How to file your taxes

(entirely free and with minimal tears)

Carina Cheng
GSPS
April 8, 2016

I'm no tax expert, but...

I'm no tax expert, but...

Accounting minor...
 almost

l'm no tax expert, but...

- Accounting minor...
 almost
- IRS certified in 2010,2011,2012



l'm no tax expert, but...

- Accounting minor...
 almost
- IRS certified in 2010,2011,2012
- I've filed almost
 100 tax returns in
 the past 5 years



First things first...

First things first...

Tax Deadline this year:

April 18!!!

First things first...

• Tax Deadline this year:

April 18!!!

 If you end up needing to re-file: use amendment form 1040X

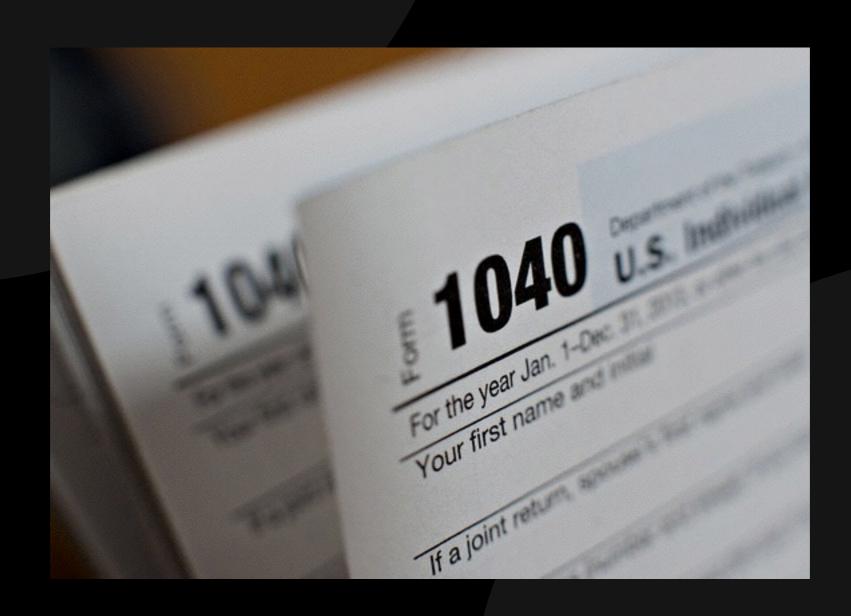
E 1040X (Rev. January 2016)	Department of the Amended U.S. Inc ► Information about Form 1040X and		ax Return	OMB No. 1545-0074
This return is for calc	· · · · · · · · · · · · · · · · · · ·	2013 2012		
Other year. Enter one	calendar year or fiscal y	ear (month and year ended	1):	
Your first name and initial		Last name		Your social security number
If a joint return, spouse's firs	st name and initial	Last name		Spouse's social security number
Current home address (num	ber and street). If you have a P.O. box, see instru	ctions.	Apt. no.	Your phone number
City, town or post office, sta	te, and ZIP code. If you have a foreign address,	also complete spaces below (see	nstructions).	
Foreign country name		Foreign province/state/coun	ty	Foreign postal code



- Pros:
 - easy if you have limited tax knowledge
 - automatically generates your tax forms and calculates numbers
 - free
- Cons:
 - could miss certain deductions and credits you qualify for
 - not really free

		LIMITED TIME	ONLY! ► File by March 17 and	save up to \$25
	Federal Free Edition	Deluxe	Premier	Home & Business
Compare our	Simple tax returns (1040EZ/1040A)	Maximize your tax deductions	Investments and rental property	Self-employed and small business owners
product features	Start for Free	Start for Free	Start for Free	Start for Free
	\$0 Federal \$0 State	\$54.99 \$34.99* State additional	\$79.99 \$54.99* State additional	\$104.99 \$79.99* State additional
		MOST POPULAR*		
Easy prep, print and e-file with 100% accurate calculations	•	•	•	•
Jumpstart your refund by automatically importing your W-2 tax forms	•	•	•	•
Searches 350+ tax deductions and credits (Schedule A)		•	•	•
Maximizes mortgage/property tax deductions (Schedule A)		•	•	•
Turns charitable donations into big deductions with ItsDeductible™		•	•	•

Let's explore the 1040



1040	Department of the Treasury—Internal R		20 15 omb n	lo. 1545-0074 IRS Use On	nly—Do not write or staple in this space.
For the year Jan. 1-Dec	. 31, 2015, or other tax year beginning		, 2015, ending	, 20	See separate instructions.
Your first name and	nitial	Last name			Your social security number
If a joint return, spou	se's first name and initial	Last name			Spouse's social security number
Home address (numi	Make sure the SSN(s) above and on line 6c are correct.				
City, town or post office	e, state, and ZIP code. If you have a for				Presidential Election Campaign Check here if you, or your spouse if fling jointly, want \$3 to go to this fund. Checking
Foreign country nam	е	Foreign province	e/state/county	Foreign postal code	a box below will not change your tax or refund. You Spouse
Filing Status	_	(even if only one had incom	ne) the		ying person). (See instructions.) If I but not your dependent, enter this
Check only one box.	3 Married filing separa and full name here.	ately. Enter spouse's SSN al	DOVE	alifying widow(er) with de	ependent child
Exemptions	6a Yourself. If some b Spouse	one can claim you as a dep	endent, do not chec	k box 6a	Boxes checked on 6a and 6b
If more than four	c Dependents: (1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)	on 6c who: Ived with you did not live with you due to divorce or separation
dependents, see instructions and check here ▶ □					(see instructions) Dependents on 6c not entered above
OTTOOK TIGITO P	d Total number of exem	ptions claimed			Add numbers on lines above ▶

Name, address, SSN

្ទ 1040	epartment of the Treasury—Internal Reve		015 omb	lo. 1545-9974 IRS Use On	nly—Do not write or staple in this space.
For the year Jan. 1-Dec.	. 31, . 015, or other tax year beginning		, 2015, ending	, 20	See separate instructions.
Your first name and in	nitia	ast name	-		Your social security number
If a joint return, spous	se's first name and hitial L	ast name			Spouse's social security number
Home address (numb	er and street). New a P.O. box,	see instructions.		Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office	, state, and ZIP code. If you have a foreig	n address, also complete spaces	below (see instructions).		Presidential Election Campaign Check here if you, or your spouse if fling jointly, want \$3 to go to this fund. Checking
Foreign country name	•	Foreign province	state/county	Foreign postal code	a box below will not change your tax or refund. You Spouse
Filing Status Check only one		ven if only one had income	the		ying person). (See instructions.) If I but not your dependent, enter this
box.	and full name here. ▶	ly. Enter spouse's SSN ab	010	alifying widow(er) with de	ependent child
Exemptions	6a Yourself. If someon	e can claim you as a depe		k box 6a	Boxes checked on 6a and 6b
	c Dependents: (1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) \(\sigma\) if child under age 17 qualifying for child tax credit (see instructions)	Iived with you did not live with
If more than four					you due to divorce or separation (see instructions)
dependents, see instructions and check here ▶ □					Dependents on 6c not entered above
0.1001(1010)	d Total number of exempt	ons claimed			Add numbers on lines above ▶

Name, address, SSN

Filing status

្ទ 1040	epartment of the Treasury—Internal Revenue :		015 out	o. 1545-8974 IRS Use Or	nly—Do not write or staple in this space.
For the year Jan. 1-Dec	. 31, . 015, or other tax year beginning	,	2015, endire	, 20	See separate instructions.
Your first name and i	nitiat Last	name			Your social security number
If a joint return, spou		name			Spouse's social security number
	per and street). I have a P.O. box, see			Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
	e, state, and ZIP code. If you have a foreign ad				Presidential Election Campaign Check here if you, or your spouse if fling jointly, want \$3 to go to this fund. Checking
Foreign country nam		Foreign province/s	state/county	Foreign postal code	a box below will not change your tax or refund. You Spouse
Filing Status	1 Single 2 Married filing jointly (even		the		fying person). (See instructions.) If I but not your dependent, enter this
Check only one box.	3 Married filing separately. § and full name here. ►	enter spouse's SSN abo	746	lifying widow(er) with de	ependent child
Exemptions	6a Yourself. If someone ca	an claim you as a depen	dent, do not chec	k box 6a	Boxes checked on 6a and 6b
	c Dependents: (1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)	t • lived with you • did not live with
If more than four					you due to divorce or separation (see instructions)
dependents, see instructions and check here ▶ □					Dependents on 6c not entered above
	d Total number of exemptions	s claimed			. Add numbers on lines above ▶

Name, address, SSN

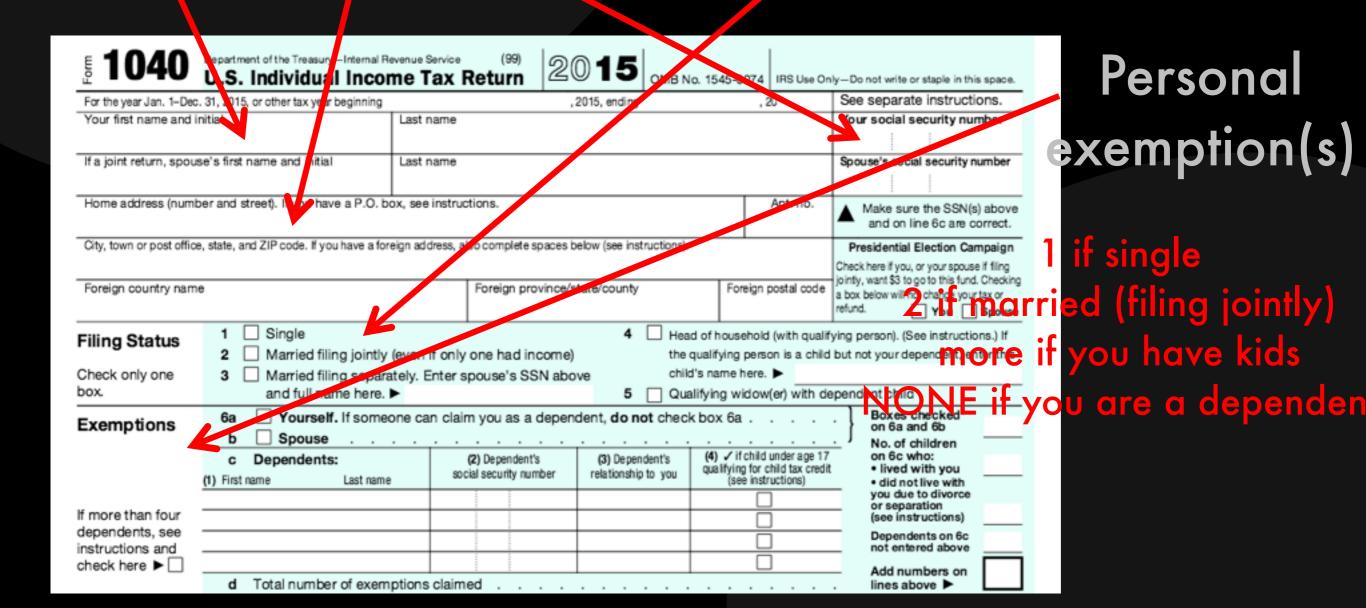
Filing status

1040	epartment of the Treasury—Internal Revenu		015 over	o. 1545-5974 IRS Use On	aly—Do not write or staple in this space.
For the year Jan. 1-De	c. 31, 1015, or other tax year beginning		, 2015, ending	, 20	See separate instructions.
Your first name and	initia	t name			Our social security number
If a joint return, spou		t name			Spouse's ocial security number
	ber and street). I have a P.O. box, s			Ant no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post offic	e, state, and ZIP code. If you have a foreign a		below (see instructions)		Presidential Election Campaign Check here if you, or your spouse if fling jointly, want \$3 to go to this fund. Checking
Foreign country nam	ne .	Foreign province/	e Lite/county	Foreign postal code	a box below will not change your tax or refund. You Spouse
Filing Status Check only one		If only one had income) the		ying person). (See instructions.) If but not your dependent, enter this
box.	and full tame here. ▶	. Enter spouse's SSN abo	016	alifying widow(er) with de	ependent child
Exemptions	6a Yourself. If someone b Spouse	can claim you as a deper	ndent, do not chec	k box 6a	Boxes checked on 6a and 6b
	c Dependents: (1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)	
If more than four dependents, see					or separation (see instructions) Dependents on 6c
instructions and check here ▶		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			not entered above Add numbers on
	d Total number of exemption	ns claimed			. lines above >

Personal exemption(s)

Name, address, SSN

Filing status



Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions . 15a b Taxable amount	15b	
16a	Pensions and annuities 16a b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a b Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	

a Control number 012598482	Emp	nployee's social security number			1 Wages, tips, other compensation 9,269.00				2 Federal income tax withheld 1,054.35			
c Employer's name, address, and ZIP code		b Employer identification n	umbe	r 3.8	3 Social security wages				4 Social security tax withheld			
UNTU OF CALTEORNIA	UNIV OF CALIFORNIA - BERKELEY								6 Medicare	tax withheld		
					Advance EIC pay	ment			10 Depend	ent care benefits		
FINANCIAL SVCS- PAYROLL #1104 BERKELEY, CA 94720-1104												
e Employee's name, suffix				12	See Instrs. for B	ox 12			14 Other			
CARINA CHENG 12863 PINE MEADOW COURT SAN DIEGO, CA 92130												
This information is being furnished to the Inte	rnal F	Revenue Service.	-		ied plans			Form		Wage and Tax	0045	
OMB No. 1545-0008 Department of the Trea	eun. l	nternal Bayonya Canica	13 S Em	Statutory	Retirement Plan	Third- sick			W-2	Wage and Tax Statement	2015	
OMB No. 1545-0006 Department of the Trea	sury-i	nternal Revenue Service	Ц,					Copy B, To B	e Filed With	Employee's FEDERAL Tax	Return.	
15 State Employer's state I.D. No.	1	6 State wages, tips, etc.	_	17 State	income tax			cal wages, tips	, etc.	19 Local income tax	20 Locality	
CA	\perp	9,269.	00		131	1.80						
	\perp											

Line 7: Wages from W-2

a Control number 012598482	d Employee's social security numb	er	1 Wages, tips, otne.	eon, ver		269.00		ncome tax withheld	,054.35
c Employer's name, address, and ZIP code	b Employer identification n	3 Social security wa	ges			4 Social security tax withheld			
UNIV OF CALIFORNIA FINANCIAL SVCS- PAY			5 Medicare wages a 9 Advance EIC payr					tax withheld ent care benefits	
BERKELEY, CA 94720- e Employee's name, suffix	1104		10 Coo lastro for Po	10			14 Other		
CARINA CHENG 12863 PINE MEADOW C SAN DIEGO, CA 92130	TE GOO ITISUS. TOT DO	12 See Instrs. for Box 12			14 Oaldi				
This information is being furnished to the Int OMB No. 1545-0008 Department of the Tre		11 Non 13 Sta Empk	nqualified plans ututory Retirement oyee Plan	Third-r	party pay		W-2	Wage and Tax Statement Employee's FEDERAL Tax Ret	
15 State Employer's state I.D. No.	16 State wages, tips, etc.		7 State income tax		18 Loca	al wages, tips	, etc.	19 Local income tax	20 Locality
CA	9,269.	00	131	.80					

Line 7: Wages from W-2

Remember this for later

a Control number 012598482	d Emp	loyee's social security numb	er	1 Wages, tips, other son.		on 9,269.00	2 Federal in	ncome tax withheld	054.35
c Employer's name, address, and ZIP code	Employer's name, address, and ZIP code b Employer identification number						4 Social sec	curity tax withheld	
UNIV OF CALIFORNIA	PDVPT PV		5 Medicare wages and tips			6 Medicare	tax withheld		
FINANCIAL SVCS- PAY BERKELEY, CA 94720-		9 Advance EIC payment			10 Depende	ent care benefits			
e Employee's name, suffix CARINA CHENG 12863 PINE MEADOW CONTROL SAN DIEGO, CA 92130		12 See Instrs. for Box 12	12 See Instrs. for Box 12						
This information is being furnished to the in OMB No. 1545-0008 Department of the Tree			13 8		-party pay		W-2	Wage and Tax Statement Employee's FEDERAL Tax Retu	
15 State Employer's state I.D. No.	1	6 State wages, tips, etc.		17 State income tax	18 L	ocal wages, tips,	etc.	19 Local income tax	20 Locality
CA		9,269.	_	131.80	_				

Line 7: Wages from W-2

Remember this for later

a Control number 012598482						nsation 9,26		2 Federal income tax withheld 1,054.3			
c Employer's name, address, and ZIP code	Employer's name, address, and ZIP code b Employer identification number							4 Social security tax withheld			
UNITY OF CALLEODNIA	ъ	EDVET EV		5 Medicare wages ar	nd tips			6 Medicare	tax withheld		
UNIV OF CALIFORNIA FINANCIAL SVCS- PAY BERKELEY, CA 94720-	9 Advance EIC paym	nent			10 Depende	ent care benefits					
e Employee's name, suffix CARINA CHENG 12863 PINE MEADOW CONTROL SAN DIEGO, CA 92130		T		12 See Instrs. for Bo	x 12			14 Other			
This information is being furnished to the Income OMB No. 1545-0008 Department of the Tree			13 S	atutory Retirement Plan	Third-r	party pay		W-2	Wage and Tax Statement Employee's FEDERAL Tax R		
15 State Employer's state I.D. No.	1	6 State wages, tips, etc.	\neg	7 State income tax		18 Local wa	ages, tips,	etc.	19 Local income tax	20 Locality	
CA		9,269.	_		.80						
		7									

Line 7: Wages from W-2

Remember this for later

a Control number 012598482	d Emp	loyee's social security numb	er	1 Wages, tips, other	eon, ven	sation 9,269.00		ncome tax withheld	1,0	54.35
c Employer's name, address, and ZIP code	,	b Employer identification n	umber	3 Social security wa	ages		4 Social se	curity tax withheld		
INTU OF CALTEODNIA	ъ	PDVPT PV		5 Medicare wages	and tips		6 Medicare	tax withheld		
UNIV OF CALIFORNIA FINANCIAL SVCS- PAY BERKELEY, CA 94720-	ROL	L #1104		9 Advance EIC pay	ment		10 Depend	ent care benefits		
e Employee's name, suffix				12 See Instrs. for B	lox 12		14 Other			
CARINA CHENG 12863 PINE MEADOW C SAN DIEGO, CA 92130		T								
This information is being furnished to the In	ternal F	Revenue Service.	11 Nor	qualified plans		Form	144.6	Wage and I	Tay 🕳 a	
OMB No. 1545-0008 Department of the Tre	asurv-	nternal Revenue Service	13 Sta Empl	tutory Retirement oyee Plan	Third-pa	arty	W-2	Wage and T Statemen	t 20	15
	Just 4	mornar novendo corvico	lL			Conv B. To	Be Filed With	Employee's FEDERAL	Tax Return.	
ONB No. 1545-0000 Department of the Tit	,					Copy D, 10		anniprojec a a meranti ta	* **** * * * * * * * * * * * * * * * * *	
15 State Employer's state I.D. No.	_	6 State wages, tips, etc.	17	7 State income tax	1	18 Local wages, tip		19 Local me tax		Locality
	_	6 State wages, tips, etc. 9,269.			1.80					Locality

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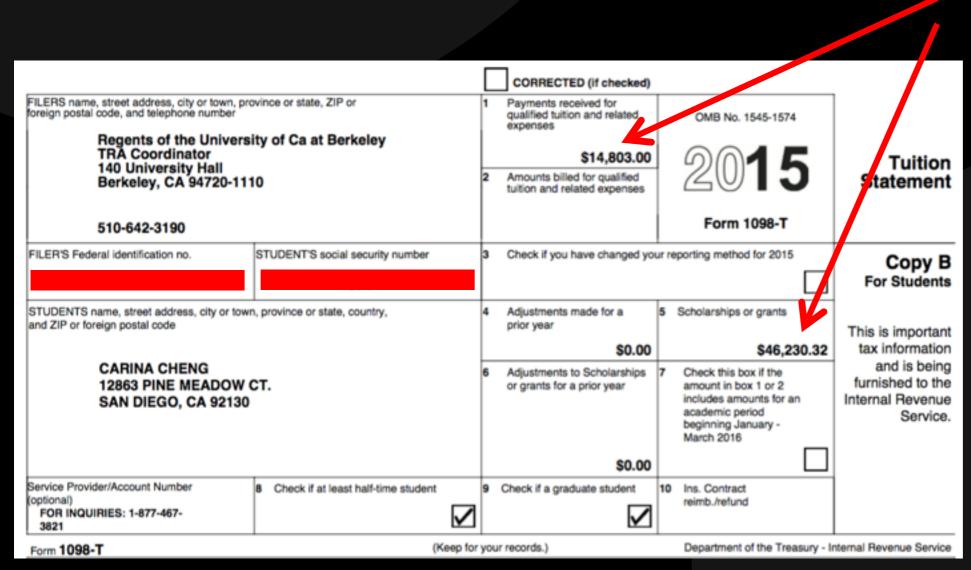
Box 21: Scholarship Income from 1098t

get yours at 1098t.com!

			CORRECTED (if checked)			
FILERS name, street address, city or town, province or state, ZIP or foreign postal code, and telephone number Regents of the University of Ca at Berkeley TRA Coordinator 140 University Hall Berkeley, CA 94720-1110		1	Payments received for qualified tuition and related expenses	OMB No. 1545-1574		
			\$14,803.00	2015	Tuition	
		2	Amounts billed for qualified tuition and related expenses	Z013	Statement	
510-642-3190				Form 1098-T		
FILER'S Federal identification no. STUDENT'S social security number 3		3	Check if you have changed yo	our reporting method for 2015	Copy B	
STUDENTS name, street address, city or town	neminos ex stato country		Adjustments made for a	5 Scholarships or grants	Tor Stadents	
and ZIP or foreign postal code	, province or state, country,	ſ	prior year	5 Scholarships of grants	This is important	
			\$0.00	\$46,230.32		
CARINA CHENG 12863 PINE MEADOW (SAN DIEGO, CA 92130	т.	6	Adjustments to Scholarships or grants for a prior year	7 Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2016	and is being furnished to the Internal Revenue Service.	
			\$0.00			
Service Provider/Account Number (optional)	8 Check if at least half-time student	9	Check if a graduate student	10 Ins. Contract reimb./refund		
FOR INQUIRIES: 1-877-467- 3821		\checkmark	\checkmark	Territorio de		
Form 1098-T (Keep for y			ur records.)	Department of the Treasury -	Internal Revenue Service	

Box 21: Scholarship Income from 1098t

get yours at 1098t.com!



Box 5

Box 1

Textbook/LaptopPurchases

= Income!

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions . 15a b Taxable amount	15b	
16a	Pensions and annuities 16a b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a b Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	\$ W-2	
8a	Taxable interest. Attach Schedule B if required	8a	•	
b	Tax-exempt interest. Do not include on line 8a 8b			
9a	Ordinary dividends. Attach Schedule B if required	9a		
b	Qualified dividends 9b			
10	Taxable refunds, credits, or offsets of state and local income taxes	10		
11	Alimony received	11		
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13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13		
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15a	IRA distributions . 15a b Taxable amount	15b		
16a	Pensions and annuities 16a b Taxable amount	16b		
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22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	\$ W-2	
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9a	Ordinary dividends. Attach Schedule B if required	9a		
b	Qualified dividends 9b			
10	Taxable refunds, credits, or offsets of state and local income taxes	10		
11	Alimony received	11		
12	Business income or (loss). Attach Schedule C or C-EZ	12		
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □	13		
14	Other gains or (losses). Attach Form 4797	14		
15a	IRA distributions . 15a b Taxable amount	15b		
16a	Pensions and annuities 16a b Taxable amount	16b		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
18	Farm income or (loss). Attach Schedule F	18		
19	Unemployment compensation	19		
20a	Social security benefits 20a b Taxable amount	20b		
21	Other income. List type and amoscHOLARSHIP IN EXCESS OF TUITIO	1	\$ 1098t	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		

1099-INT

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	\$ W-2	
8a		8a	3 W -Z	-
	Taxable interest. Attach Schedule B if required	oa		-
b	Tax-exempt interest. Do not include on line 8a 8b			
9a	Ordinary dividends. Attach Schedule B if required	9a		
b	Qualified dividends 9b			
10	Taxable refunds, credits, or offsets of state and local income taxes	10		
11	Alimony received	11		
12	Business income or (loss). Attach Schedule C or C-EZ	12		
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here 🕨 🔲	13		
14	Other gains or (losses). Attach Form 4797	14		
15a	IRA distributions . 15a b Taxable amount	15b		
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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 amose HOLARSHIP IN EXCESS OF TUITIO	1	\$ 1098t	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		

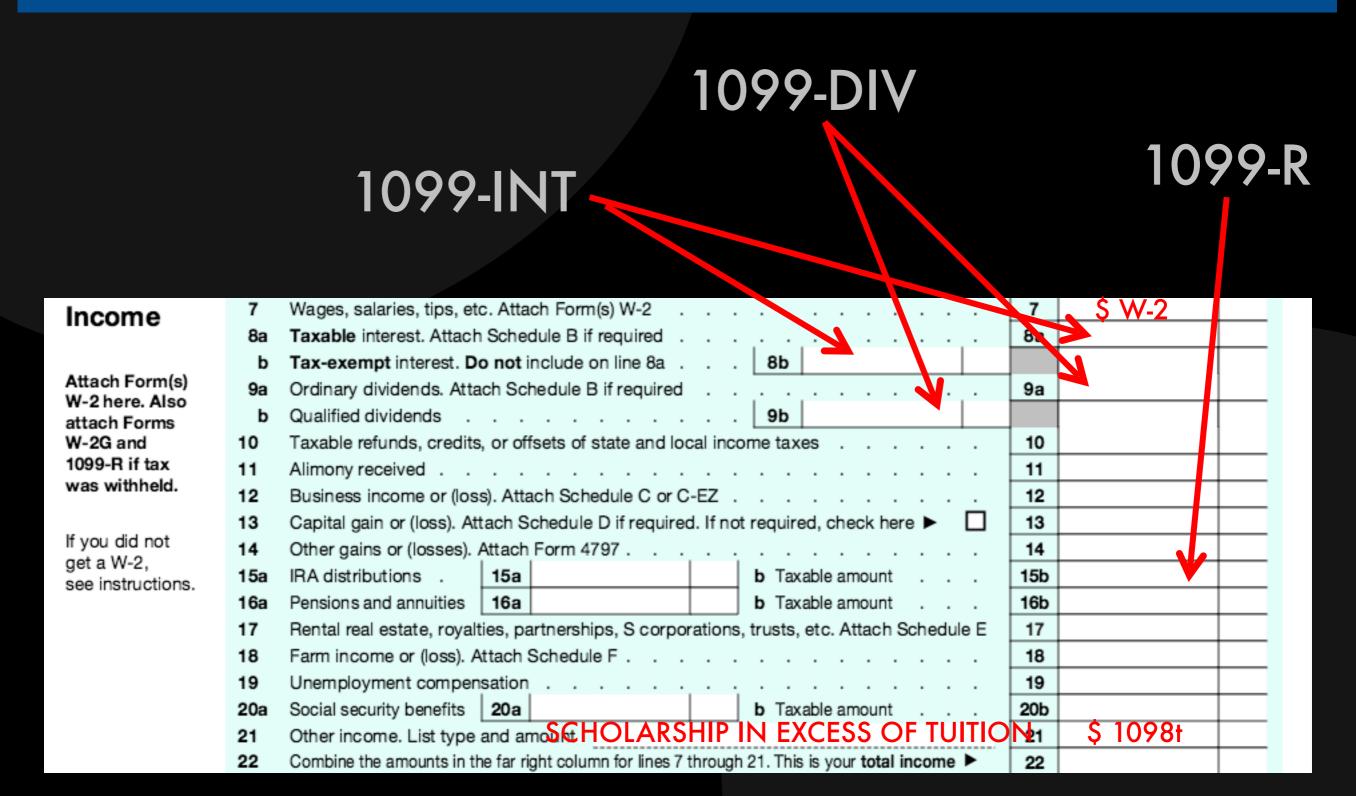
1099-DIV

1099-INT

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	\$ W-2	
8a	Taxable interest. Attach Schedule B if required	8.		
b	Tax-exempt interest. Do not include on line 8a 8b		4	
9a	Ordinary dividends. Attach Schedule B if required	9a		
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19	Unemployment compensation	19		
20a	Social security benefits 20a b Taxable amount	20b		
21	Other income. List type and amose HOLARSHIP IN EXCESS OF TUITIO	1 21	\$ 1098t	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		

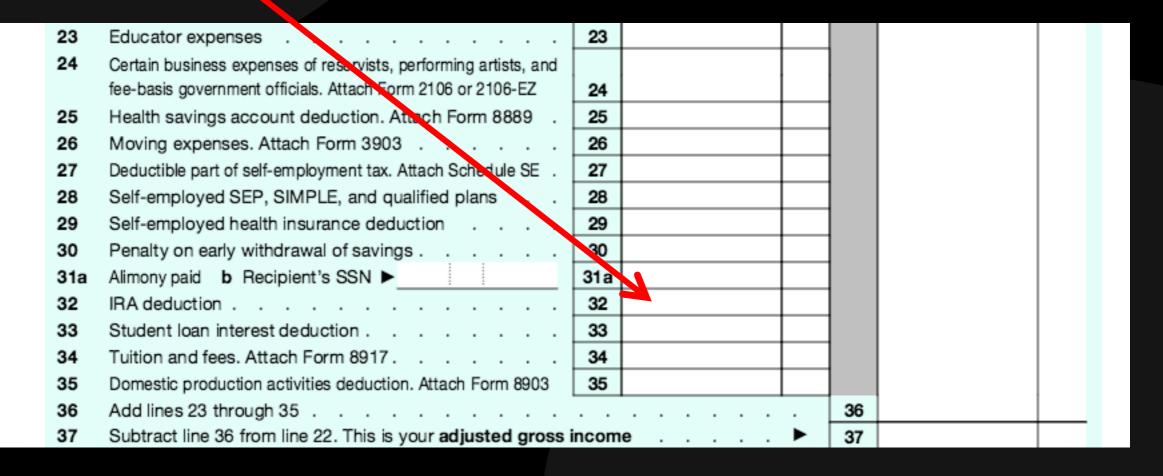


Adjusted Gross Income

23	Educator expenses	23					
24	Certain business expenses of reservists, performing artists, and						
	fee-basis government officials. Attach Form 2106 or 2106-EZ	24					
25	Health savings account deduction. Attach Form 8889 .	25					
26	Moving expenses. Attach Form 3903	26					
27	Deductible part of self-employment tax. Attach Schedule SE .	27					
28	Self-employed SEP, SIMPLE, and qualified plans	28					
29	Self-employed health insurance deduction	29					
30	Penalty on early withdrawal of savings	30					
31a	Alimony paid b Recipient's SSN ▶	31a					
32	IRA deduction	32					
33	Student loan interest deduction	33					
34	Tuition and fees. Attach Form 8917	34					
35	Domestic production activities deduction. Attach Form 8903	35					
36	Add lines 23 through 35				36		
37	Subtract line 36 from line 22. This is your adjusted gross i	incom	е	▶	37		

Deduction if you contributed to a retirement account (not ROTH IRA)

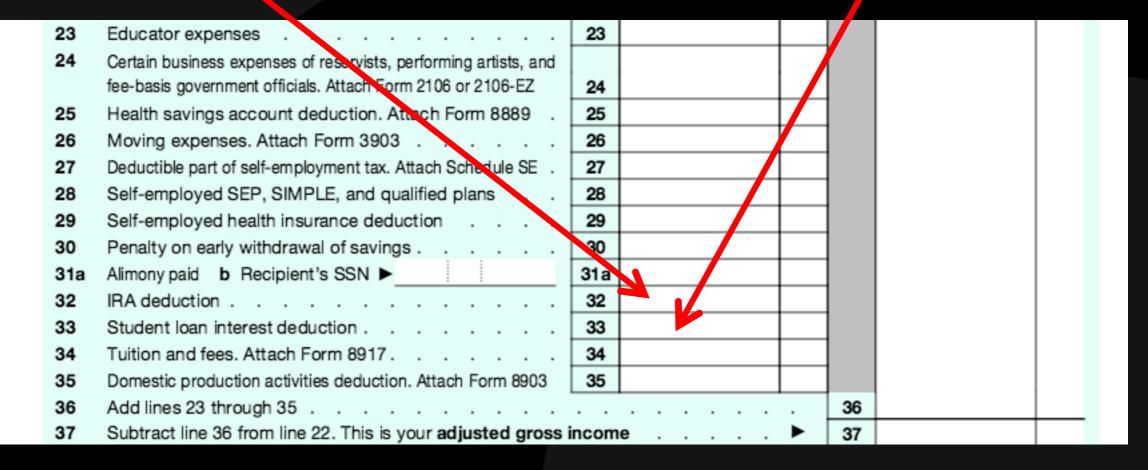
Adjusted Gross Income



Deduction if you contributed to a retirement account (not ROTH IRA)

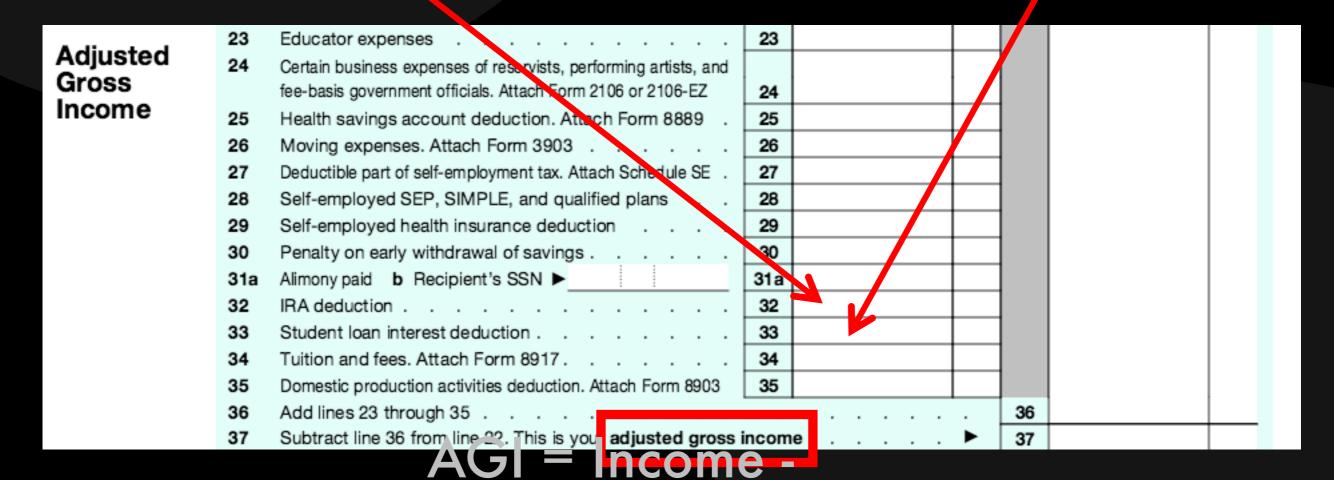
Interest you paid on student loans





Deduction if you contributed to a retirement account (not ROTH IRA)

Interest you paid on student loans



Deductions

Form 1040 (2015)			P	Page 2
	38	Amount from line 37 (adjusted gross income)	38		
Tax and Credits	39a b	Check			
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40		
Deduction for—	41	Subtract line 40 from line 38	41		
People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42		
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43		
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44		
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
instructions.	47	Add lines 44, 45, and 46	47		

AGI

Form 1040 (2015	Form 1040 (2015)									
	38	Amount from line 37 (adjusted gross income)	38							
Tax and	39a	Check \[\bigcup You were born before January 2, 1951, \bigcup Blind. \] Total boxes								
Credits		if: Spouse was born before January 2, 1951, ☐ Blind. checked ▶ 39a ☐								
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here▶ 39b□								
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40							
Deduction for—	41	Subtract line 40 from line 38	41							
People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42							
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43							
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44							
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45							
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46							
instructions.	47	Add lines 44, 45, and 46	47							

Standard Deduction

or itemized* if you:

-have large medical expenses

-own a house

Farm 1040 (2016)

*need to fill out Schedule A

AGI

Form 1040 (2015	9)			 age Z
	38	Amount from line 37 (adjusted gross income)	38	
Tax and	39a	Check You were born before January 2, 1951, Blind. Total boxes		
		if: Spouse was born before January 2, 1951, ☐ Blind. checked ▶ 39a		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here▶ 39b		
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
Deduction for—	41	Subtract line 40 from line 38	41	
People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	
39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
instructions.	47	Add lines 44, 45, and 46	47	

Standard Deduction

or itemized* if you:

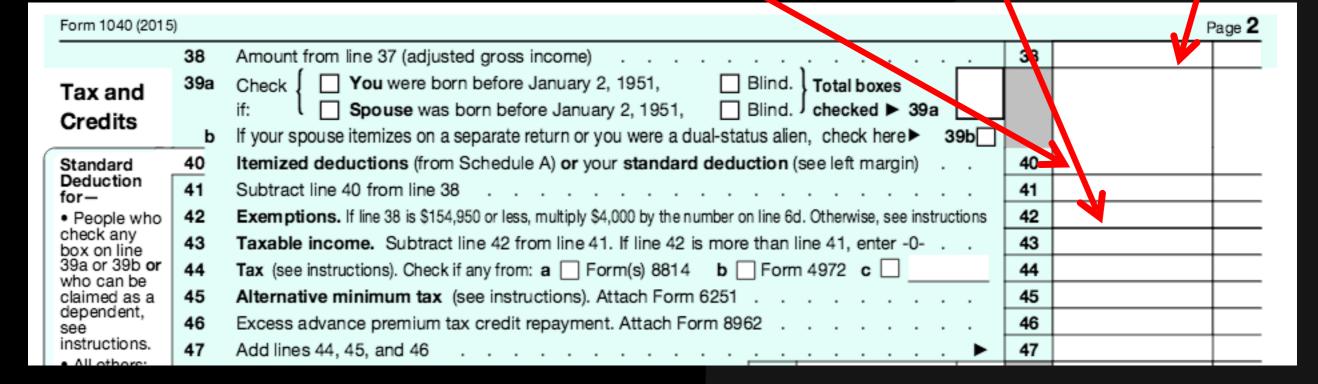
-have large medical expenses

-own a house

*need to fill out Schedule A

Exemptions

AG



Form 1040 (2015)			P	Page 2
	38	Amount from line 37 (adjusted gross income)	38		
Tax and Credits	39a b	Check			
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40		
Deduction for—	41	Subtract line 40 from line 38	41		
People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42		
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43		
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44		
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
instructions.	47	Add lines 44, 45, and 46	47		

AGI

- -Deduction
- -Exemption

=Taxable Income

Form 1040 (2015	i)			P	age 2
	38	Amount from line 37 (adjusted gross income)	38		
Tax and	39a	Check \[\bigcup You were born before January 2, 1951, \bigcup Blad. \] Total boxes			
Credits		if: ☐ Spouse was born before January 2, 1951, ☐ Blind. hecked ▶ 39a			
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here▶ 39b□			
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40		
Deduction for—	41	Subtract line 40 from line 38	41		
People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42		
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	42		
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claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
instructions.	47	Add lines 44, 45, and 46	47		

AGI

- -Deduction
- -Exemption

Tax Table!

https://www.irs.gov/pub/irs-pdf/i1040tt.pdf

=Taxable Income

	Form 1040 (2015)			Pa	age 2
		38	Amount from line 37 (adjusted gross income)		
	Tax and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Credits		if: ☐ Spouse was born before January 2, 1951, ☐ Blind. hecked ➤ 39a		
	Oi Guita	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
	Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margh) 40		
	Deduction for—	41	Subtract line 40 from line 38		
П	People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42.		
	check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0 42		
	39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44		
	claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251		
	dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962		
	instructions.	47	Add lines 44, 45, and 46		

If line 4 (taxable income	е		And yo	ou are—		If line 43 (taxable income)			And yo	u are—		If line (taxab incom			And yo	ou are—	
At least	But less than	Single	Married filing jointly *	Married filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly *	Married filing sepa- rately	Head of a house- hold	At least	But less than	Single	Married filing jointly *	Married filing sepa- rately	Head of a house- hold
			Your t	ax is—					Your t	ax is—					Your t	ax is—	
0 5 15 25	5 15 25 50	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4	1	,000						2,000)			
50	75	6	6	6	6	1,000 1,025	1,025 1,050	101 104	101 104	101 104	101 104	2,00 2,02		201 204	201 204	201 204	201 204
75 100 125 150	100 125 150 175	9 11 14 16	9 11 14 16	9 11 14 16	9 11 14 16	1,050 1,075 1,100	1,075 1,100 1,125	106 109 111	106 109 111	106 109 111	106 109 111	2,05 2,07 2,10	0 2,075 5 2,100	206 209 211	206 209 211	206 209 211	206 209 211
175	200	19	19	19	19	1,125 1,150	1,150 1,175	114 116	114 116	114 116	114 116	2,12 2,15		214 216	214 216	214 216	214 216
200 225 250 275	225 250 275 300	21 24 26 29	21 24 26 29	21 24 26 29	21 24 26 29	1,175 1,200 1,225	1,200 1,225 1,250	119 121 124	119 121 124	119 121 124	119 121 124	2,17 2,20 2,22	0 2,225	219 221 224	219 221 224	219 221 224	219 221 224
300	325	31	31	31	31	1,250 1,275	1,275 1,300	126 129	126 129	126 129	126 129	2,25 2,27		226 229	226 229	226 229	226 229
325 350 375	350 375 400	34 36 39	34 36 39	34 36 39	34 36 39	1,300 1,325 1,350	1,325 1,350 1,375	131 134 136	131 134 136	131 134 136	131 134 136	2,30 2,32 2,35	5 2,350	231 234 236	231 234 236	231 234 236	231 234 236
400 425	425 450	41 44	41 44	41 44	41 44	1,375 1,400	1,400 1,425	139 141	139 141	139 141	139 141	2,37 2,40	0 2,425	239 241	239 241	239 241	241
450 475 500	475 500 525	46 49 51	46 49 51	46 49 51	46 49 51	1,425 1,450 1,475	1,450 1,475 1,500	144 146 149	144 146 149	144 146 149	144 146 149	2,42 2,45 2,47	0 2,475	244 246 249	244 246 249	244 246 249	244 246 249
525 550	550 575	54 56	54 56	54 56	54 56	1,500 1,525	1,525 1,550	151 154	151 154	151 154	151 154	2,50 2,52	5 2,550	251 254	251 254	251 254	251 254
575 600 625	600 625 650	59 61 64	59 61 64	59 61 64	59 61 64	1,550 1,575 1,600	1,575 1,600 1,625	156 159 161	156 159 161	156 159 161	156 159 161	2,55 2,57 2,60	5 2,600	256 259 261	256 259 261	256 259 261	256 259 261
650 675	675 700	66 69	66 69	66 69	66 69	1,625 1,650 1,675	1,650 1,675 1,700	164 166 169	164 166 169	164 166 169	164 166 169	2,62 2,65 2,67	0 2,675	264 266 269	264 266 269	264 266 269	264 266 269
700 725 750	725 750 775	71 74 76	71 74 76	71 74 76	71 74 76	1,700 1,725	1,725 1,750	171 174	171 174	171 174	171 174	2,70 2,72	0 2,725 5 2,750	271 274	271 274	271 274	271 274
775 800	800 825	79 81	79 81	79 81	79 81	1,750 1,775 1,800	1,775 1,800 1,825	176 179 181	176 179 181	176 179 181	176 179 181	2,75 2,77 2,80	5 2,800	276 279 281	276 279 281	276 279 281	276 279 281
825 850	850 875	84 86	84 86	84 86	84 86	1,825	1,850	184	184	184	184	2,82	5 2,850	284 286	284 286	284	284

AGI

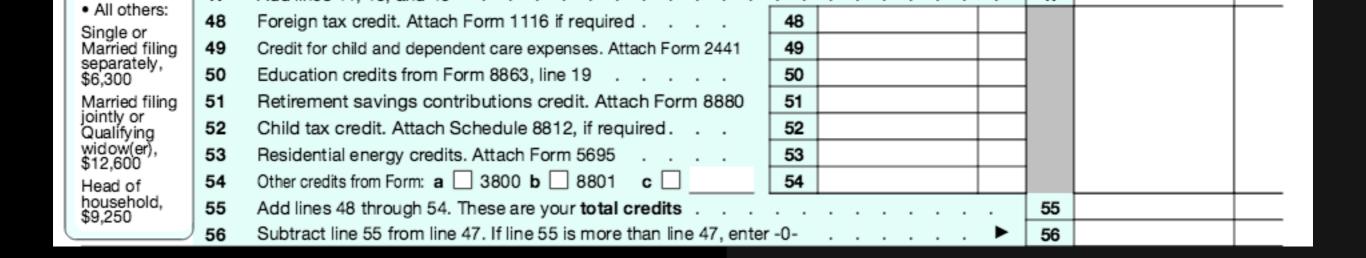
- -Deduction
- -Exemption

Tax Table!

https://www.irs.gov/pub/irs-pdf/i1040tt.pdf

=Taxable Income

	Form 1040 (2015)			Pa	age 2
		38	Amount from line 37 (adjusted gross income)		
	Tax and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Credits		if: ☐ Spouse was born before January 2, 1951, ☐ Blind. hecked ➤ 39a		
	Oi Guita	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b□		
	Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margh) 40		
	Deduction for—	41	Subtract line 40 from line 38		
П	People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42.		
	check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0 42		
	39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44		
	claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251		
	dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962		
	instructions.	47	Add lines 44, 45, and 46		



While DEDUCTIONS reduce your INCOME, CREDITS reduce your TAX!

ш	All others:	48	Foreign tax credit. Attach Form 1116 if required	48			
ш	Single or	40	Foreign tax credit. Attach Form 1110 il required	40	 -		
Ш	Married filing	49	Credit for child and dependent care expenses. Attach Form 2441	49			
	separately, \$6,300	50	Education credits from Form 8863, line 19	50			
	Married filing	51	Retirement savings contributions credit. Attach Form 8880	51			
	jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required	52			
	widow(er), \$12,600	53	Residential energy credits. Attach Form 5695	53			
	Head of	54	Other credits from Form: a 3800 b 8801 c	54			
	household, \$9,250	55	Add lines 48 through 54. These are your total credits			55	
	40,200	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter	-0-	 •	56	

While DEDUCTIONS reduce your INCOME, CREDITS reduce your TAX!

Unfortunately, they will rarely apply to you...

• All othorou	• •			 _		
All others:	48	Foreign tax credit. Attach Form 1116 if required	48			
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441	49			
separately, \$6,300	50	Education credits from Form 8863, line 19	50			
Married filing	51	Retirement savings contributions credit. Attach Form 8880	51			
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required	52			
widow(er), \$12,600	53	Residential energy credits. Attach Form 5695	53			
Head of	54	Other credits from Form: a 3800 b 8801 c	54			<u> </u>
household, \$9,250	55	Add lines 48 through 54. These are your total credits			55	
40,200	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter	-0-	 >	56	

While DEDUCTIONS reduce your INCOME, CREDITS reduce your TAX!

Unfortunately, they will rarely apply to you...

Lifetime Learning Credit

grad students w/tuition > fellowship

All others:	• • •		<u> </u>					_
	48	Foreign tax credit. Attach Form 1116 if required	48					
Single or		·				1		1
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441	49					
separately, \$6,300	50	Education credits from Form 8863, line 19	50	4				
Married filing	51	Retirement savings contributions credit. Attach Form 8880	51					
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required	52					
widow(er), \$12,600	53	Residential energy credits. Attach Form 5695	53					
Head of	54	Other credits from Form: a 3800 b 8801 c	54					
household, \$9,250	55	Add lines 48 through 54. These are your total credits				55		
11,217	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter	r -0-		•	56		

1040: Other Taxes

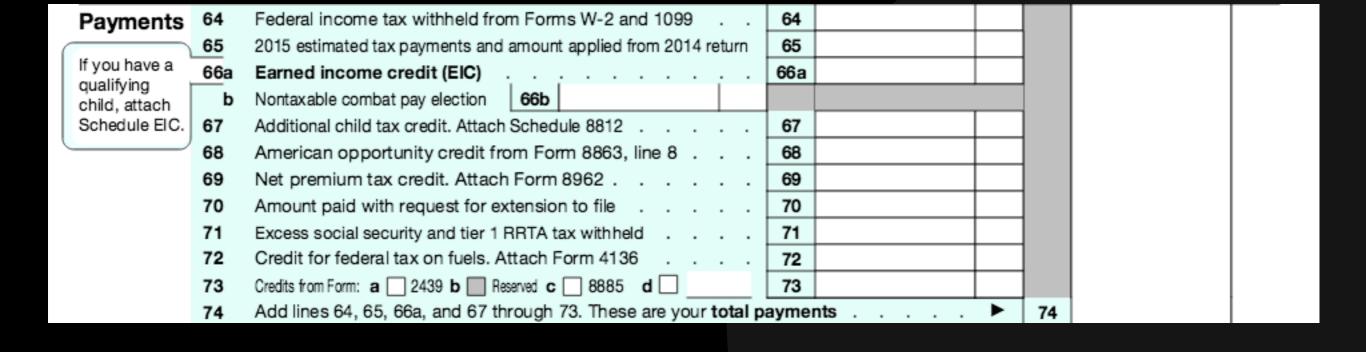
	57	Self-employment tax. Attach Schedule SE	57	
Other	58	Unreported social security and Medicare tax from Form: a _ 4137 b _ 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
laxes	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	

1040: Other Taxes

		100E B										VOID		1 0	VB No. 1	56 646-228	0115		
		Form 1093-B Department of the Treasury Internal Revenue Service	Health Coverage ► Information about Form 1095-8 and its separate instructions is a									CORRECTED				15			
		Part I Responsible I Name of responsible individual						ecurity nu			_	3 Date of birth (If SSN is not available)				u)	=		
		4 Street address (including aparts	ent no.)	5 City or town		-	State o	r province				7 Countr	y and Zi	P or foreig	n pestal	code	_		
		Enter letter identifying Oricin	of the Policy (see instructions for co	odes):		,	Small (k	usiness He	ulth Option	ns Program	(S+OP) I	Vlarketplace	identifier,	if applicable					
			nsored Coverage (see instru								_	t1 Emplo	yer ident	ffication n	mber (E	314)	=		
		12 Street address-(including room-	or suite no.)	13 City or town		14	Stutte o	or province				16 Count	y and 23	P or foreig	n postal	code	_		
		Park III Issuer or Othe	r Coverage Provider (see in	estructions)		12	Erroin	yer könnöll	ication re	arriber (EIN		18 Contac	I teleph	one numb					
		19 Street address (including room	or suite no.)	39 City or town				e province				22 Count				code			
		Part IV Covered Indiv	iduals (Enter the information	for each covered ind	[vidual)	5).)									100/1/0				
		(a) Name of covered ind	vidualitis (b) SSN	(kg COS (FSSN is not available)	(d) Coverso of 12 months	<u> </u>	1 50	1				ofcoverag			0-1	None	D		
						Jan	Feb	Mar	Apr	May	Jun	Jul I	Aug	Sep	Oet	Nov	Dec		
		23			_	_	=	-	_	_	_		_	_	_	_	_		
		.24							Ш							Ш			
		25																	
		26				-			-										
		27					-			-									
		28																	
57		Self-em; For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cut. No. 807043 Form 1095-B (2015)											+						
er 58		Unreported social securi	•				_				b [_	919				58		+
s 59		Additional tax on IRAs, ot															59		+
60		Household employment to															60:		+
	b	First-time homebuyer cre									_						601		+
6		Health care: individual res				-				_							61		+
62		Taxes from: a Form	_		_											_	62		+
63	3	Add lines 56 through 62.	This is your tota	al tax .												<u> </u>	63	3	

1040: Other Taxes

	100F P									VOID		1 04	560115 OMB No. 1545-2252					
	Form 1095-B Department of the Treasury Internal Revenue Service	Health Coverage Information about Form 1095-8 and its separate instructions in				,				_	CORRECTED			2015				
	Part I Responsible In 1 Name of responsible individual				2	2 Social security number (SSN)					3 Date of	birth (If S	ISN is not a	wallable	÷	=		
	4 Street address (including apartm	nant no.)	5 City or town		0	State o	r province			-	7 Country	y and 20	or foreign	pestal c	code			
						Small (kg	usiness He	ath Option	s Program	(9-KP) M	larketplace i	dentifer,	f applicable			_		
		n of the Policy (see instructions for co onsored Coverage (see instru		•						1	n Employ	yer identi	fication nur	nber (E)	100	=		
	12 Street address (including room of	or suite no.)	13 City or town		14	State o	or province			1	6 Country	y and Z9	or foreign	postal	code	_		
	Phit III Issuer or Othe	er Coverage Provider (see in	structions)		12	Erroin	yer identifi	cation o	rritor (EP)	-	8 Contac	C belooks	ne number			=		
	19 Street address (including room o	or suite no.)	30 City-or-town				or province		-		2 Countr				code			
		iduals (Enter the information		Swickers														
	(a) Name of covered indi-		4g DOE (IT SSN is not		1				(14)	Months	of coverage							
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	23																	
	24																	
	25								_			-	-	-	_			
	26																	
		10 mm																
	27				_	=	_	=	_	_	_	\equiv	_		=	_		
	O a 16 a see 20																	7
57		k Reduction Act Notice, see separa						L No. 607			¬ .	040		Form	1095-6			+
58	Unreported social securi	-				_				b [_	919			•	58		+
59	Additional tax on IRAs, ot															59		+
60a																60a		+
b	,															60b	,	\perp
61	Health care: individual res	ponsibility (see i	nstructions)	Fu	اا-y	ear	cov	era	ge	3						61		\perp
62	Taxes from: a _ Form	8959 b 🗌 For	rm 8960 c		Inst	ruc	tion	s;	ente	er co	ode(s)				62	:	\perp
63	Add lines 56 through 62.											_				63		



Federal Income Tax Withheld

box 2 on W-2

- + box 4 on 1099-INT
- + box 5 on 1099-DIV
- + box 4 on 1099-R
- + others?

	Payments	64	Federal income tax withheld from Forms W-2 and 1099	64		
0		65	2015 estimated tax payments and amount applied from 2014 return	65		
	If you have a qualifying	66a	66a			
	child, attach	b	Nontaxable combat pay election 66b			
	Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812	67		
		68	68			
		69	Net premium tax credit. Attach Form 8962	69		
		70	Amount paid with request for extension to file	70		
		71	Excess social security and tier 1 RRTA tax withheld	71		
		72	Credit for federal tax on fuels. Attach Form 4136	72		
		73	Credits from Form: a 2439 b Reserved c 8885 d	73		
		74	Add lines 64, 65, 66a, and 67 through 73. These are your total pa	yme	nts	74

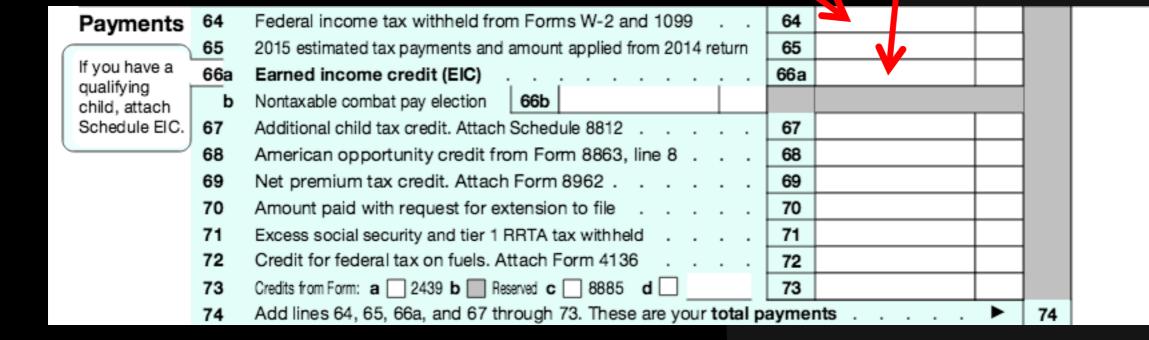
Federal Income Tax Withheld

box 2 on W-2

- + box 4 on 1099-INT
- + box 5 on 1099-DIV
- + box 4 on 1099-R
- + others?

EIC

you probably don't qualify but it's a good one to be aware of



Federal Income Tax Withheld

box 2 on W-2

+ box 4 on 1099-INT

+ box 5 on 1099-DIV

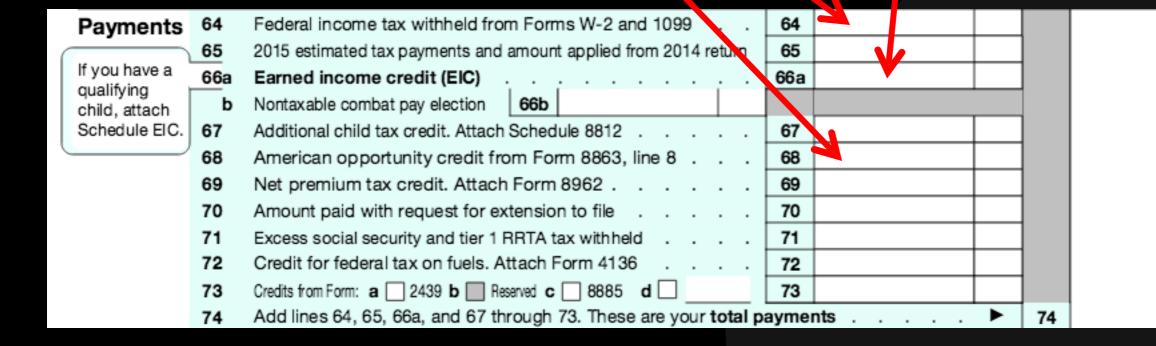
+ box 4 on 1099-R

+ others?

Credit for college students

EIC

you probably don't qualify but it's a good one to be aware of



1040: Final Steps

Income

- Deductions
- = AGI
- Standard Deduction
- Exemptions
- = Taxable Income
 Figure out Tax
- -Credits

-Payments

		<u> </u>									
Refund	75	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75									
	76a	Amount of line 75 you want refunded to you	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶ ☐ 76a								
Direct deposit?	► b	Routing number		▶c Type: ☐ Checking ☐ Savings							
See	► d	Account number									
instructions.	77	Amount of line 75 you want applied to your 20	16 estimated t	tax ▶ 77							
Amount	78	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions > 78									
You Owe	79	Estimated tax penalty (see instructions) .		79							
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below.										
Designee	De	signee's ne ▶	Phone no. ►	Personal id number (PI		on					
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.										
Joint return? See instructions.		ur signature	Date	Your occupation	Dayti	ime phone number					
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	PIN, e	IRS sent you an Identity Protection enter it see inst.)					

1040: Final Steps

Income

- Deductions
- = AGI
- Standard Deduction
- Exemptions
- = Taxable Income
- Figure out Tax
- -Credits

-Payments

If Tax > Payments: you owe money
If Payments > Tax: REFUND

Refund	75	If line 74	4 is more than line 63, subtract line 63 from line 74. This is the amount you over	paid	75					
	76a	Amount	t of line 75 you want refunded to you. If F 18888 is attached, check here .	▶□	76a					
Direct deposit?	▶ b	Routing	number ▶c Type: ☐ Checking ☐ Sa	vings						
See	► d	Account	t number							
instructions.	77	Amount	of line 75 you want applied to your 2016 estimated tax ▶ 77			V				
Amount	78	Amount	t you owe. Subtract line 74 from line 63. For details on how to pay, see instruction	ns 🕨	78					
You Owe	79	Estimate	ted tax penalty (see instructions)							
Third Party	Do	you wan	nt to allow another person to discuss this return with the IRS (see instructions)?	Yes.	. Com	plete below.		No		
Designee	Des	signee's ne ▶		onal ident ber (PIN)	tificatio	n	П			
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.									
Joint return? See instructions.	You	ır signatur	re Date Your occupation		Daytir	ne phone nun	nber			
Keep a copy for your records.	Spo	ouse's sign	nature. If a joint return, both must sign. Date Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)					

Mailing your 1040

Print 3 copies
Sign & Date each

mail one for federal

Get address here:

https://www.irs.gov/uac/Where-to-File-Paper-Tax-Returns-With-or-Without-a-Payment

mail one for state (with your CA-540)

keep one for your records

Retuna	75	line 74 is more than line 63, subtract line	63 from line 7	4. This is the amount you overpaid	75
	76a	Amount of line 75 you want refunded to you	ou. If Form 8888	3 is attached, check here . ▶	76a
Direct deposit?	► b	Routing number		►c Type: Checking Savings	
See	► d	Account number			
instructions.	77	Amount of line 75 you want applied to your 2	016 estimated	tax ▶ 77	
Amount	78	Amount you owe. Subtract line 74 from lin	ne 63. For detail	s on how to pay, see instructions	78
You Owe	79	Estimated tax penalty (see instructions) .		79	
Third Party	Do	you want to allow another person to discus	s this return wit	h the IRS (see instructions)?	s. Complete below. No
Designee	De	signee's me ►	Phone no. ▶	Personal ide number (PIN	
Sign		der penalties of perjuly, I declare that I have examined y are true, correct, and complete. Declaration of prepa		, , , ,	
Here		ur signature	Date	Your occupation	Daytime phone number
Joint return? See instructions.					
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection
your records.	,				PIN, enter it here (see inst.)

Estimated Taxes

- If you owe more than \$1000 two years in a row, you will be penalized (a small amount)
- To avoid fees: file estimated taxes quarterly
 - Form 1040-ES

For the period:	Due date:
Jan. 11 - March 31	April 18
April 1 – May 31	June 15
June 1 - Aug. 31	Sept. 15
Sept. 1 – Dec. 31	Jan. 17, next year ²

 Need to estimate your AGI, taxable income, taxes, deductions, and credits for the year (use prior year as starting point, and overestimate rather than underestimate)

CA-540

- CA state taxes are similar to the format of the 1040
- It starts with your AGI and then just follow instructions (standard deduction, personal exemption, tax table, etc. etc.)
- Usually the final amount is less than the amount on your 1040 (it IS possible to owe money on one and get back money on another)
- One cool credit to know about: renter's credit!
 \$60 credit for paying rent in CA, if AGI < some threshold

Mailing your CA-540

Print 2 copies < Sign & Date each

mail one for state (with your 1040)

Get address here: https://www.ftb.ca.gov/aboutFTB/add.shtml

keep one for your records

Mailing your CA-540

Print 2 copies < Sign & Date each

mail one for state (with your 1040)

Get address here: https://www.ftb.ca.gov/aboutFTB/add.shtml

keep one for your records

Don't forget to include copies of your W-2 for both federal & state!

International Taxes

- Use glaciertax.com (not free) to file taxes
- Usually treated as a US resident for tax purposes
- But certain deductions/credits may not apply

That's all!

- Taxes just boil down to:
 - following instructions and rules and exceptions to the rules and exceptions to the exceptions
 - simple math
 - a little patience
- IRS website is very well documented and Google is your friend