

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

Name: ANTHONY WEBSTER & COURTNEY TAYLOR

SSN: 151-25-1314

| | TSJ | Amount |
|---|--------------------------|-------------|
| 1 Gambling winnings from Form W-2G | | 125. |
| 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 | | 125. |

Affordable Care Act Worksheet

US

2015

Name: ANTHONY WEBSTER & COURTNEY TAYLOR

SSN: 151-25-1314

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

| | | | | | | | | | | | | |
|---|-------------------------------------|--|--------------------------|----------|--------------------------|-----------|--------------------------|---------|--------------------------|----------|--------------------------|----------|
| ANTHONY WEBSTER | <input checked="" type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year | | | | | | | | | | |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year | | | | | | | | | | |
| | <input type="checkbox"/> | 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..... | <input type="checkbox"/> | January | <input type="checkbox"/> | February | <input type="checkbox"/> | March | <input type="checkbox"/> | April | <input type="checkbox"/> | May | <input type="checkbox"/> | June |
| | <input type="checkbox"/> | July | <input type="checkbox"/> | August | <input type="checkbox"/> | September | <input type="checkbox"/> | October | <input type="checkbox"/> | November | <input type="checkbox"/> | December |
| COURTNEY TAYLOR | <input checked="" type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year | | | | | | | | | | |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year | | | | | | | | | | |
| | <input type="checkbox"/> | 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..... | <input type="checkbox"/> | January | <input type="checkbox"/> | February | <input type="checkbox"/> | March | <input type="checkbox"/> | April | <input type="checkbox"/> | May | <input type="checkbox"/> | June |
| | <input type="checkbox"/> | July | <input type="checkbox"/> | August | <input type="checkbox"/> | September | <input type="checkbox"/> | October | <input type="checkbox"/> | November | <input type="checkbox"/> | December |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year | | | | | | | | | | |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year | | | | | | | | | | |
| | <input type="checkbox"/> | 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..... | <input type="checkbox"/> | January | <input type="checkbox"/> | February | <input type="checkbox"/> | March | <input type="checkbox"/> | April | <input type="checkbox"/> | May | <input type="checkbox"/> | June |
| | <input type="checkbox"/> | July | <input type="checkbox"/> | August | <input type="checkbox"/> | September | <input type="checkbox"/> | October | <input type="checkbox"/> | November | <input type="checkbox"/> | December |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year | | | | | | | | | | |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year | | | | | | | | | | |
| | <input type="checkbox"/> | 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..... | <input type="checkbox"/> | January | <input type="checkbox"/> | February | <input type="checkbox"/> | March | <input type="checkbox"/> | April | <input type="checkbox"/> | May | <input type="checkbox"/> | June |
| | <input type="checkbox"/> | July | <input type="checkbox"/> | August | <input type="checkbox"/> | September | <input type="checkbox"/> | October | <input type="checkbox"/> | November | <input type="checkbox"/> | December |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year | | | | | | | | | | |
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| | <input type="checkbox"/> | 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..... | <input type="checkbox"/> | January | <input type="checkbox"/> | February | <input type="checkbox"/> | March | <input type="checkbox"/> | April | <input type="checkbox"/> | May | <input type="checkbox"/> | June |
| | <input type="checkbox"/> | July | <input type="checkbox"/> | August | <input type="checkbox"/> | September | <input type="checkbox"/> | October | <input type="checkbox"/> | November | <input type="checkbox"/> | December |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year | | | | | | | | | | |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year | | | | | | | | | | |
| | <input type="checkbox"/> | 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..... | <input type="checkbox"/> | January | <input type="checkbox"/> | February | <input type="checkbox"/> | March | <input type="checkbox"/> | April | <input type="checkbox"/> | May | <input type="checkbox"/> | June |
| | <input type="checkbox"/> | July | <input type="checkbox"/> | August | <input type="checkbox"/> | September | <input type="checkbox"/> | October | <input type="checkbox"/> | November | <input type="checkbox"/> | December |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year | | | | | | | | | | |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year | | | | | | | | | | |
| | <input type="checkbox"/> | 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..... | <input type="checkbox"/> | January | <input type="checkbox"/> | February | <input type="checkbox"/> | March | <input type="checkbox"/> | April | <input type="checkbox"/> | May | <input type="checkbox"/> | June |
| | <input type="checkbox"/> | July | <input type="checkbox"/> | August | <input type="checkbox"/> | September | <input type="checkbox"/> | October | <input type="checkbox"/> | November | <input type="checkbox"/> | December |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for the entire year | | | | | | | | | | |
| | <input type="checkbox"/> | Had a minimum essential coverage and/or is applying for or was granted an exemption for part of the year | | | | | | | | | | |
| | <input type="checkbox"/> | Did not have minimum essential coverage and is not claiming an exemption for any part of the year | | | | | | | | | | |

