing separately 79,450 41,700 If line 28 is over the amount shown above for your filing status, see instructions.	29	83,400.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result. 	31	
32	Alternative minimum tax foreign tax credit (see instructions)	32	4.
33	Tentative minimum tax. Subtract line 32 from line 31	33	
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2015

Attachment
Sequence No. 47

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Information about Schedule 8812 and its separate instructions is at**
www.irs.gov/schedule8812.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return
KEVIN R KENT & MARY B BRYANT

Your social security number
211-25-1314

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).			
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).			
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).			
	If you used Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2		
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3		1,000.
4a	Earned income (see separate instructions)	4a	23,741.	
b	Nontaxable combat pay (see separate instructions)	4b		
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	20,741.	
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6		3,111.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040A or 1040) 2015

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.	8		
	1040A filers: Enter -0-.			
	1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.			
9	Add lines 7 and 8	9		
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71.	10		
	1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).			
	1040NR filers: Enter the amount from Form 1040NR, line 67.			
11	Subtract line 10 from line 9. If zero or less, enter -0-			11
12	Enter the larger of line 6 or line 11			12
	Next, enter the smaller of line 3 or line 12 on line 13.			

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	1,000.
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1040
1040A
1040NR

Enter this amount on
 Form 1040, line 67,
 Form 1040A, line 43, or
 Form 1040NR, line 64.

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or Form 1040A.

▶ Information about form 8863 and its separate instructions is at www.irs.gov/form8863.

Name(s) shown on return

KEVIN R KENT & MARY B BRYANT

Your social security number

211-25-1314



Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	2,313.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180,000.
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	33,964.
4	Subtract line 3 from line 2. If zero or less, stop you cannot take any education credit	4	146,036.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you cannot take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,313.
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below	8	925.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,388.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	318.
11	Enter the smaller of line 10 or \$10,000	11	318.
12	Multiply line 11 by 20% (.20)	12	64.
13	Enter: \$130,000 if married filing jointly; \$65,000 if single, head of household, or qualifying widow(er)	13	130,000.
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	33,964.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	96,036.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	64.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	

For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return
KEVIN R KENT & MARY B BRYANT

Your social security number
211-25-1314



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information
 See instructions.

20 Student name (as shown on page 1 of your tax return)
YVONNE KENT

21 Student social security no. (as shown on page 1 of your tax return)
213-25-1314

22 Educational institution information (see instructions)

a. Name of first educational institution
NORTHERN KENTUCKY UNIVERSITY

b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
**NUNN DRIVE FOUNDERS HALL SUITE 500
 NEWPORT KY 41076-**

(2) Did the student receive Form 1098-T from this institution for 2015? Yes No

(3) Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? Yes No

If you checked "No" in **both (2) and (3)**, skip **(4)**.

(4) If you checked "Yes" in **(2) or (3)**, enter the institution's federal identification number (from Form 1098-T).
26-9159034

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2015? Yes - **Stop!** Go to line 31 for this student. No - Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2015 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions) Yes - Go to line 25. No - **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2015 (see instructions)? Yes - **Stop!** Go to line 31 for this student. No - Go to line 26.

26 Was the student convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance? Yes - **Stop!** Go to line 31 for this student. No - Complete lines 27 through 30 for this student.



You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	3,250.
28 Subtract \$2,000 from line 27. If zero or less enter -0-	28	1,250.
29 Multiply line 28 by 25% (.25)	29	313.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,313.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 **31**

Name(s) shown on return
KEVIN R KENT & MARY B BRYANT

Your social security number
211-25-1314



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information
 See instructions.

20 Student name (as shown on page 1 of your tax return)
MARY BRYANT

21 Student social security no. (as shown on page 1 of your tax return)
212-25-1314

22 Educational institution information (see instructions)

a. Name of first educational institution
FULTON COMMUNITY COLLEGE

b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
**ONE UNIVERSITY WAY
 HELENA MT 59601-**

(2) Did the student receive Form 1098-T from this institution for 2015? Yes No

(3) Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? Yes No

If you checked "No" in **both (2) and (3)**, skip **(4)**.

(4) If you checked "Yes" in **(2) or (3)**, enter the institution's federal identification number (from Form 1098-T).

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2015? Yes - **Stop!** Go to line 31 for this student. No - Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2015 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recongnized postsecondary educational credential? (see instructions) Yes - Go to line 25. No - **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2015 (see instructions)? Yes - **Stop!** Go to line 31 for this student. No - Go to line 26.

26 Was the student convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance? Yes - **Stop!** Go to line 31 for this student. No - Complete lines 27 through 30 for this student.



You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less enter -0-	28	
29 Multiply line 28 by 25% (.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	318.
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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

KEVIN R KENT & MARY B BRYANT

211-25-1314

Before you checked Box D, E, or F below, see whether you received any Form(s) 1099-B 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 instr.	(g) Amount of adjustment	
	RIDER CORPORATI	IN/HE/RIT	12/25/2015	2549.	7222.			-4673.
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) ▶								
				2549.	7222.			-4673.

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.

IRS e-file Signature Authorization

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 KEVIN R KENT	Social security number 211-25-1314
Spouse's name MARY B BRYANT	Spouse's social security number 212-25-1314

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	33,964.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	76.
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	4,662.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	5,140.
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 acknowledgment 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 _____ to enter or generate my PIN
ERO firm name Enter five digits, but do not enter all zeros
as my signature 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 ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN
ERO firm name Enter five digits, but do not enter all zeros
as my signature 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 ▶ _____ Date ▶ _____

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 ▶ _____ Date ▶ _____

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

Name: KEVIN R KENT & MARY B BRYANT

SSN: 211-25-1314

Gross Income	2012	2013	2014
Wages and salaries			23,239.
Interest and dividends			2,790.
Business income			540.
Sale of assets - gain or loss			(3,000.)
Pension and IRA distributions			14,131.
Rents, royalties, etc			
Unemployment and social security			4,494.
Other income			1,700.
Total gross income			43,894.
Adjustments to Income			9,930.
Adjusted gross income			33,964.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			13,850.
Exemptions			20,000.
Taxable Income	0	0	114.
Tax (2015 - 1040, line 44)	0	0	1.
Alternative minimum tax			
Other taxes			76.
Credits and Payments			
Credits			1.
Withholding			4,662.
EIC and Additional Child Tax Credit			4,369.
Estimated tax payments			400.
Other payments			925.
Total credits and payments			10,357.
Tax liability after credits			76.
Estimated tax penalty			
Refund or (Balance Due)			10,280.
Federal marginal tax bracket	0.0 %	0.0 %	10.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)			
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2015:
