

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning

, 2015, ending

, 20

See separate instructions.

Your first name and initial

Last name

Your social security number

Rose A

Kincade

3073

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

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

PO Box 2144

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

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

Bloomington IN 47402

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 ☐ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a
 b ☐ Spouse

c Dependents:

(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)
Elizabeth R	Kincade		Daughter	<input checked="" type="checkbox"/>
Lynnda	Kincade		Niece	<input checked="" type="checkbox"/>
Austin	Kincade		Nephew	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on 6a and 6b 1
 No. of children on 6c who:
 • lived with you 3
 • did not live with you due to divorce or separation (see instructions) _____
 Dependents on 6c not entered above _____
 Add numbers on lines above ▶ 4

If more than four dependents, see instructions and check here ▶ ☐

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 6,885.
 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 0.
 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 251.
 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 7,136.

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

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

Adjusted Gross Income

23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 . 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE . 27
 28 Self-employed SEP, SIMPLE, and qualified plans . . 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN ▶ 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 36
 37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 7,136.

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

38	Amount from line 37 (adjusted gross income)	38	7,136.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,250.
41	Subtract line 40 from line 38	41	-2,114.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	16,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	0.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	0.
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	0.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	74.
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	3,094.
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	583.
68	American opportunity credit from Form 8863, line 8	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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	3,751.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,751.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,751.
b	Routing number 2 8 3 9 7 7 6 8 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
77	Amount of line 75 you want applied to your 2016 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Joint return? See instructions. Keep a copy for your records.

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

Your signature	Date	Your occupation Labor	Daytime phone number
Spouse's signature. 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.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

OMB No. 1545-0074

2015Department 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.**Attachment
Sequence No. **29**

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

Rose A Kincade

Your social security number

3073

**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 ▶ ☐

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 59½ 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	251 .
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	251 .
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 . 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).	4	

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	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2015 were more than is allowable or you had an amount on line 33 of your 2014 Form 5329.

26	Enter the excess contributions from line 32 of your 2014 Form 5329 (see instructions). If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2015 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2015 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2015 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2015 than is allowable or you had an amount on line 41 of your 2014 Form 5329.

34	Enter the excess contributions from line 40 of your 2014 Form 5329 (see instructions). If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2015 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2015 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2015 than is allowable or you had an amount on line 49 of your 2014 Form 5329.

42	Enter the excess contributions from line 48 of your 2014 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2015 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2015 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	49	

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2015 were more than is allowable.

50	Excess contributions for 2015 (see instructions)	50	
51	Additional tax. Enter 6% (.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2015. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	51	

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2015 (see instructions)	52	
53	Amount actually distributed to you in 2015	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	
55	Additional tax. Enter 50% (.50) of line 54. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	55	

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature

▶ Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

SCHEDULE EIC
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)

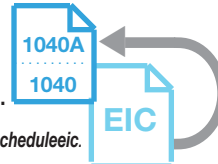
Name(s) shown on return

Rose A Kincade

Earned Income Credit

Qualifying Child Information

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



OMB No. 1545-0074

2015Attachment
Sequence No. **43**

Your social security number

3073

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.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- 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**

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name Elizabeth R Kincade	First name Last name Lynnda Kincade	First name Last name Austin Kincade
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.			
3 Child's year of birth	Year 2 0 0 6 <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>	Year 1 9 9 9 <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>	Year 2 0 0 2 <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>
4 a 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. <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2015?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Daughter	Niece	Nephew
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."	12 months <i>Do not enter more than 12 months.</i>	12 months <i>Do not enter more than 12 months.</i>	11 months <i>Do not enter more than 12 months.</i>

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

REV 07/11/16 Intuit.cdp.sp

Schedule EIC (Form 1040A or 1040) 2015

SCHEDULE 8812
(Form 1040A or 1040)

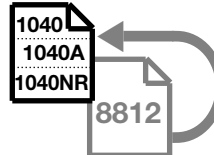
Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Rose A Kincade

Child Tax Credit

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



OMB No. 1545-0074

2015

Attachment
Sequence No. 47

Your social security number

3073

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 If you file Form 2555 or 2555-EZ stop here, you cannot claim the additional child tax credit.			
If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:			
1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).	1	3,000.
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).		
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2	0.
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	3,000.
4a	Earned income (see separate instructions)	4a	6,885.
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	3,885.
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input 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 checked="" 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	583.

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 1 RRTA taxes, see separate instructions	7	538 .
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	0 .
	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	538 .
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71.	10	3,094 .
	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	0 .
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	583 .

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	583 .
-----------	--	-----------	-------



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

Tax History Report

2015

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

	Five Year Tax History:				
	2011	2012	2013	2014	2015
Filing status		HH	HH	HH	HH
Total income		12,848.	18,257.	22,654.	7,136.
Adjustments to income					
Adjusted gross income		12,848.	18,257.	22,654.	7,136.
Tax expense		30.	227.	698.	227.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .		8,700.	8,950.	9,100.	9,250.
Exemption amount . .		7,600.	15,600.	15,800.	16,000.
Taxable income		0.	0.	0.	0.
Tax.					
Alternative min tax . .					
Total credits		0.	0.	0.	0.
Other taxes					
Payments		4,403.	5,446.	8,995.	3,751.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.		4,403.	5,446.	8,995.	3,751.
Effective tax rate % . .		-32.45	-29.69	-38.58	-51.53
**Tax bracket % . . .					

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the IRS for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99, and have your federal income tax refund processed through a bank and processor. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank, Member FDIC ("BANK") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with BANK. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC ("TPG"), a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](https://www.irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to BANK will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in a tax refund next year. Please consult your employer or tax advisors for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The below chart shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS Direct Deposit to your personal bank account.	Approximately 6 to 8 weeks	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS Direct Deposit to your personal bank account.	Usually within 21 days	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct Deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days	\$34.99

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid card.

Questions? Call 1-877-908-7228

Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2015 return to determine whether a portion of the refund can be used to pay for tax preparation.

Rose

First Name

Kincade

Last Name

Please type the date below:

01/25/2016

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2015 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Rose

Kincade

Please type the date below:

01/25/2016

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2015 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

Name(s) Shown on Return Rose A Kincade	Your SSN [REDACTED] 3073
---	-----------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2014 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 21	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	0.
7		7	
8	Total other modifications to investment income	8	0.

Line 9b - State income tax allocable to net investment income

1	State, local, and foreign income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	State, local and foreign income taxes allocable to investment income	5	

Line 10 - Tax preparations fees allocable to net investment income

1	Tax preparations fees	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	Tax preparations fees allocable to investment income	5	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27)	3	
4	Enter the lesser of the total reported on line 2 or line 3	4	

Part II - Application of Section 67 Limitation to Specific Deductions

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Total miscellaneous investment expenses to Form 8960, line 9c		
2 State, local, and foreign income taxes	x _____ = _____	
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2014	(c) Suspended 12/31/2015	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2014	(c) Suspended 12/31/2015	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2014	(c) Suspended 12/31/2015	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return
Rose A Kincade

Your SSN
[REDACTED] 3073

Was the recovery taken into account in computing a section 1411 net operating loss? YES ☐ NO ☒

- 1 Enter total amount of recovery included in gross income 0.
- * Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)
- * Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013
- * Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.
- 2 Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111 2,246.
- 3 Total amount of the recovery (add lines 1 and 2) 2,246.
- 4 Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000)
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68)

Calculation of recoveries when the deduction is not taken into account in computing your section 1411 NOL

- 6 Multiply line 5 by .038
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 0.
- 8 Add the amount of line 5 to line 7. 0.
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (do not use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 0.
- 10 Enter the NIIT reported for the year of the deduction 0.
- 11 Subtract line 10 from line 9 0.
- 12 Enter the smaller of line 6 or line 11 0.
- 13 Divide line 12 by 3.8%. Enter the result here and include on Form 8960, line 7 0.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

- 14 Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)
- 15 Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)
- 16 Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7

Federal Information Worksheet

► Keep for your records

2015

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Rose
Middle initial A Suffix
Last name Kincade
Social security no. 3073
Occupation Labor
Date of birth 01/19/1978 (mm/dd/yyyy)
Age as of 1-1-2016 37
Daytime phone (812) 391-1915 Ext
Legally blind ☐
Date of death

Spouse:

First name
Middle initial Suffix
Last name
Social security no.
Occupation
Date of birth (mm/dd/yyyy)
Age as of 1-1-2016
Daytime phone Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☐ No
If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

Address PO Box 2144 Apt no.
City Bloomington State IN ZIP code 47402
Foreign code Foreign country
Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
Check to print phone number on Form 1040 . . . ☐ Home ☐ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

- ☐ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year ☐
Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☒ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name MI . . . Last Name Suff . . .
Child's social security number
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2013 ☐
2014 ☐

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2015	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						
Elizabeth	R		11/29/2006								
Kincade		Daughter	9	L				E	12		Yes
Lynnda			08/20/1999								
Kincade		Niece	16	L				E	12		Yes
Austin			02/19/2002								
Kincade		Nephew	13	L				E	11		Yes

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☒ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2015? ☒ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2015 ☐

Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ☐ Yes ☒ No

Check if you were notified by the IRS that EIC cannot be claimed in 2015 or if you are ineligible to claim the EIC in 2015 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ► Crane Federal Credit Union

	Checking	Savings
Check the appropriate box ▶	X	

Routing number ▶ 283977688

Account number

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ►

Balance-due amount from this return ▶

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☒ Yes ☐ No

Is the spouse a full-time student? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country ► USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the

Commonwealth of the Northern Mariana Islands

Excludable income from Puerto Rico

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ►

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ►

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2015 ▶ IN

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2015 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the IRS web site or call the IRS automated response system to get your Electronic Filing PIN

Electronic Filing PIN assigned to the taxpayer by the IRS _____

Electronic Filing PIN assigned to the spouse by the IRS _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 17006

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID

license . . . ▶ ☐

ID . . . ▶ ☐

Spouse

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID

license . . . ▶ ☐

ID . . . ▶ ☐

2015

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Part I – Taxpayer's Personal Information

Do you want \$3 to go to Presidential Election Campaign Fund? ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2015? ☐ Yes ☐ No

In which state (or foreign country) did this person reside before this change? ▶

This person is a qualifying person for the child and dependent care credit ☐ Yes ☒ No

[illegible]

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☒

Student Information Worksheet

2015

► Keep for your records

Name of Student
Rose A Kincade

Social Security Number
[REDACTED] 3073

Part I – Student Status

- 1 Was this person a student during 2015? ☐ Yes ☒ No
- 2 What kind of school did the student attend during 2015? (Check all that apply.)

a <input type="checkbox"/> Elementary	c <input type="checkbox"/> College (postsecondary)	e <input type="checkbox"/> Military academy
b <input type="checkbox"/> High school (secondary)	d <input type="checkbox"/> Vocational school	f <input checked="" type="checkbox"/> Not applicable
- 3 Did the student receive scholarships or other education assistance? ☐ Yes ☐ No

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2015? ☐ Yes ☐ No ☒ NA
- 2 Was this student enrolled at an eligible education institution during 2015? ☐ Yes ☐ No ☒ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? ☐ Yes ☐ No ☒ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☐ Yes ☐ No ☒ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? ☐ Yes ☐ No ☒ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☐ No ☒ NA
- 7 Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ► 1
- 9 In how many prior years has a Hope Credit been claimed for this student ► _____

Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No

- 2 Is this student qualified for the Lifetime Learning Credit? ☐ Yes ☒ No

- 3 Is this student qualified for the Tuition and Fees Deduction? ☐ Yes ☒ No

Part IV – Educational Institution and Tuition Summary

Received 2014 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals					

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total			_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2015 not allocable to 2015 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.	_____		
6 Total qualified education expenses from Part VI below.	_____ 0 .		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

[illegible]

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to QTP distributions	
4	Excess distributions. Subtract line 3 from line 1. If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2015 for this student.	_____
2	Adjusted Qualified Higher Education Expenses.	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	_____
4	Interest included in line 1	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

**Personal Information Worksheet
For the Spouse**

2015

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ____ Last name . . . _____
Suffix

Social security no. Member of U.S. Armed Forces in 2015? . . ☐ Yes ☐ No

Date of birth (mm/dd/yyyy) age as of 1-1-2016

Occupation Daytime phone Ext _____

Marital status

If widowed, check the appropriate box for the year your spouse died:

After 2015 ► ☐ 2015 . ► ☐ 2014 . ► ☐ 2013 . ► ☐ Before 2013 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐ Yes ☐ No

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2016 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☐ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2015? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2015? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2015 _____

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2015 _____

Unreimbursed medical expenses paid for qualifying person in 2015 _____

Employment taxes paid for dependent care providers in 2015 _____

Full-time student for 5 calendar months during 2015? ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November ☐

Check if covered or exempt (other than short gap) for prior year December ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type						Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
							Full Year . . . ▶										
							Full Year . . . ▶										
							Full Year . . . ▶										

Healthcare coverage information has been completed for this person.. . . . ☐

Dependent and Nondependent Information Worksheet

2015

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►

QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Elizabeth Middle initial . R Last name . . Kincade
Suffix

Social security no.

Date of birth 11/29/2006 (mm/dd/yyyy) age as of 12-31-2015 9
Did this person pass away in 2015 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) Dependent has ITIN . . . ► ☐
☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2015

Unreimbursed medical expenses paid for qualifying person in 2015

Employment taxes paid for dependent care providers in 2015

Child or dependent is a qualifying person for the child and dependent care credit	X	Yes		No
---	---	-----	--	----

Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2015

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ▶

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. . . . ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☐

Check if covered or exempt (other than short gap) for prior year December	
---	--

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

[illegible]

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number

Exemption Start Month

Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type							Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec						
							Full Year . . . ▶											
							Full Year . . . ▶											
							Full Year . . . ▶											

Healthcare coverage information has been completed for this person. ☒

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Dependent and Nondependent Information Worksheet

2015

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►

QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Lynnda Middle initial . . . Last name . . . Kincade
Suffix

Social security no.

Date of birth 08/20/1999 (mm/dd/yyyy) age as of 12-31-2015 16
Did this person pass away in 2015 (deceased)? . . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Niece

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) Dependent has ITIN . . . ► ☐
☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2015

Unreimbursed medical expenses paid for qualifying person in 2015

Employment taxes paid for dependent care providers in 2015

Child or dependent is a qualifying person for the child and dependent care credit ☐ Yes ☒ No

Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2015

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ▶

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. . . . ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☐

Check if covered or exempt (other than short gap) for prior year December	
---	--

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

[illegible]

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number

Exemption Start Month

Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type							Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec						
							Full Year . . . ▶											
							Full Year . . . ▶											
							Full Year . . . ▶											

Healthcare coverage information has been completed for this person. ☒

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Dependent and Nondependent Information Worksheet

2015

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►

QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Austin Middle initial . . . Last name . . . Kincade
Suffix

Social security no.

Date of birth 02/19/2002 (mm/dd/yyyy) age as of 12-31-2015 13

Did this person pass away in 2015 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Nephew

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No

Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 11

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, Dependent has ITIN . . . ► ☐

did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2015 _____
Unreimbursed medical expenses paid for qualifying person in 2015 _____
Employment taxes paid for dependent care providers in 2015 _____
Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2015 _____
Check the appropriate box:
This person is a resident of the state above for the entire year ☐
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ► _____
In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☐
Check if covered or exempt (other than short gap) for prior year December ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☒ Feb ☒ Mar ☒ Apr ☒ May ☒ Jun ☒ Jul ☒ Aug ☒ Sep ☒ Oct ☒ Nov ☒ Dec ☒

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type								Check Full Year or Months Exempt for Each Type					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Full Year . . . ►								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Year . . . ►								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Year . . . ►								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare coverage information has been completed for this person. ☒

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

► Keep for your records

Name(s) Shown on Return
 Rose A Kincade

Social Security Number
 [REDACTED] 073

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	6,885.		6,885.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	24.		24.
3 & 7	Total social security wages/tips	7,038.		7,038.
4	Total social security tax withheld	436.		436.
5	Total Medicare wages and tips	7,038.		7,038.
6	Total Medicare tax withheld	102.		102.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	2,696.		2,696.
b	Elective deferrals to qualified plans	153.		153.
c	Roth contributions to 401(k) & 403(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	2,543.		2,543.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	6,885.		6,885.
17	Total state tax withheld	194.		194.
19	Total local tax withheld.	33.		33.

Name
Rose A Kincade

Social Security Number
[REDACTED] 3073

☐
Spouse's W-2**Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No . [REDACTED] 3073
b Employer's ID number 35-1801761
c Employer's name, address, and ZIP code
 PTS CORPORATION
 Street 2000 LIBERTY DRIVE
 City BLOOMINGTON
 State IN ZIP Code 47403
 Foreign Country

d Control number . 004212BOST/YE7

☐
Transfer employee information from the Federal Information Worksheet

e Employee's name
 First JOHN M.I. _____
 Last KINCADE Suff. _____
f Employee's address and ZIP code
 Street 1331 S ADAMS ST APT 7
 City BLOOMINGTON
 State IN ZIP Code 47403
 Foreign Country

1 Wages, tips, other compensation
 3,853.34

3 Social security wages
 4,006.46

5 Medicare wages and tips
 4,006.46

7 Social security tips

Verification Code

11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☒ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
 23.90

4 Social security tax withheld
 248.40

6 Medicare tax withheld
 58.09

8 Allocated tips

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12

Code

D

DD

Box 12

Amount

153.12

2,542.86

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax

M: Enter amount attributable to RRTA Tier 2 tax

P: Double click to link to Form 3903, line 4. . .

R: Enter MSA contribution for Taxpayer . . .

Spouse . . .

W: Enter HSA contribution for Taxpayer . . .

Spouse . . .

G: ☐ Employer is **not** a state or local government**Box 15**

State

IN

Box 16

Employer's state I.D. no.

0004343190 001

Box 16

State wages, tips, etc.

3,853.34

Box 17

State income tax

93.56

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated State

Box 14Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
Rose A KincadeSocial Security Number
[REDACTED] 3073☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. [REDACTED] 3073
b Employer's ID number 38-0729500
c Employer's name, address, and ZIP code
 KMART CORPORATION
 Street 3333 BEVERLY ROAD
 City HOFFMAN ESTATES
 State IL ZIP Code 60179
 Foreign Country

d Control number .☒**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Rose M.I. A
 Last Kincade Suff.
f Employee's address and ZIP code
 Street PO Box 2144
 City Bloomington
 State IN ZIP Code 47402
 Foreign Country

1 Wages, tips, other compensation
 3,031.52

3 Social security wages
 3,031.52

5 Medicare wages and tips
 3,031.52

7 Social security tips

Verification Code

11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld

4 Social security tax withheld
 187.95

6 Medicare tax withheld
 43.96

8 Allocated tips

10 Dependent care benefits

Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12
Code

Box 12
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax

M: Enter amount attributable to RRTA Tier 2 tax

P: Double click to link to Form 3903, line 4. . .

R: Enter MSA contribution for Taxpayer . . .

Spouse . . .

W: Enter HSA contribution for Taxpayer . . .

Spouse . . .

G: ☐ Employer is **not** a state or local government

Box 15
State

Employer's state I.D. no.

Box 16

State wages, tips, etc.

Box 17

State income tax

IN 00032809000000 3,031.52 100.04

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated
State

53 3,031.52 33.20 IN

Box 14

Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Healthcare Entry Sheet

► Keep for your records

2015

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 Rose Kincaide		01/19/78	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2 Elizabeth Kincaide		11/29/06	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
3 Lynnda Kincaide		08/20/99	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
4 Austin Kincaide		02/19/02	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3
5			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☐ Check this box once you are finished with all the healthcare related entries.

1098-T

Worksheet

Tuition Statement

► Keep for your records

2015Taxpayer's name
Rose A KincadeSocial Security No.
3073**1098-T Information (Required):****A** A Form 1098-T was received from this institution Yes ☒ No ☐**B** A Form 1098-T was received from this institution for **2014** with Box 2 filled in and
Box 7 checked Yes ☒ No ☐**Identify Student (Required):****A** If student is Rose**Double-click to link this 1098-T to the applicable Taxpayer or Spouse****Student Information Worksheet** ► Rose**B** If student is Elizabeth, Lynnda or Austin**Double-click to link this 1098-T to the applicable Dependent Student****Information Worksheet** ► _____

Filer's name <u>ivy tech community college</u> Street address <u>50 W. Fall Creek Parkway N. Dr.</u> City State Zip Code <u>Indianapolis IN 46208</u> Foreign province/county _____ Foreign postal code Foreign country _____		1 Payments received for qualified tuition and related expenses \$ _____	
Filer's Federal identification number <u>35-1180631</u>		Student's Social Security Number. <u>3073</u>	
Student's name <u>Rose</u> Street address Apt. No. <u>PO Box 2144</u> City State Zip Code <u>Bloomington IN 47402</u>		4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Service Provider/ Acct No _____		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2016 ► <input type="checkbox"/>
8 Check if at least half-time student ► <input type="checkbox"/>		9 Checked if a graduate student . . ► <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**A** Enter box 1 amount **not** paid during 2015 _____**B** Enter box 1 amount actually paid during 2015 _____**Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses****A** Enter box 2 amount **not** paid during 2015 _____**B** Enter box 2 amount actually paid during 2015 _____**Reconciliation of Box 5, Scholarships or Grants****A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance _____**B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) _____**C** Portion of box 5 amount from scholarships or grants _____**D** Box 5 amount includes veteran- or employer-provided educational assistance ☐

Form 1099-Q Summary**2015**

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

Social Security No.

3073

Coverdell Educational Savings Account (ESA) Distributions**Recipient
Taxpayer****Recipient
Spouse**

- 1** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another ESA of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Return of 2015 contributions
- e** Less: Return of pre 2015 contributions. These are
reported on the tax return in the year the
contribution was made, not on the 2015 tax return
- 2** Balance of gross Coverdell ESA distributions
- 3** Education expenses not used as basis for credits
- 4** Amount of ESA distributions after return of basis
- 5** Earnings on return of 2015 contributions
- 6** Earnings on non-family member transfer
- 7** Taxable amount of ESA distributions on line 2
- 8** Taxable amount included on Form 1040, line 21
- 9** Non-taxable ESA distributions

Gross State Qualified Tuition Plan (QTP) Distributions

- 10** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another QTP of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Expenses refunded and recontributed
- 11** Balance of gross state QTP distributions
- 12** Earnings on state QTP distributions on line 11

Gross Private Qualified Tuition Plan (QTP) Distributions

- 13** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another QTP of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Expenses refunded and recontributed
- 14** Balance of gross private QTP distributions
- 15** Earnings on private QTP distributions on line 14

Taxable Qualified Tuition Plan (QTP) Distributions

- 16** Balance of gross QTP distributions.
- 17** Earnings on QTP distributions on line 16
- 18** Education expenses not used as basis for credits
- 19** Non-taxable QTP distributions
- 20** Taxable amount of earnings on line 17
- 21** Earnings on non-family member transfer (state)
- 22** Earnings on non-family member transfer (private)
- 23** Taxable amount included on Form 1040, line 21

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
0 Total.						_____	_____

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
0 Total.				_____	_____

Form 1099-R Summary

2015

► Keep for your records

Name(s) Shown on Return
Rose A Kincade

Social Security No.
[REDACTED] 3073

Traditional IRA Distributions			Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount.		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions		
	3	Amount of line 2 converted to a Roth IRA		
	a	Less: Amount recharacterized.		
4	Net amount of line 2 converted to a Roth IRA			
5	Amount of line 2 not converted to a Roth IRA			
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c.		
	8	Taxable amount not converted to Roth IRA		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 15b. . . .		
	11	If checked, taxable amount calculated on Form 8606 . .	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA Distributions				
Gross	12	Total gross distributions from box 1 of Form 1099-R . .		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
13	Roth IRA distributions subject to distribution rules. . . .			
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
15	Qualified distributions subject to distribution rules			
Taxable	16	Net nonqualified distributions for Form 8606.		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c . . .		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 15b. . . .		
Recharacterizations (See Help)				
Gross	21 a	2015 form code N (included on Form 1040, line 15a) . .		
	21 b	2016 form code R (not included on 1040, line 15a) . . .		

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R . .	251.	
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 16. . . .		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA.		
	a	Less: Amount recharacterized.		
	b	Net amount of line 23 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 16a . .	251.	
	a	Less: Amount rolled over		
b	Amount attributable to an in-plan Roth rollover			
Taxable	26	Taxable amount in box 2a, Form 1099-R.	251.	
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA .		
	d	Insurance premiums for retired public safety officers . .		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 7		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers . .		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	a	Taxable amount of in-plan Roth rollovers		
	32 a	Taxable amount of distributions	251.	
	b	Taxable distributions from Canada RRP Wks, line 7b. .		
	c	Taxable amount transferred to Form 1040, line 16b. . .	251.	
	Section 1035 Tax-free Exchange			
Pensions IRAs	33	Total gross distributions from box 1 of Form 1099-R . .		
	34	Total gross distributions from box 1 of Form 1099-R . .		
Distributions on 2015 1099-Rs Not Reported on the 2015 Return				
Code P Code R	35	Distribution reported on 2014 tax return		
	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		
Tax Withholding				
Box 4	37	Total federal tax withheld	50.	
Box 10	38	Total state tax withheld	0.	
Box 13	39	Total local tax withheld.		
Nontaxable Distributions for Sales Tax Deduction				
	40	Nontaxable IRA distributions		
	41	Nontaxable pension distributions	0.	
Health Insurance Premiums				
	42	Health insurance deductible on Schedule A		
Taxable Distributions included in Net Investment Income				
	43	Annuity payments and other distributions that may be subject to the net investment income tax		

Name Rose A Kincade	Social Security Number [REDACTED] 3073
Source Form : 1099-R . <input checked="" type="checkbox"/> CSA-1099-R . <input type="checkbox"/> CSF-1099-R . <input type="checkbox"/> RRB-1099-R . <input type="checkbox"/>	
If Spouse's 1099-R, check this box . <input type="checkbox"/> Do not transfer this 1099-R to next year <input type="checkbox"/>	
Corrected <input type="checkbox"/>	

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code. JOHN KINCADE 1331 S ADAMS ST APT 7 BLOOMINGTON IN 47403 Payer's country		1 Gross distribution \$ 250.85	
		2a Taxable amount (See Help) \$ 250.85	
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	
Payer's Federal identification number 04-6568107		3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 50.17
Check to transfer Recipient's information from Federal Information Worksheet <input type="checkbox"/>		5 Employee contributions /Designated Roth contributns or insurance premiums \$ 0.00	6 Net unrealized appreciation in employer securities \$ 0.00
Recipient's name Rose A Kincade Street address (including apartment number) PO Box 2144 City Bloomington State IN ZIP code 47402 Recipient's country		7 Distribn code(s) 1st code <input type="checkbox"/> 1 IRA/SEP/SIMPLE 2nd code <input type="checkbox"/> <input type="checkbox"/>	8 Other % \$ 0.00 0.00
10 Amount allocable to IRR within 5 years \$		9a Your percentage of total distribution %	9b Total employee contributions \$
Account number		11 1st year of desig. Roth contrib.	
Special use code for first state (See Help) <input type="checkbox"/>		12 State tax withheld \$ 0.00	13 Payer's State / state no. IN / 0005140129001
Special use code for second state (See Help) <input type="checkbox"/>		14 State distribution \$ 0.00	
		15 Local tax withheld \$	16 Name of locality
		17 Local distribution \$	
<input checked="" type="checkbox"/> Check if NOT from a qualified retirement plan or IRA (see Help) <input type="checkbox"/> If box 7 code is J or T, check if a qualified distribution (see Help) <input type="checkbox"/> If box 7 code is J, enter amount used for first time home purchase <input type="checkbox"/> If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help)			

☒ **Inherited IRA** If this distribution is from an inherited IRA, indicate the distribution is from the IRA of

<input type="checkbox"/> Treat as recipient's own (this is treated as a rollover)	<input type="checkbox"/>
<input type="checkbox"/> Recipient, but was originally inherited from a spouse (treated as recipient's IRA)	<input type="checkbox"/>
<input type="checkbox"/> Spouse and not treat as recipient's own (taxable amount must be in box 2a)	<input type="checkbox"/>
<input type="checkbox"/> Someone other than a spouse (taxable amount must be in box 2a)	<input type="checkbox"/>
<input type="checkbox"/> From a traditional IRA	<input type="checkbox"/>
<input type="checkbox"/> From a Roth IRA	<input type="checkbox"/>
<input type="checkbox"/> From a SIMPLE plan (first two years of participation only)	<input type="checkbox"/>
<input type="checkbox"/> From a SIMPLE plan (more than two years of participation)	<input type="checkbox"/>
<input type="checkbox"/> From a SEP IRA	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>
<input type="checkbox"/> Subject to the penalty of early withdrawal	<input type="checkbox"/>
<input type="checkbox"/> Not subject to the penalty of early withdrawal	<input type="checkbox"/>

☐ **Insurance** Amount of insurance premiums deductible on Schedule A
Amount of health savings account (HSA) funding distributions
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution

☐ **Qualified Charitable Distribution** Enter IRA distributions made directly by the trustee to a qualified charitable organization

☐ **RMD** If this is a distribution from a traditional IRA or qualified retirement plan, and if this is a Required Minimum Distribution (RMD) (See Help),
Entire gross is RMD ☐ or the amount of gross distbn that is the RMD

Wages, Salaries, & Tips Worksheet

2015

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

Social Security Number

3073

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	6,885.		6,885.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137.			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$1,900 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income			
10 Subtotal. Add lines 1 through 9	6,885.		6,885.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2.			
14 Other non-earned income			
15 Total of lines 10 through 14.	6,885.		6,885.

Name as Shown on Return
Rose A KincadeSocial Security No.
[REDACTED] 3073

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2015 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children: 3 X \$1,000. Enter the result	1	3,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	7,136.
3	1040 filers: enter the total of any — <ul style="list-style-type: none">• Exclusion of income from Puerto Rico, and• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.	3	0.
	1040A filers: Enter -0-.		
4	Add lines 2 and 3. Enter the total	4	7,136.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none">• Married filing jointly — \$110,000• Single, head of household, or qualifying widow(er) — \$75,000• Married filing separately — \$55,000	5	75,000.
6	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4	6	
	If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.		
7	Multiply the amount on line 6 by 5% (.05). Enter the result	7	0.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	3,000.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	0.
10	Add the amounts from — Form 1040, line 48. Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30. + Form 8910, line 15. + Form 8936, line 23. + Schedule R, line 22 + Enter the total	10	0.
11	Are you claiming any of the following credits? <ul style="list-style-type: none">• Mortgage interest credit, Form 8396• Adoption Credit, Form 8839• Residential energy efficient property credit, Form 5695, Part I• District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	0.
12	Subtract line 11 from line 9. Enter the result.	12	0.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input type="checkbox"/> No. Enter the amount from line 8 <input checked="" type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13	0.

Enter this amount on
Form 1040, line 52, or
Form 1040A, line 35.

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
 - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2015

► Keep for your records

Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <thead> <tr> <th></th> <th>Regular</th> <th>AMT</th> </tr> </thead> <tbody> <tr> <td>a On Form 1099-DIV</td> <td></td> <td></td> </tr> <tr> <td>b On Form 2439</td> <td></td> <td></td> </tr> <tr> <td>c On Schedule(s) K-1</td> <td></td> <td></td> </tr> <tr> <td>d On Form 1099-R</td> <td></td> <td></td> </tr> <tr> <td>e From Form 8814</td> <td></td> <td></td> </tr> <tr> <td>f Other.</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		Regular	AMT	a On Form 1099-DIV			b On Form 2439			c On Schedule(s) K-1			d On Form 1099-R			e From Form 8814			f Other.			Total			11	
	Regular	AMT																									
a On Form 1099-DIV																											
b On Form 2439																											
c On Schedule(s) K-1																											
d On Form 1099-R																											
e From Form 8814																											
f Other.																											
Total																											
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18																									

2015

		Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II		
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.		
	50 % 60 % 75% Exclusion Exclusion Exclusion		
a	Schedule D . . . _____		
b	Form 8814 . . . _____		
c	Schedule B . . . _____		
d	Form 6252 . . . _____		
e	Form 2439 . . . _____		
f	Other _____		
	Total _____		
3	Enter the total of all collectibles gain or (loss) from:		
	Regular AMT		
a	Form 4684, line 4 (but only if line 15 is more than zero) . _____		
b	Form 6252 _____		
c	Form 6781, Part II _____		
d	Form 8824 _____		
	Total _____		
4	Enter the total of any collectibles gain reported to you on:		
	Regular AMT		
a	Form 1099-DIV, box 2d . . . _____		
b	Form 2439, box 1d _____		
c	Schedule K-1 from a partnership, S corporation, estate, or trust _____		
d	Disposition of interest in partnership or S corporation . _____		
e	Other _____		
	Total _____		
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C		
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.		
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18		
8	Enter the amount of any capital gain excess		0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	0.	0.

Name(s) Shown on Return
Rose A KincadeSocial Security Number
[REDACTED] 3073

1 a	Enter your taxable income from Form 1040, line 43	1 a	0.
b	Enter the amount from your (and your spouse's) Form 2555, line 45	b	
c	Add lines 1a and 1b	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 9b	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	0.
15	Enter: • \$37,450 if single or married filing separately; • \$74,900 if married filing jointly or qualifying widow(er); or • \$50,200 if head of household.	15	50,200.
16	Enter the smaller of line 1c or line 15	16	0.
17	Enter the smaller of line 14 or line 16	17	0.
18	Subtr in 10 from in 1c. If zero or less, enter -0-	18	0.
19	Enter the larger of line 17 or line 18	19	0.
20	Subtract line 17 from line 16. This amount is taxed at 0% If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	20	0.
21	Enter the smaller of line 1c or line 13	21	
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	
24	Enter: • \$413,200 if single, • \$232,425 if married filing separately, • \$464,850 if married filing jointly or qualifying widow(er), • \$439,000 if head of household.	24	
25	Enter the smaller of line 1c or line 24	25	
26	Add lines 19 and 20	26	
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	
28	Enter the smaller of line 23 or line 27	28	
29	Multiply line 28 by 15% (.15)	29	
30	Add lines 22 and 28	30	
31	Subtract line 30 from line 21	31	
32	Multiply line 31 by 20% (.20)	32	
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.			
33	Enter the smaller of line 9c above or Schedule D, line 19	33	
34	Add lines 10 and 19	34	
35	Enter the amount from line 1c above	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	
38	Multiply line 37 by 25% (.25)	38	

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____
43	Add lines 29, 32, 38, 41, and 42	43	_____ 0.
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	_____
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44.	45	_____

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2015

Line 44

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Name(s) Shown on Return

Rose A Kincade

Social Security Number

3073

1	Enter the amount from Form 1040, line 43	1	_____
2	Enter the amount from Form 1040, line 9b	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.	5	_____
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter: \$37,450 if single or married filing separately, \$74,900 if married filing jointly or qualifying widow(er), \$50,200 if head of household.	8	_____
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter: \$413,200 if single, \$232,425 if married filing separately, \$464,850 if married filing jointly or qualifying widow(er), \$439,000 if head of household.	15	_____
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24	_____
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26	_____
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.	27	_____

- Keep for your records

Prior Year Taxes Paid In 2015 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2014 extensions				
22	2014 estimated tax paid after 12/31/2014				
23	Balance due paid with 2014 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2015

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Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38.	7,136.
(2) Nontaxable income entered elsewhere on return	0.
(3) Available income: 2014 refundable credits in excess of tax.	3,873.
(4) Enter any additional nontaxable income	
(5) Total available income	11,009.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Colorado, Illinois, Louisiana, New Jersey, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 227.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 227.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Form 1098	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Add lines 2a through 2f (to Schedule A, line 6)	_____
3	Personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2014 Amount Enter 2015 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 7)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2014 Amount Enter 2015 description:	
	_____	_____
	_____	_____
	_____	_____
f	Add lines 4a through 4e (to Schedule A, line 8)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above.	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2015

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Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	194.
2	2015 state estimated taxes paid in 2015	
3	2014 state estimated taxes paid in 2015	
4	Amount paid with 2014 state application for extension	
5	Amount paid with 2014 state income tax return	
6	Overpayment on 2014 state income tax return applied to 2015 tax	
7	Other amounts paid in 2015 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	33.
10	2015 local estimated taxes paid in 2015	
11	2014 local estimated taxes paid in 2015	
12	Amount paid with 2014 local application for extension	
13	Amount paid with 2014 local income tax return	
14	Overpayment on 2014 local income tax return applied to 2015 tax	
15	Other amounts paid in 2015 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	227.
19	State and local refund allocated to 2015	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	227.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23	
24	Adjusted gross income	24	
25	Add lines 23 and 24	25	
26	Nondeductible percent. Line 23 divided by line 25	26	%
27	Hawaii state income tax included in line 18	27	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

Charitable Deduction Limits Worksheet For Current Year Contributions

2015

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Name(s) Shown on Return Rose A Kincade	Social Security Number [REDACTED] 3073
---	---

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 7,136.

9 Multiply line 8 by 0.5. This is your 50% limit. 3,568.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10	Enter the smaller of line 2 or line 9				0.	
11	Subtract line 10 from line 2					0.
12	Subtract line 10 from line 9					
			3,568.			
Contributions not to 50% limit organizations						
13	Add lines 2 and 3					
14	Multiply line 8 by 0.3. This is your 30% limit.					
		2,141.	2,141.			
15	Subtract line 13 from line 9					
16	Enter the smallest of line 6, 14, or 15 . .				0.	
17	Subtract line 16 from line 6					0.
18	Subtract line 16 from line 14					
				2,141.		
Capital gain property to 50% limit organizations						
19	Enter the smallest of line 3, 12, or 14 . .				0.	
20	Subtract line 19 from line 3					0.
21	Subtract line 16 from line 15					
22	Subtract line 19 from line 14					
				3,568.		
				2,141.		
Capital gain property not to 50% limit organizations						
23	Multiply line 8 by 0.2. This is your 20% limit.					
24	Enter the smaller of line 7, 18, 21, 22, or 23					
25	Subtract line 24 from line 7				0.	
						0.
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19				0.	
27	Reserved for future use					
28	Reserved for future use					
29	Reserved for future use					
30	Add lines 11, 17, 20, and 25. Carry to next year.					0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2015

► Keep for your records

Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 7,136.
9 Multiply line 8 by 0.5. This is your 50% limit. 3,568.. less. 0.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations							
10	Enter the smaller of line 2 or line 9					0.	
11	Subtract line 10 from line 2						0.
12	Subtract line 10 from line 9			3,568.			
Contributions not to 50% limit organizations							
13	Add lines 2 and 3		0.				
14	Multiply line 8 by 0.3. This is your 30% limit.		2,141.	2,141.			
15	Subtract line 13 from line 9		3,568.				
16	Enter the smallest of line 6, 14, or 15 . .					0.	
17	Subtract line 16 from line 6						0.
18	Subtract line 16 from line 14				2,141.		
Capital gain property to 50% limit organizations							
19	Enter the smallest of line 3, 12, or 14 . .					0.	
20	Subtract line 19 from line 3						0.
21	Subtract line 16 from line 15				3,568.		
22	Subtract line 19 from line 14				2,141.		
Capital gain property not to 50% limit organizations							
23	Multiply line 8 by 0.2. This is your 20% limit.				1,427.		
24	Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25	Subtract line 24 from line 7						0.
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27	Reserved for future use						
28	Reserved for future use						
29	Reserved for future use						
30	Add lines 11, 17, 20, and 25. Carry to next year.						0.

- Keep for your records

Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Totals:				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: _____					

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2015 contributions						
2 2015 contributions allowed	0 .		0 .	0 .	0 .	0 .
3 Carryovers from:						
a 2014 tax year						
b 2013 tax year						
c 2012 tax year						
d 2011 tax year						
e 2010 tax year						
4 Carryovers allowed in 2015	0 .		0 .	0 .	0 .	0 .
5 Carryovers disallowed in 2015	0 .		0 .	0 .	0 .	0 .
6 Carryovers to 2016:						
a From 2015	0 .		0 .	0 .	0 .	0 .
b From 2014						
c From 2013						
d From 2012						
e From 2011						
f From 2010						

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Schedule A
Line 29

Itemized Deductions Worksheet

2015

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Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

1	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28	1	227.
2	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	2	
3	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1	3	227.
4	Multiply line 3 by 80% (.80)	4	182.
5	Enter the amount from Form 1040, line 38	5	7,136.
6	Enter \$258,250 if single; \$309,900 if married filing jointly or qualifying widow(er); \$284,050 if head of household, \$154,950 if married filing separately	6	284,050.
7	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8	Multiply line 7 by 3% (.03)	8	
9	Enter the smaller of line 4 or line 8	9	
10	Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29)	10	

- Keep for your records

Name(s) Shown on Return Rose A Kincade	Social Security Number [REDACTED] 3073
---	---

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$700? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,050		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$6,300 • Married filing jointly or Qualifying widow(er) — \$12,600 • Head of household — \$9,250		2	9,250.
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1951, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b		3 a	
3 b	If born before January 2, 1951, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household)		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40		3 c	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Form 1040
Line 42

Deduction for Exemptions Worksheet

2015

► Keep for your records

Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

1	Multiply \$4,000 by the total number of exemptions claimed on Form 1040, line 6d	1	16,000.
2	Enter the amount from Form 1040, line 38	2	7,136.
3	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$258,250 • Married filing jointly or qualifying widow(er), enter \$309,900 • Married filing separately, enter \$154,950 • Head of household, enter \$284,050 	3	284,050.
4	Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42.	4	-276,914.
5	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	5	
6	Multiply line 5 by 2% (.02) and enter the result as a decimal.	6	
7	Multiply line 1 by line 6	7	
8	Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42	8	

Earned Income Worksheet**2015**

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

Social Security Number

3073

Part I – Earned Income Credit Wks Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . .			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	6,885.		6,885.
7 a Taxable employer-provided adoption benefits. . .			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	6,885.		6,885.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	6,885.		6,885.
11 Scholarship or fellowship income not on W-2 . . .			
12 SE exempt earnings less nontaxable income . . .			
13 Distributions from nonqualified/Sec. 457 plans . . .			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	6,885.		6,885.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	6,885.		6,885.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	6,885.		6,885.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees . . .			
24 Wages, salaries, tips, etc	6,885.		6,885.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	6,885.		6,885.

► Keep for your records

Name(s) Shown on Return
Rose A KincadeSocial Security Number
[REDACTED] 3073**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:		
a	-----	3 a	
b	-----	b	
c	-----	c	
d	-----	d	
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment.	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses included as itemized deductions (after the 2% limitation)	14	
15	Investment expenses included as itemized deductions (no 2% limitation)	15	
16	Expenses from nonpassive trade or business without material participation	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	Total investment expenses. Add lines 13 through 17.	18	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
21	Investment interest expense.	21	

Form 1040
Line 66

Earned Income Credit Worksheet

2015

► Keep for your records

Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

- QuickZoom** to Schedule EIC ►
QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►
QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►
QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC 4 a _____</p> <p style="margin-left: 20px;">b Spouse's nontaxable combat pay election for EIC b _____</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election 4 c _____</p> <p>5 If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Earned income. Add lines 3, 4c, and 5</p> <p>7 Enter the credit, from the EIC Table, for the amount on line 6. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 40px;">If line 7 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p>8 Enter your AGI from Form 1040, line 38</p> <p>9 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,250 (\$13,750 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,150 (\$23,650 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 10 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>10 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>6,885.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>6,885.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>6,885.</p> <p>3,094.</p> <p>_____</p> <p>7,136.</p> <p>_____</p> <p>_____</p> <p>3,094.</p>
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Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2015?

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2015?

2 ☐ **Yes**, my dependents lived with me at this address.

☐ **No**, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2015.

Compliance and Due Diligence Indicator ☒ **X**
Disqualified from Earned Income Credit. ☐ **Yes** ☒ **X** ☐ **No**

Potential qualifying child count ▶ 3
Non dependent potential qualifying child count ▶
Qualifying child count (max 3) ▶ 3

Schedule SE Adjustments Worksheet

2015

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

Social Security Number

3073

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code Z		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2015

► Keep for your records

Name(s) Shown on Return Rose A Kincade		Social Security Number [REDACTED] 3073	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 30.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Rose A Kincade	Social Security Number [REDACTED] 3073
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Taxable Income – Line 1

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	7,136.
2	Additions to income	2	
3	Add lines 1 and 2	3	7,136.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	7,136.

Taxes – Line 3

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 Attributable to mortgage used to purchase, build, or improve:			
a Main home or second home that is house, apartment, condominium or non-transient mobile home			
b Second home that is transient mobile home or boat			
c Total			
2 Attributable to mortgage used to refinance:			
a To pay off mortgage			
b For other purposes			
c Total			
3 Attributable to other mortgage deductible for AMT:			
a Pre-July 1, 1982 mortgage			
4 Total column (a)			
5 Total column (b). Enter result on Form 6251, line 4.			
6 Total mortgage interest from Schedule A			

Refund of Taxes – Line 7

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	7,136.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	7,136.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	6,422.
6	Enter ATNOL carried to 2014 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options – Line 14

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 14	5	

Alternative Minimum Taxable Income – Line 28

If married filing separately and Form 6251, line 28, is more than \$246,250:

1	Alternative minimum taxable income, Form 6251	1	
2	Threshold amount	2	
3	Subtract line 2 from line 1	3	
4	Multiply line 3 by 25% (.25)	4	
5	Smaller of line 4 or \$41,700	5	
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6	

Exemption – Line 29

1	Enter \$53,600 if single or head of household, \$83,400 if married filing jointly or qualifying widow(er), \$41,700 if married filing separately	1	53,600.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	7,136.
3	Enter \$119,200 if single or head of household, \$158,900 if married filing jointly or qualifying widow(er), \$79,450 if married filing separately	3	119,200.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	53,600.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	
8 a	Enter the child's earned income , if any	8 a	
b	Enter any adjustments.	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	

Form 6251
Line 31

Foreign Earned Income
Alternative Minimum Tax Worksheet

2015

► Keep for your records

Name(s) Shown on Return Rose A Kincade		Social Security Number [REDACTED] 3073
1	Enter amount from Form 6251, line 30.	1
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3
4	Tax on amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • All Others: If line 3 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result. 	4
5	Tax on amount on line 2c. If line 2c is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	5
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	6

Federal Carryover Worksheet

2015

► Keep for your records

Name(s) Shown on Return <u>Rose A Kincade</u>	Social Security Number <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> 3073
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2014 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
IN			698.		46.	
Totals . .			698.		46.	

Other Tax and Income Information

			2014	2015
1	Filing status	1	4 HH	4 HH
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	698.	227.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	22,654.	7,136.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	0.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2014	2015
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2014	2015
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2015	b		
	b 2014	c		
	c 2013	d		
	d 2012	e		
	e 2011	f		
	f 2010			

Rose A Kincade

3073

Loss and Expense Carryovers (cont'd)						2014	2015
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2015 . . .	17 a			
		b	2014 . . .	b			
		c	2013 . . .	c			
		d	2012 . . .	d			
		e	2011 . . .	e			
		f	2010 . . .	f			
Credit Carryovers						2014	2015
18	General business credit			18			
19	Adoption credit from:	a	2015	19 a			
		b	2014	b			
		c	2013	c			
		d	2012	d			
20	Mortgage interest credit from:	a	2015	20 a			
		b	2014	b			
		c	2013	c			
		d	2012	d			
21	Credit for prior year minimum tax			21			
22	District of Columbia first-time homebuyer credit			22			
23	Residential energy efficient property credit			23			
Other Carryovers						2014	2015
24	Section 179 expense deduction disallowed			24			
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a			
		b	Taxpayer (Form 2555, line 48)	b			
		c	Spouse (Form 2555, line 46)	c			
		d	Spouse (Form 2555, line 48)	d			

Charitable Contribution Carryovers

26 2014 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2014				
b	2013				
c	2012				
d	2011				
e	2010				
27 2015 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015				
b	2014				
c	2013				
d	2012				
e	2011				
28	Amount overpaid less earned income credit				3,873.

2014 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2015

► Keep for your records

Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

Description	Amount
Income	
Wages	6,885.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	251.
Unemployment compensation	
Other income	
Total income	7,136.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	7,136.

Two-Year Comparison

2015

Name(s) Shown on Return Rose A Kincade			Social Security Number	
Income	2014	2015	Difference	%
Wages, salaries, tips, etc	22,654.	6,885.	-15,769.	-69.61
Interest and dividend income				
State tax refund	0.	0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities		251.	251.	
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	22,654.	7,136.	-15,518.	-68.50
Adjustments to Income				
Adjusted Gross Income	22,654.	7,136.	-15,518.	-68.50
Itemized Deductions				
Medical and dental				
Income or sales tax	698.	227.	-471.	-67.48
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions				
Total Itemized Deductions	698.	227.	-471.	-67.48
Standard or Itemized Deduction	9,100.	9,250.	150.	1.65
Exemption Amount	15,800.	16,000.	200.	1.27
Taxable Income	0.	0.	0.	
Income tax	0.	0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	0.	0.	0.	
Nonbusiness credits	0.	0.	0.	
Business credits				
Total Credits	0.	0.	0.	
Self-employment tax				
Other taxes				
Total Tax After Credits	0.	0.	0.	
Withholding	256.	74.	-182.	-71.09
Estimated and extension payments				
Earned income credit	5,122.	3,094.	-2,028.	-39.59
Additional child tax credit	2,948.	583.	-2,365.	-80.22
Other payments	669.		-669.	-100.00
Total Payments	8,995.	3,751.	-5,244.	-58.30
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	8,995.	3,751.	-5,244.	-58.30
Balance Due				

Current year effective tax rate -51.53 %

Tax Summary
► Keep for your records

2015

Name (s)
Rose A Kincade

Total income	7,136.
Adjustments to income	
Adjusted gross income	7,136.
Itemized/standard deduction	9,250.
Exemption amount	16,000.
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	0.
Other taxes	
Total tax	0.
Total payments	3,751.
Estimated tax penalty	
Amount Overpaid	3,751.
Refund	3,751.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
you have Additional Tax on Excess Contributions or Deductions (Form 5329).

Compare to U. S. Averages

► Keep for your records

2015

Name(s) Shown on Return Rose A Kincade	Social Security No [REDACTED] 3073
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Your 2015 adjusted gross income (AGI) 7,136.
National adjusted gross income range used below from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	6,885.	8,466.
Taxable interest		1,000.
Tax-exempt interest		5,487.
Dividends		2,121.
Business net income		7,690.
Business net loss		19,354.
Net capital gain		7,309.
Net capital loss		2,416.
Taxable IRA		5,451.
Taxable pensions and annuities	251.	6,948.
Rent and royalty net income		7,338.
Rent and royalty net loss		14,311.
Partnership and S corporation net income		21,717.
Partnership and S corporation net loss		80,796.
Taxable social security benefits		2,779.
Medical and dental expenses deduction		8,291.
Taxes paid deduction	227.	3,509.
Interest paid deduction		7,758.
Charitable contributions deduction		1,564.
Total itemized deductions	227.	15,603.
Child care credit		137.
Education tax credits		223.
Child tax credit	0.	133.
Retirement savings contributions credit		166.
Earned income credit	3,094.	1,933.
Other Information	Actual Per Return	National Average
Adjusted gross income	7,136.	2,977.
Taxable income	0.	2,693.
Income tax	0.	295.
Alternative minimum tax		11,289.
Total tax liability	0.	479.

Green Dot Bank
Refund Processing Agreement ("Agreement")

Name Rose A Kincade
 Social Security No. ██████████ 3073

This Agreement contains important terms, conditions and disclosures about the processing of your refund by Green Dot Bank, Member FDIC ('BANK'). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if the 2015 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK and Processor. The term 'Servicer' or 'Processor' refer to the third party processor, Santa Barbara Tax Products Group, LLC.

1. NOTICE: No Requirement To Have BANK Process Your Refund In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$34.99 IS CHARGED TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO BANK WHETHER OR NOT THE REFUND PROCESSING SERVICE OCCURS. THIS FEE IS COLLECTED AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2015 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the Internal Revenue Service ('IRS') to disclose any information to BANK and Processor related to the funding of your 2015 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and BANK and Processor to share your information with Intuit. None of Intuit, BANK or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. BANK and Processor will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 3,751.00
Less Bank Refund Processing Fee.	\$ 34.99
Less TurboTax Fees.	\$ 71.98
Less Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 3,644.03

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a returned item and other processing fees paid to Processor as set forth in paragraphs 4 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2015 federal tax refund from the IRS. BANK or Servicer must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK or Servicer to deduct from your Deposit Account the following amounts: (i) the refund processing fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and (iii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct twenty dollars (\$20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing

information, as set forth in the Note in paragraph 7 below. This fee shall be paid by BANK to Processor. You authorize BANK and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize BANK and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account or card in which you authorized BANK to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither BANK nor Processor can guarantee the amount of your tax year 2015 federal tax refund or the date it will be issued, and (ii) neither BANK nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2015 federal tax refund. Processor and BANK will deduct the fees set forth in Section 3 including \$ 34.99 for opening and maintaining the Deposit Account and processing your refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20 if the refund cannot be delivered as directed in Section 4 of this application. An Account Research and Legal Processing fee of \$25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by Bank to the Processor. Questions or concerns about the Deposit Account should be directed to: Green Dot Bank, c/o Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

- a) ☐ Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither BANK nor Processor will be responsible for your funds once they have been deposited with the respective financial institution.**
- b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☒ Checking
☐ Savings

RTN # 283977688

Account #

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a \$20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, the Processor and Intuit are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where the BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed \$25. Processing fees will be paid by BANK to Processor.

You must notify BANK in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford BANK a reasonable opportunity to act on your request. You may notify us in writing at: Green Dot Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers into the Deposit Account, write Green Dot Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving new accounts, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, BANK or Processor may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.

9. Compensation. In addition to any fees paid directly by you to Intuit, BANK or Processor will deliver a portion of the refund processing fee to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. Processor will pay compensation to BANK for its banking services and will retain a portion of the refund processing fee for its services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, BANK or Processor agrees to pay those fees for you. By agreeing to arbitration, you, BANK, and Processor are waiving each of their respective rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

12. USA Patriot Act Disclosure. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open a Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

YOUR AGREEMENT

BANK and Processor agree to all of the terms of this Agreement. By selecting the **'I Agree'** button in TurboTax: (i) You authorize BANK and Processor to receive your 2015 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the 'Communications' section of the Tax Year 2015 TurboTax(R) User Agreement, (iii) You consent to the release of your 2015 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting **'I Agree'** indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Green Dot Bank's Privacy Policy

FACTS What does Green Dot Bank do with your personal information?		
Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • Account transactions and payment history • Transaction history and overdraft history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Green Dot Bank Share?	Can you limit this sharing?
For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Toll Free: 1-866-795-7597 or go to www.greendot.com	

Who we are	
Who is providing this notice?	Green Dot Bank
What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Our affiliates include financial companies, such as our parent bank holding company.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Green Dot Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Green Dot Bank does not jointly market
Other Important Information	
<p>Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.</p>	

Civista Bank
Refund Processing Agreement ("Agreement")

Name _____
 Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund by Civista Bank of Sandusky, OH ('BANK'). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if 2015 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK and Processor. The term 'Servicer' or 'Processor' refer to the third party processor Santa Barbara Tax Products Group, LLC.

1. NOTICE: No Requirement To Have BANK Process Your Refund In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ _____ IS CHARGED TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO BANK WHETHER OR NOT THE REFUND PROCESSING SERVICE OCCURS. THIS FEE IS COLLECTED AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2015 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the Internal Revenue Service ('IRS') to disclose any information to BANK and Processor related to the funding of your 2015 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and BANK and Processor to share your information with Intuit. None of Intuit, BANK or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. BANK and Processor will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ _____
Less Bank Refund Processing Fee.	\$ _____
Less TurboTax Fees.	\$ _____
Less Additional Products and Services Purchased	\$ _____
Expected Proceeds*	\$ _____

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a returned item and other processing fees paid to Processor as set forth in paragraphs 4 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2015 federal tax refund from the IRS. BANK or Servicer must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK or Servicer to deduct from your Deposit Account the following amounts: (i) the refund processing fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and (iii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct twenty dollars (\$20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing

information, as set forth in the Note in paragraph 7 below. This fee shall be paid by BANK to Processor. You authorize BANK and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize BANK and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account or card in which you authorized BANK to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither BANK nor Processor can guarantee the amount of your tax year 2015 federal tax refund or the date it will be issued, and (ii) neither BANK nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2015 federal tax refund. Processor and BANK will deduct the fees set forth in Section 3 including \$_____ for opening and maintaining the Deposit Account and processing your refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20 if the refund cannot be delivered as directed in Section 4 of this application. An Account Research and Legal Processing fee of \$25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by Bank to the Processor. Questions or concerns about the Deposit Account should be directed to: Civista Bank, c/o Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.com>.

7. Disbursement Method: You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

- a ☐ Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither BANK nor Processor will be responsible for your funds once they have been deposited with the respective financial institution.**
- b ☐ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☐ Checking
☐ Savings

RTN #. _____

Account # _____

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a \$20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, the Processor and Intuit are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where the BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed \$25. Processing fees will be paid by BANK to Processor.

You must notify BANK in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford BANK a reasonable opportunity to act on your request. You may notify us in writing at: Civista Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road Suite 210, La Jolla, CA 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers into the Deposit Account, write Civista Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving new accounts, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, BANK or Processor may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.

9. Compensation. In addition to any fees paid directly by you to Intuit, BANK or Processor will deliver a portion of the refund processing fee to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. Processor will pay compensation to BANK for its banking services and will retain a portion of the refund processing fee for its services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, Bank or Processor agrees to pay those fees for you. By agreeing to arbitration, you, BANK, and Processor are waiving each of their respective rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

12. USA Patriot Act Disclosure. To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open a Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

YOUR AGREEMENT

BANK and Processor agree to all of the terms of this Agreement. By selecting the **'I Agree'** button in TurboTax: (i) You authorize BANK and Processor to receive your 2015 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the 'Communications' section of the Tax Year 2015 TurboTax(R) User Agreement, (iii) You consent to the release of your 2015 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting **'I Agree'** indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Civista Bank's Privacy Policy

FACTS What does Civista Bank do with your personal information?		
Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • payment history and transaction history • overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Toll Free: 800-604-9368 or go to www.civistabank.com	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Civista Bank does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Rose A Kincade

Primary SSN: [REDACTED] 3073

Federal Return Submitted: January 25, 2016 04:18 PM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 01/25/2016

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2016. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2016, your Intuit electronic postmark will indicate April 18, 2016, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2016, and a corrected return is submitted and accepted before April 23, 2016. If your return is submitted after April 23, 2016, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 17, 2016. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2016, and the corrected return is submitted and accepted by October 22, 2016.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

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Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the IRS for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a bank and processor. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank, Member FDIC ("BANK") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with BANK. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC ("TPG"), a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](https://www.irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to BANK will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in a tax refund next year. Please consult your employer or tax advisors for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The below chart shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS Direct Deposit to your personal bank account.	Approximately 6 to 8 weeks	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS Direct Deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct Deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days	Free option with your purchase of TurboTax Premium or TurboTax MAX ²

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid card.

²The cost of TurboTax Premium and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

Questions? Call 1-877-908-7228

Smart Worksheets from your 2015 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet		
A	Tax 0.	
	Check if from:	
1	Tax table <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">X</td></tr></table>	X
X		
2	Tax Computation Worksheet (see instructions) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
3	Schedule D Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
4	Qualified Dividends and Capital Gain Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
5	Schedule J <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
6	Form 8615 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
7	Foreign Earned Income Tax Worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
B	Additional tax from Form 8814	
C	Additional tax from Form 4972	
D	Tax from additional Form(s) 4972	
E	Recapture tax from Form 8863	
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax	
G	Tax. Add lines A through F. Enter the result here and on line 44 0.	

SMART WORKSHEET FOR: Form 5329: Additional Tax on Retirement Distributions (Taxpayer)

Early Distributions Included in Gross Income Smart Worksheet		
<i>Complete column B for distributions from SIMPLE plans in first 2 years. Complete column A for all other distributions, including distributions from SIMPLE plans after first 2 years.</i>		
	Column A Non SIMPLE Distributions	Column B SIMPLE Distributions
A Qualified retirement plans (including IRAs) with code '1' on Form 1099-R reduced by rollovers, Roth conversions, and nontaxable part of IRA distributions	251.	
B SIMPLE plan distributions with a code 'S' on Form 1099-R reduced by rollovers, Roth conversions, and nontaxable part of distributions		
C Prohibited transaction with code '5' on Form 1099-R. If this distribution is from a SIMPLE plan, see <i>Help</i>		
D Other early distributions (Form 1099-R does not show a code '1', '5' or 'S')		
E Roth IRA distributions		
F Total	251.	

SMART WORKSHEET FOR: Form 5329: Additional Tax on Retirement Distributions (Taxpayer)

Distributions Not Subject to Additional Tax Smart Worksheet

Complete column B for distributions from SIMPLE plans in first 2 years. Complete column A for all other distributions, including distributions from SIMPLE plans after first 2 years.

- | | Column A
Non SIMPLE
Distributions | Column B
SIMPLE
Distributions |
|---|---|-------------------------------------|
| A Separation from service in or after year reaching age 55
(age 50 for qualified public safety employees) | | |
| B Equal periodic payments | | |
| C Total and permanent disability | | |
| D Death (does not apply to modified endowment contracts) . . . | | |
| E Extent of medical expenses * | | |
| F Paid alternate payee under a QDRO ** | | |
| G Unemployed individuals for health insurance premiums * . . . | | |
| H Higher education expenses * | | |
| I First home purchases * | | |
| J IRS levy of the qualified plan | | |
| K Qualified distributions to reservists | | |
| L Other (including over age 59-1/2) | 251 . | |

* Does not apply to annuities or modified endowment contracts.

** Does not apply to distributions from IRAs or annuity or modified endowment contracts.

G, H, and I apply only to IRA distributions.

SMART WORKSHEET FOR: Schedule 8812: Additional Child Tax Credit

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A Enter the social security tax withheld (Form(s) W-2, box 4)	436.
B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld.	102.
C Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7)	0.
D Add line A, B, and C	538.
E Enter the Additional Medicare Tax withheld (Form 8959 line 22)	0.
F Subtract line E from line D.	538.
Additional Medicare Tax on Self-Employment Income.	
G Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13)	
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H Enter the Tier 1 tax (Form(s) W-2, box 14).	0.
I Enter the Medicare Tax (Form(s) W-2, box 14)	0.
J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N.	
K Add lines H, I, and J	0.
L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2015).	
M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2015).	
N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J	
O Add line L, M, and N	
Line 7 Amount	
P Add line F, G, K and O. Enter here and on Schedule 8812, line 7	538.

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet	
A Prior year Form 8960, line 13, modified adjusted gross income	22,654.
B Prior year Form 8960, line 14, threshold based on filing status	200,000.
C Prior year Form 8960, line 15, Subtract line B from A, not less than zero	0.
D Smaller of line 8 or line C	0.
E Recomputed net investment income tax. Multiply line D by 3.8% (.038)	0.

SMART WORKSHEET FOR: Dependent Information Worksheet (Elizabeth)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☐
 Taxpayer ▶ ☒
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2015 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☐ No
- E** Is this person a Full time student? ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,000? ▶ ☐ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☒ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☒
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Lynnda)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☐
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2015 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☒ No
- E** Is this person a Full time student? ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,000? ▶ ☐ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☒
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Austin)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ 11
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☐
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2015 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☐ No
- E** Is this person a Full time student? ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,000? ▶ ☒ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☒ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☒
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet**QuickZoom** to enter nontaxable combat pay on Form W-2 ▶**A Taxpayer:**

1 Taxpayer, nontaxable combat pay

2 Election for earned income credit (EIC):Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No**B Spouse:**

1 Spouse, nontaxable combat pay

2 Election for earned income credit (EIC):Elect spouse's nontaxable combat pay as earned income for EIC? ▶ ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect spouse's nontaxable combat pay as earned income for DCB? ▶ ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ▶ ☐ Yes ☐ No**C** You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:Overpayment 3,751.

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet**A** Taxable and tax exempt interest**B** Dividend income**C** Capital gain net **income****D** Royalty and rental of personal property net **income****E** Passive activity net **income**:

1 Rental real estate net income or loss

2 Farm rental net income or loss

3 Partnerships and S corporations net income or loss

4 Estates and trusts net income or loss

5 Total of lines 1 through 4

6 Total passive activity net **income**, line 5 if greater than zero**F** Interest and dividends from Forms 8814**G** Adjustments**H** **Total investment income**, add lines A through G 0.Is line H, **total investment income** over \$3,400?☒ **No.** You may take the credit.☐ **Yes. Stop.** You **cannot** take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet											
			Year of birth								
First name	MI	Social security number	Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?		Was the child permanently and totally disabled during any part of 2015?		Lived with taxpayer in the U.S.				
Last name	Suff	Relationship									
Elizabeth	R		2006								
Kincade		Daughter	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	12
Lynnda			1999								
Kincade		Niece	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			12	
Austin			2002								
Kincade		Nephew	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			11	



Form
IT-40
State Form 154
(R14 / 9-15)

2015

**Indiana Full-Year Resident
Individual Income Tax Return**

Due April 18, 2016

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from

to:

Your Social Security Number ■■■■ 3073

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name Initial Last name Suffix

ROSE

A

KINCADE

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

PO BOX 2144

Place "X" in box if you are married filing separately.

City

State

Zip/Postal code

BLOOMINGTON

IN

47402

Foreign country 2-character code (see instructions)

School corporation number (see instructions)

5705

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2015.

County where you lived 53 County where you worked 53 County where spouse lived County where spouse worked

Round all entries

1. Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4) **Federal AGI** 1 7136.00
2. Enter amount from Schedule 1, line 8, and enclose Schedule 1 **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 3 7136.00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 **Indiana Deductions** 4 3000.00
5. Subtract line 4 from line 3 **Indiana Adjusted Income** 5 4136.00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3 **Indiana Exemptions** 6 5500.00
7. Subtract line 6 from line 5 **State Taxable Income** 7 -1364.00
8. State adjusted gross income tax: multiply line 7 by 3.3% (.033) (if answer is less than zero, leave blank) 8 0.00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) 9 0.00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes** 11 0.00



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12. Enter credits from Schedule 5, line 9 (enclose schedule) _____	12	475.00	
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13	.00	
14. Add lines 12 and 13 _____ Indiana Credits	14	475.00	
15. Enter amount from line 11 _____ Indiana Taxes	15	0.00	
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	475.00	
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17	.00	
18. Subtract line 17 from line 16 _____ Overpayment	18	475.00	
19. Amount from line 18 to be applied to your 2016 estimated tax account (see instructions).			
Enter your county code _____ county tax to be applied _ \$	a	.00	
Spouse's county code _____ county tax to be applied _ \$	b	.00	
Indiana adjusted gross income tax to be applied _____ \$	c	.00	
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d	.00	
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _	20	.00	
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 ____ Your Refund	21	475.00	
22. Direct Deposit (see instructions)			
a. Routing Number 283977688			
b. Account Number [REDACTED]			
c. Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	.00	
24. Penalty if filed after due date (see instructions) _____	24	.00	
25. Interest if filed after due date (see instructions) _____	25	.00	
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26	.00	
Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.			

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



15115121555

Name(s) shown on Form IT-40

Your Social Security Number

ROSE A KINCADE


3073

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts_____	1	194.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts_____	2	33.00
3. Estimated tax paid for 2015: include any extension payment made with Form IT-9 _____	3	.00
4. Unified tax credit for the elderly _____	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5	248.00
6. Lake County residential income tax credit _____	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule)_____	8	.00
9. Add lines 1 through 8. Enter total here and on Form IT-40, line 12 _____ Total Credits	9	475.00

Schedule IN-DONATE

Important. The amount on line 3 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1.	 Indiana Nongame Wildlife Fund donation _____	1	.00
2.	Public K-12 Education Fund donation _____	2	.00
3.	Add lines 1 and 2. Enter total here and on Form IT-40/IT-40PNR, line 17	Total Donations 3	.00



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Name(s) shown on Form IT-40

Your Social Security Number

ROSE A KINCADE

3073

1. Federal filing information

Are you filing a federal income tax return for 2015? Place "X" in appropriate box. Yes ☒ No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$.00

\$.00

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868.
b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Date of death

If any individual listed at the top of the IT-40 died *during* 2015, enter date of death (MM/DD).

Taxpayer's date of death

2015

Spouse's date of death

2015

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime

telephone number

8123911915

Your

email address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

SELF-PREPARED

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State

Zip Code

Preparer's

signature



23315111555

2015

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

ROSE A KINCADE



3073

Section A: Figure Your Indiana Earned Income Credit

A-1 Enter the earned income credit from your federal income tax return _____	A-1	3094.00
A-2 Enter your earned income (see instructions) _____	A-2	6885.00
A-3 Enter your Indiana earned income credit (see instructions). Carry this total to Form IT-40, Schedule 5, line 5, or Form IT-40PNR, Schedule F, line 5, Box A _____	A-3	248.00

Section B: Complete if you claimed one or more children on your federal Schedule EIC. See instructions.

	Child 1	Child 2
Enter each child's information		
First name	ELIZABETH	LYNNDA
Last name	KINCADE	KINCADE
Child's Social Security Number(s)		

Enter letter (e.g. A, B, C, etc.) in boxes below that describes each child's relationship, age and location to you.

	Child 1	Child 2
B-1 Relationship:		
A Your Child		
B Grandchild		
C Stepchild	A	E
D Foster Child (not related)		
E Other (related foster child, or other related child - see instructions)		
B-2 Age:		
A Under age 18		
B Age 18		
C Age 19 - 24 and full-time student	A	A
D Age 19 or older and totally disabled		
B-3 Location:		
A Child lived with you at least 1/2 of the year		
B Child was born or died in 2015, and lived with you while alive in 2015.	A	A

Important: You must complete and attach this schedule to your Form IT-40 or IT-40PNR when claiming the earned income credit.



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Schedule IN-DEP: Additional Dependent Child Information
2015

Enclosure
Sequence No. **06A**

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

ROSE A KINCADE

■■■■ ■■■■ 3073

Report on this schedule the first and last name and Social Security number for each dependent child claimed as an additional exemption on line 2 of Schedule 3 (from Form IT-40) or Schedule D (from Form IT-40PNR).

	Child's First Name	Child's Last Name	Child's Social Security Number
1.	ELIZABETH	KINCADE	■■■■ ■■■■ ■■■■
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			



Submission ID [] [] [] [] [] – [] [] [] [] [] [] [] [] [] [] [] [] []

First Name(s) and Middle Initial(s)	Last Name	Your Social Security Number		Spouse's Social Security Number
ROSE A	KINCADE	████	████ 3073	
Spouse's First Name(s) and Middle Initial(s)	Spouse's Last Name	Street Address		
		PO BOX 2144		
City		State	Zip Code	Daytime Telephone Number
BLOOMINGTON		IN	47402	8123911915

Part I Tax Return Information (See Instructions on Next Page)

1. Federal Adjusted Gross Income	1.	7136.
2. Indiana Taxable Income	2.	-1364.
3. Total Indiana Tax	3.	0.
4. Total State Tax Withheld	4.	194.
5. Total County Tax Withheld	5.	33.
6. Total Indiana Tax Credits	6.	475.
7. Refund	7.	475.
8. Amount You Owe	8.	

Part II Direct Deposit

9. Routing number	2	8	3	9	7	7	6	8	8	Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.
10. Account number										
11. Type of account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC									
12. Place an "X" in the box if refund will go to an account outside the United States.	<input type="checkbox"/>									

**Do Not Mail
This Form
To DOR**

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

Part III Declaration of Taxpayer

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2015 income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent to allow my transmitter to send my return, this declaration, and accompanying schedules and statements to the DOR. I also consent to the DOR sending an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Please sign here ► _____
Taxpayer's Signature Date Spouse's Signature Date

INDIANA

Federal/State Adjustment Summary

2015

Name as Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F)

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F)

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F)

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F)

Federal/State Adjustment Summary

2015

Name as Shown on Return

Rose A Kincade

Social Security Number

3073

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F)

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F)

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F)

Form 2106	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E)

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income.

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation.

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation

Federal/State Adjustment Summary

2015

Name as Shown on Return

Rose A Kincade

Social Security Number

3073

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E)

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income

Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation

Depreciation Adjustment Included in Schedule A Subject to 2% Limitation

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
		Form 6252		(1) State	(F) Other Adjustments	
Date Acq	Date Sold	Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Passive/At-Risk/Other Adjustments

Total Sale of Asset Adjustment

Section 179 Worksheet

2015

Name as Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G)

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E)

Indiana Information Worksheet

2015

► Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

Last name KINCADE
 Middle initial A Suffix
 First name ROSE
 Social security no. 3073
 Date of birth 01/19/1978
 Age as of 12-31-2015 or as of date of death . . . 37
 Date of death
 Daytime phone (812) 391-1915 * ☒
 Home phone *

Spouse:

Last name
 Middle initial Suffix
 First name
 Social security no.
 Date of birth
 Age as of 12-31-2015 or as of date of death . . .
 Date of death
 Daytime phone *

* Check a box to print phone number on the return

Address PO BOX 2144 Apartment number
 City BLOOMINGTON
 State IN ZIP/Postal code . . . 47402
 Foreign code Foreign country
 E-mail address where Indiana Dept. of Revenue can reach you (optional)

County Information

Taxpayer

Spouse

County of **residence** on January 1, 2015 ► MONROE
 County of **employment** on January 1, 2015 ► MONROE

» Put in county of residence if you were retired, unemployed or a homemaker on January 1, 2015

School District (School Corporation Number)

School district where the primary taxpayer lived on January 1, 2015 ► 5705

Part II — Main Form

- ☒ **Form IT-40** - Full-Year Resident ►
☐ **Form IT-40PNR** - Part-Year Resident ►
☐ **Form IT-40PNR** - Nonresident ►

IT-40PNR filers

- Enter IN residency dates . . . ►
- Other state residency dates . . . ►
- Other state of residence . . . ►

Nonresidents only

- Enter state of residence . . . ►

Taxpayer		Spouse	
From	To	From	To

- ☐ **Form IT-40RNR** - Reciprocal Nonresident (**KY, MI, OH, PA, WI only**) ►
 State of residence ► KY ☐ MI ☐ OH ☐ PA ☐ WI ☐

File IT-40RNR if your state of residence is KY, MI, OH, PA or WI **and** the only Indiana income is from wages, salaries, or tips **and** your Indiana credits are from state or county taxes withheld.

Important Do not use IT-40RNR if you had Indiana riverboat winnings. You must file Form IT-40PNR.

Part III — Filing Status

- ☒ Single or widowed
☐ Married filing joint return
☐ Married filing separate returns
☐ Taxpayer did not live with spouse **at any time** during the year.

Part IV – Farmer/Fisherman Information

- ☐ 2/3 of 2014 or 2015 gross income is from farming and fishing.
☐ You checked the box above and will file the return and pay all tax due by March 1, 2016.

Part V – Miscellaneous Information**Unified Tax Credit for the Elderly**

- ☐ File Form SC-40 to claim the elderly credit. *Box is automatically checked if the taxpayer qualifies*
☐ File Form IT-40 or IT-40PNR instead of Form SC-40 to claim the elderly credit.

Yes**No**

- ☒ ☐ I am filing a federal income tax return for 2015
☐ ☐ I authorize the Indiana Dept of Revenue to discuss the return with my personal representative
If yes, complete information below.

Personal Representative

	First name	M.I.	Last name	Suffix
Name	_____	_____	_____	_____
Address	_____			
City, state and zip code	_____			
Phone number	_____			

Part VI – Electronic Filing Information**Yes****No**

- ☒ ☐ Do you want to use Federal PIN(s) to sign your Indiana electronic return?
Date Post Filing Coupon was given to client _____

Part VII – Direct Deposit Information**Yes****No**

- ☒ ☐ Use **direct deposit** for **state tax refund**
Financial Institution name (optional) . Crane Federal Credit Union
Account type Checking ☒ Savings ☐
Routing number 283977688
Account number

☐ Deposit Indiana tax refund to Hoosier Works MasterCard account. Account number . . . _____

International ACH Transactions**Yes****No**

- ☐ ☒ Will the funds for this refund go to an account outside the U.S.?

Part VIII – Payment by Credit Card or Electronic Check (eCheck)

- ☐ Balance due will be paid by credit card
Date of credit card payment _____
- ☐ Balance due will be paid by eCheck
Date of eCheck payment _____

Part IX – Extension Status

- | Yes | No |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- Has the tax return due date been extended by filing Indiana Form IT-9?
Has the tax return due date been extended by filing federal Form 4868?

Extended due date _____

QuickZoom to Form IT-9, Application for Automatic Extension of Time to File ► _____**Part X – Amended Return**

- ☐ You are filing an **Indiana amended return** (Form IT-40X)

Tax year you are amending _____
Previous Indiana payment made _____
Previous Indiana refund received _____

QuickZoom to Form IT-40X, Amended Individual Income Tax Return ► _____

Indiana Earned Income Credit Worksheet

2015

► Keep for your records

Name(s) Shown on Return
Rose A Kincade

Social Security Number
[REDACTED] 3073

Part I – Dependent Information

First name	Social security number	Age	Months lived with taxpayer in the U.S.	Dependent is a qualifying child of another person in different return	Taxpayer's modified AGI is higher than the other person's modified AGI	Indiana EIC code
Last name	Relationship			Yes No	Yes No	
Elizabeth Kincade	Daughter	9	12	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	E
Lynnda Kincade	Niece	16	12	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	E
Austin Kincade	Nephew	13	11	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	N
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

Part II – Indiana Earned Income Credit Calculation

<p>1 Did you claim an EIC on your 2015 federal tax return? <input checked="" type="checkbox"/> Yes. Continue to line 2. <input type="checkbox"/> No. Stop. You cannot take the credit.</p> <p>2 Total modified adjusted gross income</p> <p>3 Total number of qualifying children from Part I . . . ► <u>2</u></p> <p>4 Is line 2 less than – • \$14,750 if you do not have a qualifying child? • \$39,100 if you have one qualifying child? • \$44,450 if you have more than one qualifying child? <input checked="" type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Stop. You cannot take the credit.</p> <p>5 Is the total investment income over \$3,400? <input checked="" type="checkbox"/> No. Continue to line 6. <input type="checkbox"/> Yes. Stop. You cannot take the credit.</p> <p>6 Earned income from federal EIC Worksheet, line 6</p> <p>7 Is line 6 less than – • \$14,750 if you do not have a qualifying child? • \$39,100 if you have one qualifying child? • \$44,450 if you have more than one qualifying child? <input type="checkbox"/> No. Stop. You cannot take the credit. <input checked="" type="checkbox"/> Yes. Enter the credit from the EIC Table, for the amount on line 6</p> <p>8 Modified adjusted gross income from line 2 above</p> <p>9 Is line 8 less than – • \$8,350 if you do not have a qualifying child? • \$18,150 if you have at least one qualifying child? <input checked="" type="checkbox"/> Yes. Go to line 10. <input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8.</p> <p>10 Credit from line 7 or line 9: • If 'Yes' on line 9, enter the amount from line 7. • If 'No' on line 9, enter the smaller of line 7 or line 9</p> <p>11 Alternative Minimum Tax from federal Form 1040, line 45, or included in the total on federal Form 1040A, line 28, multiplied by 9% (.09)</p> <p>12 Subtract line 11 from line 10</p> <p>13 Federal earned income credit multiplied by 9% (.09)</p> <p>14 Indiana earned income credit. Enter the smaller of line 12 or line 13. Enter line 14 amount on Schedule IN-EIC, line 3.</p>	<p>2</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	<p>7,136.</p> <p>6,885.</p> <p>248.</p> <p>7,136.</p> <p></p> <p>248.</p> <p>0.</p> <p>248.</p> <p>278.</p> <p>248.</p>
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Tax Payments Worksheet

2015

► Keep for your records

Name as Shown on Return <u>Rose A Kincade</u>	Social Security Number <div style="background-color: black; color: black;">[REDACTED]</div> 3073
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Tax Payments for the Current Year	Date	Payment
1 First payment	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
2 Second payment	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
3 Third payment	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
4 Fourth payment	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Additional Payments		
5 a Payment	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
b Payment	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
c Payment	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
d Payment	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
e Payment	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
6 Overpayment from previous year applied to current year	6	<div style="border-bottom: 1px solid black; height: 15px;"></div>
7 Amount paid with current year extension	7	<div style="border-bottom: 1px solid black; height: 15px;"></div>
8 Total tax payments	8	<div style="border-bottom: 1px solid black; height: 15px;"></div>

Income Taxes Withheld for the Current Year	State	County
9 Withholding on Forms W-2	194.	33.
10 Withholding on Forms W-2G	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
11 Withholding on Forms 1099-R	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
12 a Withholding on Forms 1099-MISC	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="background-color: #cccccc; height: 15px;"></div>
b Withholding on Forms 1099-G	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
13 Other tax withholding	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
14 Total income tax withheld	194.	33.

15 Date return will be filed and balance paid	15	<div style="border-bottom: 1px solid black; height: 15px;"></div>
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Name(s) Shown on Return
Rose A KincadeYour Social Security Number
[REDACTED] 3073**Part I 2016 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2016 Estimates:**

- a 100% (110%) of **2015** taxes (default, see Tax Help) ☒ 0.
- b 100% of tax on **2016** estimated taxable income ☐
- c 90% of tax on **2016** estimated taxable income ☐
- d 66-2/3% of tax on **2016** estimated taxable income (farmers and fishermen) ☐
- e Equal to 100% of overpayment (no vouchers) ☐ 475.
- f Enter total amount you want to use for estimates and check box ☐ ►

2 Selected estimated tax amount:

- a 2016 Required Annual Payment based on your choice above 0.
- b Estimated 2016 credits PLUS state and county income tax withholding 475.
- c **Total of estimated tax payments required for 2016** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1,000 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available 475.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐ ►
- f Amount applied to 2016 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 475.

Part III Rounding and Printing Options**1 Select rounding option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select voucher printing option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

3 Select first quarter payment option:

- ☒ ◀ Form IT-40ES voucher (default) ☐ ◀ Form IT-40 or IT-40PNR (if Part II, Box 2d is checked)

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2016	2 Jun 15, 2016	3 Sep 15, 2016	4 Jan 17, 2017	Total
1 If you have already made payments, enter amounts. . .					
2 Payment due next (e.g., if it's now May 1, 2016, check col. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required payment.					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					
QuickZoom to voucher. . . ►					

Part V Changes to Income, Deductions and Withholding for 2016

- 2015 income and deductions are shown in the '2015 Actual' column below.
- For each line in '2016 Estimated' column, enter estimated 2016 amount **if different** from 2015. Otherwise, the '2015 Actual' amount will be used for that line.

	2015 Actual	2016 Estimated
1 Federal adjusted gross income	7,136.	
2 Additions to federal adjusted gross income		
3 Deductions from federal adjusted gross income	3,000.	
4 Indiana adjusted gross income	4,136.	
5 a State tax withheld	194.	
b County tax withheld	33.	
c Total state and county tax withholding (line 5a plus line 5b)	227.	
6 Indiana credits	248.	

Part VI Filing Status, Residency and Personal Exemptions for 2016

- 1 2016 filing status:
- ☐ Single ☐ Married filing jointly ☒ Head of Household ☐ Qualifying widow(er)
- 2 2016 residency status:
- Taxpayer ☒ Resident ☐ Nonresident
- Spouse ☐ Resident ☐ Nonresident
- 3 Enter county of residence as of Jan 1, 2016 (if the resident box is marked on line 2) or enter county of employment as of Jan 1, 2016 (if the nonresident box is marked on line 2):
- Taxpayer 53-MONROE
- Spouse _____
- 4 Total number of exemptions claimed on federal return 4
- 5 Total number of additional exemptions for certain dependent children 1
- 6 Check box(es) below if, by December 31, 2016
- Taxpayer is ☐ 65 or older and/or ☐ Blind
- Spouse is ☐ 65 or older and/or ☐ Blind
- Number of exemptions for 65 or older, or blind _____
- 7 Check box(es) below if
- Taxpayer is ☐ 65 or older and 2016 federal adjusted gross income less than \$40,000
- Spouse is ☐ 65 or older and 2016 federal adjusted gross income less than \$40,000
- Number of exemptions for 65 or older with federal adjusted gross income less than \$40,000 _____

Part VII Estimated Taxable Income and Tax for 2016

	Column A Spouse	Column B Taxpayer or Joint
<input type="checkbox"/> Check if filing a joint return in 2016 and on January 1, 2016 taxpayer and spouse anticipate living in different counties (or working in different counties if both are nonresidents). Be sure to complete Column A if this box is checked.		
1 Estimated Indiana adjusted gross income		4,136.
2 Total exemption amount.		5,500.
3 Amount subject to Indiana income tax (line 1 minus line 2)		-1,364.
4 a County tax rate.		0.0109500
b County income tax due (line 3 times county tax rate above)		
5 State income tax due (line 3 times .033)		
6 Total state and county tax due for 2016 (line 4c plus line 5)		
7 Total anticipated credits (including 2016 state and county income tax withheld)		475.
8 Total estimated tax due (line 6 minus line 7)		0.

Tax Summary
 ► Keep for your records

2015

Name(s) Rose A Kincade	
Indiana total income	7,136.
Indiana deductions	3,000.
Indiana adjusted gross income	4,136.
Exemptions	5,500.
Indiana taxable income	-1,364.
State tax	0.
County tax	0.
Other taxes	
Total tax	0.
State tax withheld	194.
County tax withheld	33.
Estimated tax paid for 2015	
Total Indiana payments and credits	475.
Overpayment	475.
Contributions	
Amount applied to 2016 estimated tax	
Penalties and interest	
Refund	475.
Amount due	

Smart Worksheets from your 2015 Indiana Tax Return

SMART WORKSHEET FOR: Schedule 5/IN-DONATE: Credits and Donations

Indiana AGI Smart Worksheet	
A	Federal adjusted gross income 7136
B	Total add-backs
C	Indiana total income. Add lines A and B 7136
D	Qualified electric utility amortization add-back
E	Other (current year conformity) add-back
F	Add lines D and E
G	Total income before deductions. Subtract line F from line C 7136
H	State refund 0
I	Interest on U.S. government obligations
J	Taxable social security and railroad retirement benefits
K	Non-Indiana locality earnings deduction
L	Human services deduction
M	Indiana partnership long-term care policy premiums deduction
N	Recovery of deductions
O	National Guard and reserve component members deduction
P	Qualified patents income exemption deduction
Q	Railroad unemployment and sickness benefits
R	Subtotal. Add lines H through Q 0
S	Total income after deductions. Subtract line R from line G 7136
T	Total exemptions 5500
U	Subtract line T from line S Indiana AGI 1636

SMART WORKSHEET FOR: Indiana Earned Income Credit Worksheet

Modified AGI Smart Worksheet	
Enter losses as positive amounts.	
A	Adjusted gross income from federal Form 1040, line 37 7,136.
B	Net capital losses
C	Net losses from estates and trusts
D	Net losses from royalties and rental of personal property
E	Tax exempt interest
F 1	Net loss from federal Schedules C
2	Net loss from Schedules F
3	Net loss from rental real estate, partnerships, S corporations and Forms 4835
G	Total of lines F1, F2 and F3.
H	Multiply line G by 75%
I	Nontaxable distributions from IRAs, pensions and annuities 0.
J	Total Modified AGI. Add lines in the right hand column 7,136.

SMART WORKSHEET FOR: Indiana Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest
B	Dividend income
C	Capital gain net income
D	Royalty and rental of personal property net income
E	Passive activity net income :
1	Rental real estate net income or loss
2	Farm rental net income or loss
3	Partnerships and S corporations net income or loss
4	Estates and trusts net income or loss
	Total of lines E1, E2, E3 and E4
	Total passive activity net income , if greater than zero
F	Interest and dividends from federal Forms 8814
G	Adjustments
H	Total investment income , add lines A through G 0 .