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

Your first name and initial **ANTHONY WEBSTER** Last name _____

If a joint return, spouse's first name and initial **COURTNEY TAYLOR** Last name _____

Home address (number and street). If you have a P.O. box, see instructions. **919 N DARRON AVENUE** Apt. no. _____

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 _____

See separate instructions.

Your social security number **151-25-1314**

Spouse's social security number **152-25-1314**

▲ Make sure the SSN(s) above and on line 6c are correct.

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) | No. of children on 6c who: |
|----------------|-----------|--|-------------------------------------|--|--|
| | | | | | lived with you 0 |
| | | | | | did not live with you due to divorce or separation (see instructions) 0 |
| | | | | | Dependents on 6c not entered above 0 |

d Total number of exemptions claimed **2**

Add numbers on lines above ▶ **2**

Income

| | | | |
|-----|---|-----|---------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 52,241. |
| 8a | Taxable interest. Attach Schedule B if required | 8a | 778. |
| 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 | 400. |
| 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 | |
| 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 GAMBLING WINNINGS | 21 | 125. |
| 22 | Combine the amounts in the far right col for lines 7 through 21. This is your total income ▶ | 22 | 53,544. |

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 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | 78. |
| 31a | Alimony paid b Recipient's SSN ▶ _____ | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Reserved | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 35 | 36 | 78. |
| 37 | Subtract line 36 from line 22. This is your adjusted gross income ▶ | 37 | 53,466. |

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for tax 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 for 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 for payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. 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.

Paid Preparer Use Only

Form for paid preparer use including fields for name, signature, date, firm name, EIN, and phone number.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
▶ Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

ANTHONY WEBSTER & COURTNEY TAYLOR

Your social security number

151-25-1314

| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | | | | |
|--|---|--|---------|--------|---------|--------|
| | 1 Medical and dental expenses (see instructions) | 1 | 3,923. | | | |
| | 2 Enter amount from Form 1040, line 38 <input type="text" value="2"/> 53,466. | | | | | |
| | 3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1951, multiply line 2 by 7.5% (.075) instead | 3 | 5,347. | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | | 4 | | |
| Taxes You Paid | 5 State and local | | | | | |
| | a <input checked="" type="checkbox"/> Income taxes | 5 | 2,838. | | | |
| | b <input type="checkbox"/> Reserved | | | | | |
| | 6 Real estate taxes (see instructions) | 6 | 2,415. | | | |
| | 7 Personal property taxes | 7 | 495. | | | |
| | 8 Other taxes. List type and amount ▶ _____ | 8 | | | | |
| | 9 Add lines 5 through 8 | | | | 9 | 5,748. |
| | Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | 3,595. | | |
| | | 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 Reserved | | 13 | | | | |
| 14 Investment interest. Attach Form 4952 if required. (See instructions.) | | 14 | | | | |
| 15 Add lines 10 through 14 | | | | | 15 | 3,595. |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | 4,550. | | | |
| | 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 | 4,550. |
| 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 | 385. | | | |
| | 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 | 385. | | | |
| | 25 Enter amount from Form 1040, line 38 <input type="text" value="25"/> 53,466. | 25 | 53,466. | | | |
| | 26 Multiply line 25 by 2% (.02) | 26 | 1,069. | | | |
| | 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 the inst. List type and amount ▶ <u>GAMBLING LOSSES</u> 125. | 28 | | | 125. | |
| 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 | | | 14,018. | |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> | | | | | |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2015

W-2 DETAIL REPORT - 2015

| Employer | EIN | TP SP | Gross Wages | Federal With. | FICA | Medicare | St | State Wages | State With. | Locality | Local With. |
|--------------------------|------------|-------|-------------|---------------|-------|----------|----|-------------|-------------|----------|-------------|
| AW CONTRACTIONG SERVICES | 11-5251314 | X | 40991 | 4100 | 1722 | 594 | MT | 40991 | 2450 | | |
| SOTHSIDE ELEMENTARY SCHO | 11-6251314 | X | 11250 | 1087 | 473 | 163 | MT | 11250 | 388 | | |
| | | | ----- | ----- | ----- | --- | | ----- | ----- | | |
| | | | 52241 | 5187 | 2195 | 757 | | 52241 | 2838 | | |

| | | |
|------------------------------|--|---------------------------------------|
| Your name COURTNEY TAYLOR | Occupation in which you incurred expenses TEACHER | Social security number 152-25-1314 |
|------------------------------|--|---------------------------------------|

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2015.

Caution: You can use the standard mileage rate for 2015 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

| | | |
|---|----------|-------|
| 1 Complete Part II. Multiply line 8a by 57.5 cents (.575). Enter the result here | 1 | |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work | 2 | |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment | 3 | |
| 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment | 4 | 385 . |
| 5 Meals and entertainment expenses: \$ _____ x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) | 5 | |
| 6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) | 6 | 385 . |

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ _____
- 8 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instructions) _____ c Other _____
- 9 Was your vehicle available for personal use during off-duty hours? Yes No
- 10 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 11a Do you have evidence to support your deduction? Yes No
- b If "Yes," is the evidence written? Yes No

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
ANTHONY WEBSTER

Social security number
151-25-1314

Spouse's name
COURTNEY TAYLOR

Spouse's social security number
152-25-1314

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 | 53,466. |
| 2 | Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) | 2 | 3,791. |
| 3 | Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) | 3 | 5,223. |
| 4 | Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) | 4 | 1,432. |
| 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 **Enter five digits, but do not enter all zeros**
ERO firm name
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 **Enter five digits, but do not enter all zeros**
ERO firm name
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: ANTHONY WEBSTER & COURTNEY TAYLOR

SSN: 151-25-1314

| Gross Income | 2012 | 2013 | 2014 |
|--|-------|-------|---------|
| Wages and salaries | | | 52,241. |
| Interest and dividends | | | 778. |
| Business income | | | |
| Sale of assets - gain or loss | | | |
| Pension and IRA distributions | | | |
| Rents, royalties, etc | | | |
| Unemployment and social security | | | |
| Other income | | | 525. |
| Total gross income | | | 53,544. |
| Adjustments to Income | | | 78. |
| Adjusted gross income | | | 53,466. |
| Itemized or Standard Deductions | | | |
| Medical expense deduction | | | |
| Taxes | | | 5,748. |
| Interest | | | 3,595. |
| Contributions | | | 4,550. |
| Miscellaneous deductions | | | |
| Other itemized deductions | | | 125. |
| Total deductions | | | 14,018. |
| Exemptions | | | 8,000. |
| Taxable Income | 0 | 0 | 31,448. |
| Tax (2015 - 1040, line 44) | 0 | 0 | 3,791. |
| Alternative minimum tax | | | |
| Other taxes | | | |
| Credits and Payments | | | |
| Credits | | | |
| Withholding | | | 5,223. |
| EIC and Additional Child Tax Credit | | | |
| Estimated tax payments | | | |
| Other payments | | | |
| Total credits and payments | | | 5,223. |
| Tax liability after credits | | | 3,791. |
| Estimated tax penalty | | | |
| Refund or (Balance Due) | | | 1,432. |
| Federal marginal tax bracket | 0.0 % | 0.0 % | 15.0 % |
| 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:
