

NBER

NATIONAL BUREAU OF ECONOMIC RESEARCH

year 2015

filer type S

1 + cgl \$81,000

There are 12 states where IncTaxCalc
and TaxAct disagree by ≥ 50 in 2015

		taxs	taxact taxact
OR	38	6668	6219
MN	24	5002	2963
DC	9	5234	4792
SC	41	2400	1959
OK	37	3989	3660
NM	32	1509	1198
VT	46	2948	1669
MA	22	4172	3945
VA	47	4347	4174
GA	11	4508	4373
IA	16	4683	5214
LA	19	3164	3214

for a single taxpayer with only long-term
gains. TaxAct printouts are attached.

summary

15:59 Thursday, January 12, 2023 1

Obs	NAME	COL1	COL2	COL3	COL4	COL5	COL6
1	id	115.00	73.00	28.00	124.00	112.00	97.00
2	year	2015.00	2015.00	2015.00	2015.00	2015.00	2015.00
3	fedyear	2015.00	2015.00	2015.00	2015.00	2015.00	2015.00
4	stateyear	2015.00	2015.00	2015.00	2015.00	2015.00	2015.00
5	state	38.00	24.00	9.00	41.00	37.00	32.00
21	ltcgl	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
75	y	9.00	9.00	9.00	9.00	9.00	9.00
76	soi	38.00	24.00	9.00	41.00	37.00	32.00
77	chlim	50.00	50.00	50.00	50.00	50.00	50.00
78	mintaxtype	0.00	3.00	0.00	0.00	0.00	0.00
81	iteration	1.00	1.00	1.00	1.00	1.00	1.00
82	taxf	4987.50	5932.50	5932.50	5932.50	5932.50	5932.50
83	taxs	6668.05	5002.41	5234.23	2400.60	3989.85	1509.10
86	taxf_1	4987.50	5932.50	5932.50	5932.50	5932.50	5932.50
87	taxfns_1	4987.50	4987.50	4987.50	4987.50	4987.50	4987.50
88	taxs_1	6667.95	5002.31	5234.13	2400.50	3989.75	1509.00
90	Fagi_1	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
92	Fti_1	70700.00	77000.00	77000.00	77000.00	77000.00	77000.00
95	Fexempt_1	4000.00	4000.00	4000.00	4000.00	4000.00	4000.00
96	Fstded_1	6300.00	6300.00	6300.00	6300.00	6300.00	6300.00
98	Fitemizer_1	0.00	1.00	1.00	1.00	1.00	1.00
101	FtaxNORM_1	13468.75	15043.75	15043.75	15043.75	15043.75	15043.75
102	FtaxMAXEI_1	13468.75	15043.75	15043.75	15043.75	15043.75	15043.75
103	FtaxALTCG_1	4987.50	5932.50	5932.50	5932.50	5932.50	5932.50
104	FtaxINCAVG_1	13468.75	15043.75	15043.75	15043.75	15043.75	15043.75
106	Fdxliab_bc_1	4987.50	5932.50	5932.50	5932.50	5932.50	5932.50
110	Famti_1	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
111	Famtexempt_1	53600.00	53600.00	53600.00	53600.00	53600.00	53600.00
112	Famtiae_1	27400.00	27400.00	27400.00	27400.00	27400.00	27400.00
120	agi_1	81000.00	81000.00	81000.00	45360.00	81000.00	40500.00
123	Sti_1	78855.00	77000.00	79225.00	41360.00	80000.00	36500.00
126	exempt_1	0.00	4000.00	1775.00	4000.00	1000.00	4000.00
129	stded_1	2145.00	6300.00	5200.00	6300.00	6300.00	6300.00
133	itemizer_s_1	0.00	1.00	1.00	1.00	1.00	1.00
137	StaxNORM_1	6861.95	5002.31	5234.13	2400.50	3989.75	1509.00
140	StaxALTCG_1	6861.95	5002.31	5234.13	2400.50	3989.75	1509.00
141	StaxASP_1	6861.95	5002.31	5234.13	2400.50	3989.75	1509.00
142	StaxAMIN_1	6861.95	5002.31	5234.13	2400.50	3989.75	1509.00
151	lowcred_1	194.00	0.00	0.00	0.00	0.00	0.00
157	StaxAGC_1	6667.95	5002.31	5234.13	2400.50	3989.75	1509.00
164	StaxAX_1	6667.95	5002.31	5234.13	2400.50	3989.75	1509.00
276	tax	11655.45	10934.81	11166.63	8333.00	9922.25	7441.50
277	taxsi	6667.95	5947.31	6179.13	3345.50	4934.75	2454.00
284	mtrfb	0.25	0.25	0.25	0.25	0.25	0.25
285	mtrfbbsp	0.25	0.25	0.25	0.25	0.25	0.25
286	mtrsb	0.09	0.07	0.09	0.07	0.05	0.05
288	taxsimid	115.00	73.00	28.00	124.00	112.00	97.00
291	mstat	1.00	1.00	1.00	1.00	1.00	1.00
295	ltcg	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
296	idtl	2.00	2.00	2.00	2.00	2.00	2.00
297	opt1	91.00	91.00	91.00	91.00	91.00	91.00
298	opt1v	1.00	1.00	1.00	1.00	1.00	1.00
299	opt2	88.00	88.00	88.00	88.00	88.00	88.00
300	opt2v	1.00	1.00	1.00	1.00	1.00	1.00
301	fiitax	4987.50	4987.50	4987.50	4987.50	4987.50	4987.50
302	siitax	6219.08	4559.20	4792.13	1964.60	3659.00	1200.30
304	frate	15.00	15.00	15.00	15.00	15.00	15.00
305	srate	7.65	7.05	8.50	7.00	5.25	4.90
306	ficar	15.30	15.30	15.30	15.30	15.30	15.30
308	v10	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
311	v13	6300.00	6300.00	6300.00	6300.00	6300.00	6300.00
312	v14	4000.00	4000.00	4000.00	4000.00	4000.00	4000.00
316	v18	70700.00	70700.00	70700.00	70700.00	70700.00	70700.00
317	v19	13468.75	13468.75	13468.75	13468.75	13468.75	13468.75
324	v26	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
326	v28	4987.50	4987.50	4987.50	4987.50	4987.50	4987.50
328	v30	81000.99	81000.99	81000.99	81000.99	81000.99	81000.99
330	v32	80999.99	80999.99	80999.99	70699.99	80999.99	40499.99
331	v33	0.00	4000.00	1775.00	0.00	1000.00	4000.00
332	v34	2144.96	6300.00	5200.00	0.00	6300.00	6300.00
334	v36	73867.54	70699.99	74024.99	35059.99	73699.99	30199.99
338	v40	194.00	0.00	0.00	0.00	0.00	0.00
339	v41	9.00	7.05	8.50	7.00	5.25	4.90
346	txmfiitax	4987.50	4987.50	4987.50	4987.50	4987.50	4987.50
347	txmsiitax	6219.18	4559.30	4792.23	1964.70	3659.10	1200.40

OR mn ~~ls~~ SC OF nm

summary

Obs	_NAME_	COL1	COL2	COL3	COL4	COL5	COL6
348	txmfti	70700.00	70700.00	70700.00	70700.0	70700.00	70700.0
349	txmagi	81000.00	81000.00	81000.00	81000.0	81000.00	81000.0
351	fagi	81000.00	81000.00	81000.00	81000.0	81000.00	81000.0
353	fti	70700.00	77000.00	77000.00	77000.0	77000.00	77000.0
354	tidiff	0.00	6300.00	6300.00	6300.0	6300.00	6300.0
355	staxd9iff	448.87	443.11	442.00	435.9	330.75	308.7
357	difftot	-448.87	-443.11	-442.00	-435.9	-330.75	-308.7
358	diff	448.97	443.21	442.10	436.0	330.85	308.8
359	sort	448.97	443.21	442.10	436.0	330.85	308.8

summary

VT NA VA GA IA LA

17:36 Friday, January 13, 2023 1

Obs	_NAME_	COL1	COL2	COL3	COL4	COL5	COL6
1	id	139.00	67.00	142.00	34.00	49.00	58.00
2	year	2015.00	2015.00	2015.00	2015.00	2015.00	2015.00
3	fedyear	2015.00	2015.00	2015.00	2015.00	2015.00	2015.00
4	stateyear	2015.00	2015.00	2015.00	2015.00	2015.00	2015.00
5	state	46.00	22.00	47.00	11.00	16.00	19.00
21	ltcg1	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
75	y	9.00	9.00	9.00	9.00	9.00	9.00
76	soi	46.00	22.00	47.00	11.00	16.00	19.00
77	chlim	50.00	0.00	50.00	50.00	50.00	50.00
78	mintaxtype	11.00	0.00	0.00	0.00	7.00	0.00
81	iteration	1.00	1.00	1.00	1.00	1.00	1.00
82	taxf	5932.50	4987.50	5932.50	5932.50	5932.50	5932.50
83	taxs	2947.98	4171.60	4346.63	4508.10	4683.25	3164.15
86	taxf_1	5932.50	4987.50	5932.50	5932.50	5932.50	5932.50
87	taxfns_1	4987.50	4987.50	4987.50	4987.50	4987.50	4987.50
88	taxs_1	2947.88	4171.50	4346.53	4508.00	4683.15	3164.05
90	Fagi_1	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
92	Fti_1	77000.00	70700.00	77000.00	77000.00	77000.00	77000.00
95	Fexempt_1	4000.00	4000.00	4000.00	4000.00	4000.00	4000.00
96	Fstded_1	6300.00	6300.00	6300.00	6300.00	6300.00	6300.00
98	Fitemizer_1	1.00	0.00	1.00	1.00	1.00	1.00
101	FtaxNORM_1	15043.75	13468.75	15043.75	15043.75	15043.75	15043.75
102	FtaxMAXEI_1	15043.75	13468.75	15043.75	15043.75	15043.75	15043.75
103	FtaxALTCG_1	5932.50	4987.50	5932.50	5932.50	5932.50	5932.50
104	FtaxINCAVG_1	15043.75	13468.75	15043.75	15043.75	15043.75	15043.75
106	Fdtxliab_bc_1	5932.50	4987.50	5932.50	5932.50	5932.50	5932.50
110	Famti_1	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
111	Famtexempt_1	53600.00	53600.00	53600.00	53600.00	53600.00	53600.00
112	Famtiae_1	27400.00	27400.00	27400.00	27400.00	27400.00	27400.00
120	agi_1	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
123	Sti_1	61250.00	0.00	80070.00	78300.00	73117.50	75067.50
126	exempt_1	4000.00	4400.00	930.00	2700.00	0.00	0.00
129	stded_1	6300.00	0.00	3000.00	2300.00	1950.00	0.00
130	itemded_1	15750.00	0.00	0.00	0.00	0.00	0.00
133	itemizer_s_1	1.00	0.00	1.00	1.00	0.00	0.00
137	StaxNORM_1	2947.88	0.00	4346.53	4508.00	4723.15	3164.05
139	sptx2liab_1	0.00	4171.50	0.00	0.00	0.00	0.00
140	StaxALTCG_1	2947.88	0.00	4346.53	4508.00	4723.15	3164.05
141	StaxASP_1	2947.88	4171.50	4346.53	4508.00	4723.15	3164.05
142	StaxAMIN_1	2947.88	4171.50	4346.53	4508.00	4683.15	3164.05
146	gencred_1	0.00	0.00	0.00	0.00	40.00	0.00
157	StaxAGC_1	2947.88	4171.50	4346.53	4508.00	4683.15	3164.05
164	StaxAX_1	2947.88	4171.50	4346.53	4508.00	4683.15	3164.05
276	tax	8880.38	9159.00	10279.03	10440.50	10615.65	9096.55
277	taxsi	3892.88	4171.50	5291.53	5453.00	5628.15	4109.05
284	mtrfb	0.25	0.25	0.25	0.25	0.25	0.25
285	mtrfbbsp	0.25	0.25	0.25	0.25	0.25	0.25
286	mtrsb	0.07	0.00	0.06	0.06	0.09	0.06
288	taxsimid	139.00	67.00	142.00	34.00	49.00	58.00
291	mstat	1.00	1.00	1.00	1.00	1.00	1.00
295	ltcg	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
296	idtl	2.00	2.00	2.00	2.00	2.00	2.00
297	opt1	91.00	91.00	91.00	91.00	91.00	91.00
298	opt1v	1.00	1.00	1.00	1.00	1.00	1.00
299	opt2	88.00	88.00	88.00	88.00	88.00	88.00
300	opt2v	1.00	1.00	1.00	1.00	1.00	1.00
301	fiitax	4987.50	4987.50	4987.50	4987.50	4987.50	4987.50
302	siitax	3250.44	3944.90	4174.03	4370.00	4768.01	3230.75
304	frate	15.00	15.00	15.00	15.00	15.00	15.00
305	srate	6.80	0.00	5.75	6.00	7.63	5.10
306	ficar	15.30	15.30	15.30	15.30	15.30	15.30
308	v10	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
311	v13	6300.00	6300.00	6300.00	6300.00	6300.00	6300.00
312	v14	4000.00	4000.00	4000.00	4000.00	4000.00	4000.00
316	v18	70700.00	70700.00	70700.00	70700.00	70700.00	70700.00
317	v19	13468.75	13468.75	13468.75	13468.75	13468.75	13468.75
324	v26	81000.00	81000.00	81000.00	81000.00	81000.00	81000.00
326	v28	4987.50	4987.50	4987.50	4987.50	4987.50	4987.50
328	v30	81000.99	81000.99	81000.99	81000.99	81000.99	81000.99
330	v32	80999.99	80999.99	80999.99	80999.99	80999.99	80999.99
331	v33	0.00	4400.00	930.00	2700.00	0.00	4500.00
332	v34	0.00	0.00	3000.00	2300.00	1950.00	0.00
334	v36	65699.99	76600.00	77069.99	75999.99	74062.49	71512.49
338	v40	0.00	0.00	0.00	0.00	40.00	0.00
339	v41	6.80	5.15	5.75	6.00	8.98	6.00

summary

Obs	_NAME_	COL1	COL2	COL3	COL4	COL5	COL6
346	txmflitax	4987.50	4987.5	4987.50	4987.5	4987.50	4987.50
347	txmsiitax	3250.54	3945.0	4174.13	4370.1	4768.11	3230.85
348	txmfti	70700.00	70700.0	70700.00	70700.0	70700.00	70700.00
349	txmagi	81000.00	81000.0	81000.00	81000.0	81000.00	81000.00
351	fagi	81000.00	81000.0	81000.00	81000.0	81000.00	81000.00
353	fti	77000.00	70700.0	77000.00	77000.0	77000.00	77000.00
354	tidiff	6300.00	0.0	6300.00	6300.0	6300.00	6300.00
355	staxd9iff	302.57	226.6	172.49	138.0	84.86	66.70
357	difftot	302.57	-226.6	-172.49	-138.0	84.86	66.70
358	diff	302.67	226.7	172.59	138.1	84.96	66.80
359	sort	302.67	226.7	172.59	138.1	84.96	66.80

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

Your first name and initial **jon** Last name **bakija** Your social security number **111-22-2222**

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **a, MA 02138** Presidential Election Campaign

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single 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. ▶

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

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b Spouse

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

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b **1**

No. of children on 6c who:
 • lived with you **0**
 • did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **0**

Add numbers on lines above ▶ **1**

d Total number of exemptions claimed **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
8a	Taxable interest. Attach Schedule B if required	8a
b	Tax-exempt interest. Do not include on line 8a	8b
9a	Ordinary dividends. Attach Schedule B if required	9a
b	Qualified dividends	9b
10	Taxable refunds, credits, or offsets of state and local income taxes	10
11	Alimony received	11
12	Business income or (loss). Attach Schedule C or C-EZ	12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	13 81,000.
14	Other gains or (losses). Attach Form 4797	14
15a	IRA distributions	15a
b	Taxable amount	15b
16a	Pensions and annuities	16a
b	Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18	Farm income or (loss). Attach Schedule F	18
19	Unemployment compensation	19
20a	Social security benefits	20a
b	Taxable amount	20b
21	Other income. List type and amount	21
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22 81,000.

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 0.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37 81,000.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 81,000.

39a Check You were born before January 2, 1951, Blind. } Total boxes
 if: Spouse was born before January 2, 1951, Blind. } checked ▶ 39a 0

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 6,300.

41 Subtract line 40 from line 38 41 74,700.

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions. 42 4,000.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 70,700.

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 4,988.

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 4,988.

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

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 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 4,988.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 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 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 4,988.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64

65 2015 estimated tax payments and amount applied from 2014 return 65

66a Earned income credit (EIC). NO 66a

b Nontaxable combat pay election. 66b

67 Additional child tax credit. Attach Schedule 8812. 67

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 2439b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 0.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 75 0.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ 76a 0.

Direct deposit? ▶ b Routing number ▶ c Type: Checking Savings

See instructions. ▶ 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 5,078.

79 Estimated tax penalty (see instructions) 79 90.

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) ▶

Sign Here

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

Your signature Date Your occupation 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 if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

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

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015

Attachment
Sequence No. **12**

Name(s) shown on return

jon bakija

Your social security number

111-22-2222

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 0.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	81,000.			81,000.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 81,000.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	<p>16</p>	<p>81,000.</p>
<ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p>		
<p><input checked="" type="checkbox"/> Yes. Go to line 18.</p>		
<p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶</p>	<p>18</p>	<p>0.</p>
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶</p>	<p>19</p>	<p>0.</p>
<p>20 Are lines 18 and 19 both zero or blank?</p>		
<p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p>		
<ul style="list-style-type: none"> ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$1,500) } 	<p>21</p>	<p>()</p>
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p>		
<p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

**2015 Form 40
Oregon
Individual Income Tax Return
for Full-year residents only**

State 38



Tax year ending: ●

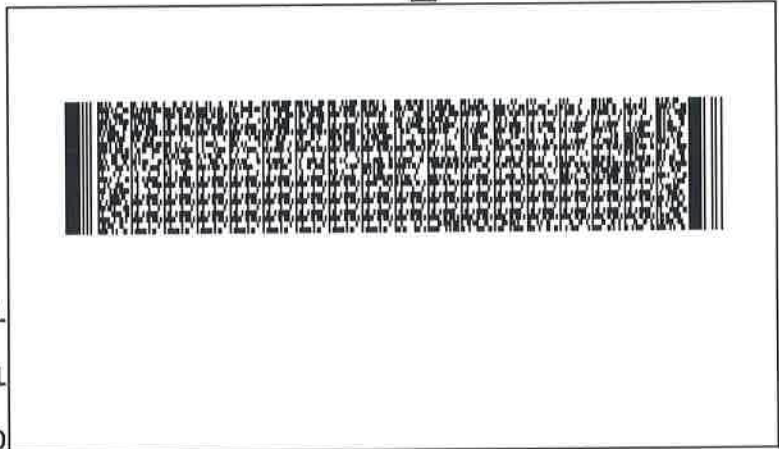
For office use only		
F	H	

- Amended return. If amending for an NOL, tax year the NOL was generated: ●
- Calculated using "as if" federal return.
- Extension filed.
- Bankruptcy.
- Form 24.

111-22-2222 P APPLIED FOR
 S APPLIED FOR
JON BAKIJA

DOB 01/01/1990 DECEASED
DOB DECEASED

A
A MA 02138
PHONE



FILING STATUS: **SINGLE**
EXEMPTIONS:
6a SELF: REGULAR DISABLED
 CLAIMED AS DEPENDENT
6b SPOUSE: REGULAR DISABLED
 CLAIMED AS DEPENDENT

Dependents. List your dependents.

● First name	● Last name	● Dependent's relationship code	● Dependent's SSN	● Dependent's date of birth (mm/dd/yyyy)	● Check if child with qualifying disability
					<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"/>

6c Total number of dependents ● 6c
 6d Total number of dependent children with qualifying disability (see instructions) ● 6d
 6e Total exemptions. Add 6a through 6d Total ● 6e

Don't forget!
Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ or we may adjust your return.

2015 Form 40



00461501021064

Name **JON BAKIJA** SSN **111-22-2222**

Note: Remember to reprint page 1 if any changes are made on this page.

Taxable income	7	Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions.	● 7	81,000.00
	8	Total additions from Schedule OR-ASC, section 1	● 8	0.00
	9	Income after additions. Add lines 7 and 8.	● 9	81,000.00
Subtractions	10	2015 federal tax liability(\$0-\$6,450; see instructions for the correct amount)	● 10	4,988.00
	11	Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b	● 11	.00
	12	Oregon income tax refund included in federal income	● 12	.00
	13	Total subtractions from Schedule OR-ASC, section 2	● 13	.00
	14	Total subtractions. Add lines 10 through 13	● 14	4,988.00
	15	Income after subtractions. Line 9 minus line 14	● 15	76,012.00
Deductions	16	Itemized deductions from federal Schedule A, line 29	● 16	.00
	17	State income tax claimed as an itemized deduction	● 17	.00
	18	Net Oregon itemized deductions. Line 16 minus line 17	● 18	.00
	19	Standard deduction. 19a You were: ● <input type="checkbox"/> 65 or older; ● <input type="checkbox"/> Blind. Your spouse was: ● <input type="checkbox"/> 65 or older; ● <input type="checkbox"/> Blind.	● 19	2,145.00
	20	Enter the larger of line 18 or line 19	● 20	2,145.00
	21	Oregon taxable income. Line 15 minus line 20. If line 20 is more than line 15, enter -0-	● 21	73,867.00
Tax	22	Tax. See instructions. Enter tax on line 22. Check box if tax is calculated using: ● 22a <input type="checkbox"/> Form FIA-40; ● 22b <input type="checkbox"/> Worksheet FCG; ● 22c <input type="checkbox"/> Schedule OR-PTE.	● 22	6,413.00
	23	Interest on certain installment sales	● 23	.00
	24	Total tax before credits; add lines 22 and 23	● 24	6,413.00
Nonrefundable credits	25	Exemption credit. If the amount on line 7 is less than \$100,000, multiply your total exemptions on line 6e by \$194. Otherwise, see instructions.	● 25	194.00
	26	Political contribution credit. See limits	● 26	.00
	27	Total standard credits from Schedule OR-ASC, section 3	● 27	.00
	28	Total carryforward credits from Schedule OR-ASC, section 4	● 28	.00
	29	Total nonrefundable credits. Add lines 25 through 28	● 29	194.00
	30	Tax after nonrefundable credits. Line 24 minus line 29. If line 29 is more than line 24, enter -0-	● 30	6,219.00

2015 Form 40



00461501031064

Name **JON BAKIJA** SSN **111-22-2222**

Note: Remember to reprint page 1 if any changes are made on this page.

Payments and refundable credits	31	Tax after nonrefundable credits from prior page, line 30	● 31	6,219.00
	32	Oregon income tax withheld. Include Form(s) W-2 and 1099.	● 32	.00
	33	Amount applied from your prior year's tax refund	● 33	.00
	34	Estimated tax payments for 2015. Include all payments made prior to the filing date of this return. Do not include the amount already reported on line 33.	● 34	.00
	35	Oregon surplus credit (kicker). Enter your kicker amount; see instructions. If you elect to donate your kicker to the State School Fund, enter -0- and see line 52	● 35	.00
	36	Total refundable credits from Schedule OR-ASC, section 5	● 36	.00
	37	Total payments and refundable credits. Add lines 32 through 36	● 37	.00
Tax to pay or refund	38	Overpayment of tax. If line 31 is less than line 37, you overpaid. Line 37 minus line 31	● 38	.00
	39	Net tax. If line 31 is more than line 37, you have tax to pay. Line 31 minus line 37	● 39	6,219.00
	40	Penalty and interest for filing or paying late. See instructions	● 40	.00
	41	Interest on underpayment of estimated tax. Include Form 10. Exception number from Form 10, line 1: ● 41a <input type="checkbox"/> . Check box if you annualized: ● 41b <input type="checkbox"/>	● 41	140.00
	42	Total penalty and interest due. Add lines 40 and 41	● 42	140.00
	43	Net tax including any penalty and interest. Line 39 plus line 42. This is the amount you owe	● 43	6,359.00
	44	Overpayment less penalty and interest. Is line 38 more than line 42? If so, line 38 minus line 42. This is your refund	● 44	.00
	45	Estimated tax. Fill in the part of line 44 you want applied to your estimated tax account	● 45	.00
	46	Charitable checkoff donations from Schedule OR-D, line 30	● 46	.00
	47	Political party \$3 checkoff. Party code: ● 47a <input type="checkbox"/> You. ● 47b <input type="checkbox"/> Spouse	● 47	.00
48	Total Oregon 529 College Savings Plan deposits. See instructions	● 48	.00	
49	Total. Add lines 45 through 48; total can't be more than your refund on line 44	● 49	.00	
50	Line 44 minus line 49. This is your net refund Net refund	● 50	.00	

Direct deposit 51 For direct deposit of your refund, see instructions. Will this refund go to an account outside the United States? Yes

● Type of Checking; or Savings. ● Routing number:

● Account number:

52 Oregon surplus credit (kicker) donation. If you elect to donate your kicker to the State School Fund, check the box ● write the amount from line 7 of the Kicker Calculation Worksheet here: ● 52a _____

This election is irrevocable.

Sign here - Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature X	Date
Spouse's signature (if filing jointly, both must sign) X	Date
Signature of preparer other than taxpayer X	● Preparer license no. <input type="text"/> Preparer phone <input type="text"/>
Preparer address	City <input type="text"/> State <input type="text"/> ZIP code <input type="text"/>

If you owe, make your check or money order payable to the **Oregon Department of Revenue**. Write your daytime phone number and "2015 Oregon Form 40" on your check or money order. Include your payment, along with the payment voucher, with this return.

— Mail tax-due returns (non-2-D barcode) to: OR Dept. of Revenue, PO Box 14555, Salem OR 97309-0940. — Mail refund and no-tax-due returns (non-2-D barcode) to: OR Dept. of Revenue, PO Box 14700, Salem OR 97309-0930.
— Mail tax-due returns (2-D barcode) to: OR Dept. of Revenue, PO Box 14720, Salem OR 97309-0463. — Mail refund and no-tax-due returns (2-D barcode) to: OR Dept. of Revenue, PO Box 14710, Salem OR 97309-0460.

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

State # 24

2015 Montana Individual Income Tax Return

Form 2

For the year Jan 1 - Dec 31, 2015 or the tax year beginning

and ending

Mark all First Name and Initial that apply. JON

Last name BAKIJA

Social Security Number 111222222

Deceased? Date of Death

Amended Spouse's First Name and Initial Return

Last name

Spouse's Social Security Number

Deceased? Date of Death

NOL Mailing Address

City

State Zip+4

Carryback A

A

MA 02138

- Filing Status: X 1 Single, 2 Married filing jointly, 3a Married filing separately on the same form, 3b Married filing separately on separate forms, 3c Married filing separately and spouse not filing, 4 Head of household

File online at revenue.mt.gov/efile

- Residency Status: X 5a Resident full year, 5b Nonresident full year, 5c Resident part-year; Resident Part-Year Required Information: Date of change, State moved to, State moved from

North Dakota reciprocity

Dependents

First Name Last Name Social Security Number Relationship Mark if Disabled

Exemptions

Table with columns for Exemptions (6a-6d), Column A (for single, joint, separate, or head of household), and Column B (for spouse when filing separately using filing status 3a). Rows include Wages, interest, dividends, capital gain, IRA distributions, pensions, and other income.



15CE01C2

09192015

Column A (for single, joint, separate, or head of household) Column B (for spouse when filing separately using filing status 3a)

23	Your total income from line 22	23	81000	00	00
24	Educator expenses	24		00	00
25	Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ	25		00	00
26	Health savings account deduction. Include federal Form 8889	26		00	00
27	Moving expenses. Include federal Form 3903	27		00	00
28	Deductible part of self-employment tax. Attach federal Schedule SE.	28		00	00
29	Self-employed SEP, SIMPLE, and qualified plans	29		00	00
30	Self-employed health insurance deduction.	30		00	00
31	Penalty on early withdrawal of savings	31		00	00
32a	Alimony paid	32a		00	00
32b	Recipient's SSN	32b			
33	IRA deduction	33		00	00
34	Student loan interest deduction	34		00	00
35	Tuition and fees	35		00	00
36	Domestic production activities deduction. Include federal Form 8903	36		00	00
37	Add lines 24 through 36 and enter the result here. Federal write-ins	37		00	00
38	Subtract line 37 from line 23 and enter the result here	38	81000	00	00
38a	Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross income. 38a			81000	00
39	Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 17.	39		00	00
40	Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 36	40		00	00
41	Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income. 41		81000	00	00
42	Deductions <input checked="" type="checkbox"/> Standard Deduction (see Worksheet V) <i>Must mark only one box</i> OR				
	Itemized Deductions (from Form 2, Schedule III, line 30)	42		4370	00
43	Subtract line 42 from line 41 and enter the result here	43		76630	00
44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,330 by the number of exemptions on line 6d and enter result here	44		2330	00
45	Subtract line 44 from line 43 and enter the result here. This is your taxable income.	45		74300	00
46	Tax from the tax table on Form 2, page 4. If line 45 is zero or less than zero, enter zero	46		4583	00
47	2% capital gains tax credit	47		1620	00
48	Subtract line 47 from line 46; enter the result here, but not less than zero. This is your resident tax after capital gains tax credit.	48		2963	00
48a	Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2, Schedule IV, line 25, but not less than zero	48a		00	00
49	Tax on lump-sum distributions. Include federal Form 4972	49		00	00
50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax.	50		2963	00
51	Enter the amount from Form 2, Schedule V, line 23, but do not enter an amount larger than the amount on line 50. This is your total nonrefundable credits.	51		00	00
52	Recapture tax(es) (see instructions) Code Code	52		00	00
53	Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. This is your 2016 tax liability.	53		2963	00

Questions? Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD (406) 444-2830 for hearing impaired.



	Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)	
54 Your 2015 tax liability from line 53	2963	00	00
55 Montana income tax withheld. Include federal Form(s) W-2 and 1099		00	00
56 Montana mineral royalty tax withheld. Include Form(s) 1099-MISC and Montana Schedule K-1		00	00
57 Montana pass through entity withholding. Include Montana Schedule K-1		00	00
58 2015 estimated tax payments and amount applied from your 2014 return		00	00
59 2015 extension payments from Form EXT-15		00	00
60 Refundable credits from Form 2, Schedule V, line 28.		00	00
61 If filing an amended return: Payments made with original return		00	00
62 If filing an amended return: Previously issued refunds		00	00
63 Add lines 55 through 61. Subtract line 62, enter the result here. This is your total payments.		00	00
64 If line 54 is greater than line 63, subtract line 63 from line 54. This is your tax due.	2963	00	00
65 If line 63 is greater than line 54, subtract line 54 from line 63. This is your tax overpaid.		00	00
66 Interest on underpayment of estimated taxes (see instructions)			142 00
If applicable, mark appropriate box: <input type="checkbox"/> 2/3 farming gross income <input type="checkbox"/> Estimated payments were made using the annualization method			
67 Late file penalty, late payment penalty and interest (see instructions)			00
68 Other penalties			00
69 Total voluntary check-off contribution programs from lines 69a through 69d.			00
69a Nongame Wildlife Program \$5 \$10	00	other amount	
69b Child Abuse Prevention \$5 \$10	00	other amount	
69c Agriculture Literacy in Montana Schools \$5 \$10	00	other amount	
69d Montana Military Family Relief Fund \$5 \$10	00	other amount	
70 Add lines 66 through 69 and enter the result. This is the sum of your total penalties, interest and contributions.			142 00
71 If you have tax due (amount on line 64), add lines 64 and 70 OR, if you have a tax overpayment (amount on line 65) and it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are amounts on lines 64 and 65, please see instructions This is the amount you owe. ▶ 71			3105 00
<i>Pay online at revenue.mt.gov. Or make checks payable to MONTANA DEPARTMENT OF REVENUE.</i>			
72 If you have a tax overpayment (amount on line 65) and it is greater than line 70, subtract line 70 from line 65 and enter the result here. This is your overpayment.			00
73 Enter the amount on line 72 that you want applied to your 2016 estimated taxes			00
74 Subtract line 73 from line 72 and enter the result here This is your refund. ▶ 74			00

Direct Deposit Your Refund 1. RTN# _____ 2. ACCT# _____

Complete 1, 2, 3, and 4.

See instructions. 3. If using direct deposit, you are required to mark one box. Checking Savings

4. Is this refund going to an account that is located outside of the United States or its territories? Yes No

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature is Required _____ Date 01122023 Daytime Telephone Number _____ Spouse's Signature _____ Date _____

X _____ Paid Preparer's Signature _____ Paid Preparer's PTIN/SSN _____ Firm's FEIN _____

Third Party Designee _____ Third Party Designee's Printed Name _____

Do you want to allow another person (such as a paid preparer) to discuss this return with us? Yes No Third Party Designee's Phone Number _____

Mark this box if you do not want forms and instructions mailed to you next year.



2015 D-40 SUB Individual Income Tax Return



1 5 0 4 0 0 4 1 1 0 6 4

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Tax period ending

Personal information

Your telephone number

Mark if
Mark if

Amended return
Filing for a deceased taxpayer

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1064

Your social security number (SSN) and Date of Birth (MMDDYYYY)
111222222 01011990

Spouse's/registered domestic partner's SSN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name
JON BAKIJA

Spouse's/registered domestic partner's first name M.I. Last name

Home address (number, street and suite/apartment number if applicable)

A

City State Zipcode + 4
A MA 02138

Filing Status

- 1 Mark only one: X Single Married filing jointly Married filing separately Dependent claimed by someone else
2 Mark if you are: Part-year resident in DC from (month) to (month), # of months in DC See instructions.

Complete your federal return first - - Enter your dependents' information on DC Schedule S

Income Information

- a Wages, salaries, unemployment compensation and/or tips, see instructions
b Business income or loss, see instructions.
c Capital gain (or loss).
d Rental real estate, royalties, partnerships, etc.

Computation of DC Gross and Adjusted Gross Income

3 Federal adjusted gross income From adjusted gross income lines on federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ. 81000.00

Additions to DC Income

4 Franchise tax deducted on federal forms, see instructions.
5 Other additions from DC Schedule I, Calculation A, Line 8.
6 Add lines 3, 4 and 5. 81000.00

Subtractions from DC Income

7 Part year residents, enter income received during period of nonresidence, see instructions.
8 Taxable refunds, credits or offsets of state and local income tax.
9 Taxable amount of social security and tier 1 railroad retirement
10 Income reported and taxed this year on a DC franchise or fiduciary return.
11 DC and federal government survivor benefits, see instructions.
12 Other subtractions from DC Schedule I, Calculation B, Line 16.
13 Total subtractions from DC income, Lines 7 - 12.
14 DC adjusted gross income, Line 6 minus Line 13. 81000.00

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Enter your last name

BAKIJA

Enter your SSN

111222222



1 5 0 4 0 0 4 2 1 0 6 4

15	Deduction type	Take the same type of deduction you took on your federal return. Mark which type: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Itemized See instructions for amount to enter on Line 16.		
16	DC deduction amount.	Do not copy from federal return. For amount to enter, see instructions.	16	5200.00
17	Number of exemptions	If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S. Exemption amount. Multiply \$1,775 by number on Line 17. Part-year DC residents see Cal E. *If AGI is greater than \$150,000, see instructions on page 25.	17	1
18	Add Lines 16 and 18.		18	1775.00
19	DC Taxable income	Subtract Line 19 from Line 14. Enter result.	19	6975.00
20		Mark if loss	20	74025.00

DC tax, credits and payments

21	Tax	If Line 20 is \$100,000 or less, use tax tables. If more, use Calculation I. Mark if filing separately on same return. Complete Calculation J on Schedule S.	21	4792.00
22	Credit for child and dependent care expenses	\$ x .32 Enter result > From Federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.	22	
23	Non-refundable credits from DC Schedule U, Part 1a, Line 7.	Attach DC Schedule U	23	
24	DC Low Income Credit	Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.	24	
24a	Enter the number of exemptions claimed on your federal return.		0	
25	Total non-refundable credits.	Add Lines 22, 23 and 24.	25	
26	Total tax	Subtract Line 25 from Line 21. If Line 21 is less than Line 25, leave Line 26 blank.	26	4792.00
27	DC Earned Income Tax Credit	Leave blank if you took Line 24 DC Low Income Credit (LIC)		
27a	Enter the number of qualified EITC children	0	27b	Enter earned income amount
27c	For filers with qualifying children. Enter federal EITC	x .40 Enter result >	27d	Enter result >
27e	For filers without qualifying children. See instructions for special calculation.	Enter result >	27e	
28	Property Tax Credit.	From your DC Schedule H; attach a copy.	28	
29	Refundable credits from DC Schedule U, Part 1b, Line 3	Attach DC Schedule U	29	
30	DC income tax withheld shown on Forms W-2 and 1099.	Attach these forms.	30	
31	2015 estimated income tax payments and amount applied from 2014 return.		31	
32	Tax paid with extension of time to file or with original return if this is an amended return.		32	
33	Total payments and refundable credits.	Add Lines 27d or 27e and 28-32.	33	

Refund Complete only if Line 33 is more than Line 26.

34	Amount you overpaid	
	Subtract Line 26 from Line 33	34
35	Amount to be applied to your 2016 estimated tax	35
36	Penalty See Instructions	36
	Mark if Form D-2210 is attached	
37	Underpayment Interest	37
38	Refund Subtract sum of Lines 35, 36 and 37 from Line 34.	38
39	Contribution amount from Sched. U, Part II, Line 5	39
	Can not exceed refund amt. on Line 38	
	Put additional amt on Line 42	
40	Net Refund	40
	Subtract Line 39 from Line 38	

Amount owed Complete if Line 33 is equal to or less than Line 26.

41	Tax due	41	4792.00
	Subtract Line 33 from Line 26.		
42	Contribution amount from Schedule U, Part II, Line 6.	42	
43a	Penalty		
43b	Interest		
	Enter total P & I.	43	
	Mark if Form D-2210 is attached <input checked="" type="checkbox"/>		
44	Underpayment Penalty	44	302.00
45	Total amount due	45	5094.00
	Add Lines 41 - 44.		

Will this refund request or amount owed go to or come from an account outside the U.S.? Yes No See instructions

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website: otr.dc.gov/refundprepaicards.

Mark one refund choice: Direct deposit Tax refund card Paper check

Direct Deposit To have your refund deposited to your checking OR savings account, mark X and enter bank routing and account Routing Number Account Number

Third Party Designee To authorize another person to discuss this return with the OTR, mark here and enter the name and phone number of that person. Designee's name Phone number

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature Date Preparer's signature Date

Spouse's/registered domestic partner's signature if filing jointly Date Preparer's Tax Identification Number (PTIN) PTIN telephone number



State #41

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2015 INDIVIDUAL INCOME TAX RETURN

SC1040 (Rev. 7/21/15) 3075



Your social security number 111 | 22 | 2222 Check if deceased [] Spouse's social security number Check if deceased []

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2015, or fiscal tax year beginning 2015 and ending 2016. Print your first name and initial jon Last name baki ja Spouse's first name, if married filing jointly Last name Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions County code 99 City a State MA Zip 02138 Area code Daytime telephone Foreign country address including Postal code (see instructions)

Check this box if you are filing SC Schedule NR (Part year/Nonresident) [] Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual [] Check this box if you have filed a federal or state extension [] Check this box if you served in a Military COMBAT ZONE during the filing period [] Enter the name of the combat zone: Check this box if this return is affected by a federally declared DISASTER AREA [] Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS (1) [X] Single (2) [] Married filing jointly (3) [] Married filing separately. Enter spouse's SSN here: (4) [] Head-of-household (5) [] Widow(er) with dependent child

Federal Exemptions Enter the number of exemptions from your 2015 federal return 1 Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2015 0 Enter the number of taxpayers age 65 or older, as of December 31, 2015 0

Dependents: Table with columns: First name, Last name, Social security number, Relationship, Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

2015

1 Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below	1	Dollars 70,700	00
---	----------	-------------------	----

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (See instructions)	a	00	
b Out-of-state losses (See instructions) Check type of loss: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other	b	00	
c Expenses related to National Guard and Military Reserve income	c	00	
d Interest income on obligations of states and political subdivisions other than South Carolina	d	00	
e Other additions to income. Attach an explanation (See instructions)	e	00	
2 Add lines a through e and enter the total here. These are your total additions	2		000
3 Add lines 1 and 2 and enter the total here	3		70,700

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f	00	Dollars
g Total and permanent disability retirement income, if taxed on your federal return	g	00	
h Out-of-state income/gain - Do not include personal service income (See instructions) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other	h	00	
i 44% of net capital gains held for more than one year (See instructions)	i	35,640	00
j Volunteer deductions (See instructions) Check type of deduction: <input type="checkbox"/> Firefighter <input type="checkbox"/> HazMat <input type="checkbox"/> Rescue Squad <input type="checkbox"/> DNR <input type="checkbox"/> Reserve Police <input type="checkbox"/> Other	j	00	
k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k	00	
l Active Trade or Business Income deduction (See instructions)	l	00	
m Interest income from obligations of the US government	m	00	
n Certain nontaxable National Guard or Reserve Pay (See instructions)	n	00	
o Social security and/or railroad retirement, if taxed on your federal return	o	00	
p Caution: Retirement Deduction (See Instructions) p-1 Taxpayer: date of birth	p-1	00	
p-2 Spouse: date of birth	p-2	00	
p-3 Surviving spouse #1: date of birth of deceased spouse	p-3	00	
p-4 Surviving spouse #2: date of birth of deceased spouse	p-4	00	
q Age 65 and older deduction (See instructions) q-1 Taxpayer: date of birth	q-1	00	
q-2 Spouse: date of birth	q-2	00	
r Negative amount of federal taxable income	r	00	
s Subsistence allowance 0 days @ \$8.00	s	00	
t Dependents under the age of 6 years on December 31 of the tax year	t	00	
u Consumer Protection Services	u	00	
v Other subtractions (See instructions)	v	00	
4 Add lines f through v and enter here. These are your total subtractions	4	<	35,640
5 Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX	5		35,060
6 TAX: enter tax from SOUTH CAROLINA tax tables	6	1,959	00
7 TAX on Lump Sum Distribution (Attach SC4972)	7	00	
8 TAX on Active Trade or Business Income (Attach I-335)	8	00	
9 TAX on excess withdrawals from Catastrophe Savings Accounts	9	00	
10 Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10		1,959
11 Child and Dependent Care (See instructions)	11	00	
12 Two Wage Earner Credit (See instructions)	12	00	
13 Other non-refundable credits. Attach SC1040TC and other state return(s)	13	00	
14 TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here	14		00
15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here	15		1,959

30752026



2015

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	00	20 Other SC withholding (Attach Form 1099)	00	23 Add lines 16 through 22 and enter the total here	23	000
17 2015 estimated tax payments ▶	00	21 Tuition tax credit (Attach I-319)	00	24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT	24	00
18 Amount paid with extension ▶	00	22 Other refundable credit(s) ▶	00	25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	25	1,95900
19 NR sale of real estate	00	Check type: <input type="checkbox"/> Anhydrous Ammonia (Attach I-333) <input type="checkbox"/> Milk Credit (Attach I-334) <input type="checkbox"/> Classroom Teacher Expenses (Attach I-360) <input type="checkbox"/> Exceptional Needs Children Education (Attach I-361)		26 USE TAX due on internet, mail-order or out-of-state purchases	26	00
				27 Amount of line 24 to be credited to your 2016 Estimated Tax	27	00
				28 Total Contributions for Check-offs (Attach I-330)	28	00
				29 Add lines 26 through 28 and enter the total here	29	00
				30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) REFUND ▶	30	00
REFUND OPTIONS (subject to program limitations) 30a Mark one refund choice: <input type="checkbox"/> Direct Deposit (30b required) <input type="checkbox"/> Debit Card* <input type="checkbox"/> Paper Check <i>*SCDOR Income Tax Refund Prepaid Debit Card Issued by Bank of America</i>						
30b Direct Deposit (for US Accounts Only) Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings						
Routing Number (RTN) <input type="text"/> Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32						
Bank Account Number (BAN) <input type="text"/> 1-17 digits						
				31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	31	1,95900
				32 Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here	32	00
				33 Penalty for Underpayment of Estimated Tax (Attach SC2210)	33	3500
				(See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax <input type="checkbox"/>		
				34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC1040-V with payment. BALANCE DUE ▶	34	1,99400

Pay electronically free of charge at www.sctax.org. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2015 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)
Taxpayer's Email		
I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes <input type="checkbox"/> No <input type="checkbox"/>		Preparer's printed name
If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.		
Paid Preparer's Use Only	Preparer signature	Date
	Firm name (or yours if self-employed) and address and Zip Code	Check if self-employed <input type="checkbox"/>
		PTIN
		FEIN
		Phone No.

MAIL TO: REFUNDS OR ZERO TAX SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

OKLAHOMA RESIDENT INCOME TAX RETURN

Form 511
2015



#37

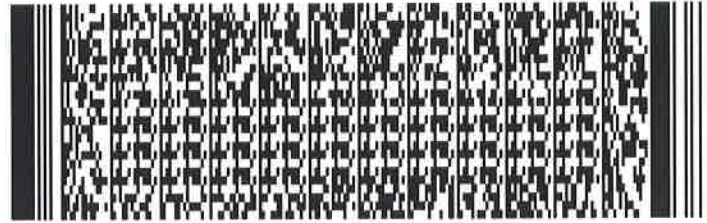
Your Social Security Number
111-22-2222

Place an "X" in this box if this taxpayer is deceased →

Spouse's Social Security Number
(joint return only)

Place an "X" in this box if this taxpayer is deceased →

AMENDED RETURN!
Place an 'X' in this box if this is an amended 511. See Schedule 511-H. →



NAME AND ADDRESS PLEASE PRINT OR TYPE

Your first name, middle initial and last name
JON BAKIJA

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

Mailing address (number and street, including apartment number, rural route or PO Box)
A

City, State and ZIP
A MA 02138

NOT REQUIRED TO FILE

Place an 'X' in this box if you do not have sufficient gross income to require you to file a Federal return. (see instructions)

FILING STATUS

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate

• If spouse is also filing, list name and SSN in the boxes: Name: _____ SSN: _____

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child

• Please list year spouse died in box at right: _____

AGE 65 OR OVER? (Please see instructions) Yourself Spouse

* NOTE: If claiming Special Exemption, see instructions on page 7 of 511 Packet.

	REGULAR	*SPECIAL	BLIND	
YOURSELF	1	0	0	1
SPOUSE	0	0	0	0
NUMBER OF DEPENDENT CHILDREN				0
NUMBER OF OTHER DEPENDENTS				0

ADD THE TOTALS FROM THE 4 BOXES. WRITE THE TOTAL IN THE BOX BELOW.

TOTAL
1

NOTE: IF YOU MAY BE CLAIMED AS A DEPENDENT ON ANOTHER RETURN, ENTER "0" FOR YOUR REGULAR EXEMPTION.

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

		Round to Nearest Whole Dollar	
1	Federal adjusted gross income (from Federal 1040, 1040A, or 1040EZ)	81,000	00
2	Oklahoma Subtractions (enclose Schedule 511-A)		00
3	Line 1 minus line 2	81,000	00
4	Out-of-state income, except wages. Describe (4a)		00
5	Line 3 minus line 4b	81,000	00
6	Oklahoma Additions (enclose Schedule 511-B)		00
7	Oklahoma adjusted gross income (line 5 plus line 6)	81,000	00

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8	Oklahoma Adjustments (enclose Schedule 511-C)		00
9	Oklahoma income after adjustments (line 7 minus line 8)	81,000	00
STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-D and do not complete lines 10-11.			
10	Oklahoma standard deduction or Federal itemized deductions	6,300	00
11	Exemptions (\$1,000 x total number of exemptions claimed above)	1,000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-D, line 5)	7,300	00
13	Oklahoma Taxable Income (line 9 minus line 12)	73,700	00
14	Oklahoma Income Tax from Tax Table (see instructions) If using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box. If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box.	3,660	00
STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedule 511-E.			
15	Oklahoma child care/child tax credit (see instructions)		00
16	Credit for taxes paid to another state (enclose Form 511TX)		00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here		00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero	3,660	00

DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 43.



Name(s) shown on Form 511: **JON BAKIJA**

Your Social Security Number: **111-22-2222**

PART THREE: TAX, CREDITS AND PAYMENTS

19	Total from line 18	19	3,660	00
20	Use tax due on Internet, mail order, or other out-of-state purchases (For use tax table, see page 11 of the Packet) If you certify that no use tax is due, place an 'X' here: <input type="checkbox"/>	20		00
21	Balance (add lines 19 and 20)	21	3,660	00
22	Oklahoma withholding (enclose all W-2s, 1099s or other withholding statements)	22		00
23	2015 estimated tax payments (qualified farmer <input type="checkbox"/>)	23		00
24	2015 payment with extension	24		00
25	Low Income Property Tax Credit (enclose Form 538-H)	25		00
26	Sales Tax Relief Credit (enclose Form 538-S) (see back of Form 538-S or 511 Packet for further information)	26		00
27	Natural Disaster Tax Credit (enclose Form 576)	27		00
28	Oklahoma Earned Income Credit (see instructions) (if line 7 is equal to or more than line 1, complete line 28. If line 7 is smaller than line 1, complete Schedule 511-F. If you are not required to file, see "Not Required to File" on page 5 of the 511 Packet for instructions)	28		00
29	Credits from Form a) <input type="checkbox"/> 577 b) <input type="checkbox"/> 578	29		00
30	Amount paid with original return plus additional paid after it was filed (amended return only)	30		00
31	Payments and credits (add lines 22-30)	31		00
32	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	32		00
33	Total payments and credits (line 31 minus line 32)	33		00

PART FOUR: REFUND

34	If line 33 is more than line 21, subtract line 21 from line 33. This is your overpayment	34		00
35	Amount of line 34 to be applied to 2016 estimated tax (original return only)	35		00
36	Donations from your refund (total from Sch. 511-G)	36		00
37	Total deductions from refund (add lines 35 and 36)	37		00
38	Amount to be refunded to you (line 34 minus line 37)	38		00

Direct Deposit Note: Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my:

checking account Routing Number: _____

savings account Account Number: _____

PART FIVE: AMOUNT YOU OWE

39	If line 21 is more than line 33, subtract line 33 from line 21. This is your tax due	39	3,660	00
40	Donation: Public School Classroom Support Fund (original return only)	40		00
41	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/>)	41	347	00
42	For delinquent payment add penalty of 5% plus interest of 1.25% per month	42		00
43	Total tax, donation, penalty and interest (add lines 39-42)	43	4,007	00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Taxpayer's signature	Date	Spouse's signature	Date	Paid Preparer's signature	Date
Taxpayer's occupation A		Spouse's occupation		Paid Preparer's address and phone number	
Daytime Phone (optional)		Daytime Phone (optional)		Paid Preparer's PTIN	

DO NOT STAPLE DOCUMENTATION TO THIS FORM. TO ATTACH ITEMS, PLEASE USE A PAPER CLIP. MAILING ADDRESS FOR THIS FORM: PO Box 26800, Oklahoma City, OK 73126-0800 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

2015 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2015

or fiscal year beginning F.1 _____ ending F.2 _____
 If amending use Form 2015 PIT-X.



1064 01 3

1a Print your name (first, middle, last)
JON BAKIJA

2a Print your spouse's name (first, middle, last). If married filing separately, include spouse.

SOCIAL SECURITY NUMBER 1b **111-22-2222**

Blind or over 1c 1d 1e **R**

Age 65 or over 1d 1e **R**

Residency status 1f **01/01/1990**

2b _____ 2c 2d 2e 2f _____

3a If the address is new or changed, mark the box.

3b Mailing Address

A

City _____ State **MA** Postal/ZIP Code **02138**

3c **A**

If foreign address, enter country _____ Foreign province and/or state _____

3d _____

4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter below the name and social security number of that person. You must also attach Form RPD-41083. ▼

If taxpayer or spouse died before this return is filed, enter date of death. ▶

4c Taxpayer's date of death _____

4d Spouse's date of death _____

4a Name _____

4b SSN _____

Residency status: For taxpayer and spouse (1e and 2e), enter:
 R if RESIDENT
 N if NON-RESIDENT
 F if FIRST-YEAR RES.
 P if PART-YEAR RES.

5. **1** EXEMPTIONS. Number of Qualified Exemptions. If you are a dependent of another taxpayer, enter 00.

EXTENSION OF TIME TO FILE -

6a If you have a federal or state extension, mark the box and enter the extension date. 6b _____

8. DEPENDENTS. As listed on your federal return.

(You must report the first 5 dependents in the table and additional dependents on Schedule PIT-S.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)

7. FILING STATUS. Mark only one box.

(1) Single

(2) Married filing jointly

(3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)

(4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified exemption on your federal return.)

(4a) _____

(5) Qualifying widow(er) with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 38; Form 1040A, line 22; or Form 1040EZ, line 4)	9	81,000
9a. If line 9 is negative, enter any federal net operating loss incurred	9a	
10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5. See the worksheet in the instructions.	+	10
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ	+	11
12. Federal standard or itemized deduction amount (from federal Form 1040, line 40; Form 1040A, line 24; or Form 1040EZ, line 5)	-	12 6,300
12a. If you itemized, mark the box	12a	<input type="checkbox"/>
13. Federal exemption amount (from federal Form 1040, line 42; Form 1040A, line 26; or if you filed Form 1040EZ, leave blank)	-	13 4,000
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions	-	14
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ	-	15 40,500
16. Medical care expense deduction. See PIT-1 instructions. You must complete both lines 16 and 16a or the deduction will be denied	-	16
16a. Unreimbursed and uncompensated medical care expenses	16a	
17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16. Cannot be less than zero.	=	17 30,200
18. New Mexico tax on amount on line 17 or from PIT-B, line 14	18	1,198
18a. From Rate Table = R. From PIT-B, line 14 = B	18a	R
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.	+	19
20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions.	-	20
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR	-	21
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero.	=	22 1,198

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is May 2, 2016. All others must file by April 18, 2016. See PIT-1 instructions for details.

Continue on the next page.

2015 PIT-1 (page 2)
NEW MEXICO PERSONAL INCOME TAX RETURN



3
 YOUR SOCIAL SECURITY NUMBER
 111-22-2222

Do not submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records.



If submitting this return by mail, send to:
 New Mexico Taxation and Revenue Department
 P. O. Box 25122
 Santa Fe, New Mexico 87504-5122

23. The amount on line 22 from page 1		23	1,198
24. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC		24	
25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.)		25	
25a. The amount of federal earned income credit (EIC) reported on your 2015 federal income tax return	25a		
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR		26	
27. New Mexico income tax withheld. Attach annual statements of income and withholding		27	
28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285		28	
29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359		29	
30. 2015 estimated income tax payments. See PIT-1 instructions		30	
31. Other Payments		31	
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31		32	
33. TAX DUE. If line 23 is greater than line 32, enter the difference here		33	1,198
34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank		34	
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272		35	
36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank		36	
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank		37	
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.		38	1,198
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here		39	
40. Refund voluntary contributions (PIT-D, line 14). Attach PIT-D.		40	
41. Amount from line 39 you want applied to your 2016 Estimated Tax		41	
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41		42	

!! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.

RE.1 Routing number:

RE.2 Account number:

RE.3 Type: Checking Savings Mark X by your choice.

RE.4 YES NO

REQUIRED: You must answer this question. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.

I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Your signature	Date
Your driver's license or state issued ID no. and issuing state	Expiration Date
Spouse's signature	Date
Spouse's driver's license or state issued ID no. and issuing state	Expiration Date

(If filing jointly, BOTH must sign even if only one had income.)
 Taxpayer's phone number _____
 Taxpayer's email address _____

Paid preparer's use only:

Signature of preparer _____ Date _____

P.1 Firm's name (or yours if self-employed) _____

P.2 NM CRS identification number _____

P.3 Preparer's PTIN _____

P.4 FEIN _____

P.5 Preparer's phone number _____

P.6 Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.



151111154

2015 VERMONT Income Tax Return FORM IN-111

1 Taxpayer Information: Taxpayer's Last Name (BAKIJA), First Name (JON), Initial, Social Security Number (111-22-2222), Spouse's or CU Partner's Last Name, First Name, Initial, Spouse's or CU Partner's Social Security Number, Mailing Address (A), City (A), State (MA), ZIP Code (02138), Check here if using RECOMPUTED Federal Return information, Check here if this is an AMENDED return, Check if taxpayer died during 2015, Check if Spouse or CU Partner died during 2015, 1. VT School District Code (000), 2. 911 street address on 12/31/2015 - Number, street/road name (Do not use "PO Box", "same", or Town name) (A)

2 Tax Filing Information: FILING STATUS (3. Single [X], 4. Head of Household, 5. Married Filing Jointly, 6. CU Partner Filing Jointly, 7. Qualifying Widow(er) with dependent children, 8a. Married Filing Separately, 8b. CU Filing Separately, Enter Spouse or CU Partner full name, Enter Spouse or CU Partner Social Security Number)

9. Exemptions Claimed (Federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) 9. 1

10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) 81000.00
11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the Federal amount is zero, see instructions 70700.00

ADDITIONS:
12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) 12a. .00
12b. Bonus Depreciation Allowed under Federal law for 2015 12b. .00
12c. Addback of State and Local Income Taxes (Schedule IN-155, Line 8) 12c. .00
12d. Addback of Itemized Deductions (Schedule IN-155, Line 15) 12d. .00

13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, 12c, and 12d) 70700.00

SUBTRACTIONS:
14a. Interest Income from U.S. Obligations 14a. .00
14b. Capital Gains Exclusion (Schedule IN-153, Line 21) 14b. 28280.00
14c. Adjustment for Prior Years' Bonus Depreciation 14c. .00
14d. Add Lines 14a, 14b, and 14c 14d. 28280.00
15. Vermont Taxable Income (Subtract Line 14d from Line 13. If Line 14d is more than Line 13, enter zero.) 15. 42420.00

4 VT Income Tax
16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount (If Line 10 is greater than \$150,000, see instructions) 16. 1669.00
17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) 17. .00
18. Vermont Income Tax with Additions (Add Lines 16 & 17) 18. 1669.00
19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) 19. .00
20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter zero) 20. 1669.00
21. Income Adjustment (Schedule IN-113, Line 40 OR 100.00%) 21. 100.00%
22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) 22. 1669.00

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld

Taxpayer's Last Name BAKIJA	Social Security Number 111-22-2222
---------------------------------------	--

Keep a copy for your records.



Enter amount from Line 22 1669.00

151111254

Credits and Use Tax

23. <u>.00</u>	+	24. <u>.00</u>	=	25. <u>.00</u>
Credit for Income Tax Paid to other State or Canadian Province (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-112, Part IV, Line 5 OR Schedule IN-119)		Total Vermont Credits (Add Lines 23 and 24)
26.	Vermont Income Tax after Credits (Subtract Line 25 from Line 22. If Line 25 is more than Line 22, enter zero.)			<u>1669.00</u>
27.	Use Tax (See instructions and chart)			<u>.00</u>
Check here to certify that no Use Tax is due <input type="checkbox"/>				
28.	Total Vermont Taxes (Add Lines 26 and 27)			<u>1669.00</u>

Contributions

29a. <u>.00</u>	+	29b. <u>.00</u>	+	29c. <u>.00</u>	+	29d. <u>.00</u>	=	29e. <u>.00</u>
Nongame Wildlife Fund		Children's Trust Fund		VT Veterans' Fund		Green Up Vermont		
30. Total of Vermont Taxes and Voluntary Contributions (Add Lines 28 and 29e)								<u>1669.00</u>

Payments and Credits

31a.	From W-2, 1099, etc. Vermont Tax Withheld	31a.	<u>.00</u>
31b.	From Vermont Form IN-114 Estimated Tax for 2015 and/or Form IN-151, Extension with payment	31b.	<u>.00</u>
31c.	Earned Income Tax Credit (Schedule IN-112, Part III)	31c.	<u>.00</u>
31d.	Renter Rebate (Form PR-141, Line 9)	31d.	<u>.00</u>
31e.	From Vermont Form RW-171 Vermont Real Estate Withholding (see instructions)	31e.	<u>.00</u>
31f.	From Vermont Form WH-435 Estimated Income Tax Payment made by Business Entity for Nonresident Partner, Member, or Shareholder	31f.	<u>.00</u>
31g.	Low Income Child & Dependent Care Credit (see inst.)	31g.	<u>.00</u>
31h. Total Payments and Credits (Add Lines 31a through 31g)			<u>.00</u>

Refund

32.	Overpayment If Line 30 is less than Line 31h, subtract Line 30 from Line 31h	32.	<u>.00</u>
33a.	Refund to be Credited to 2016 Estimated Tax Payment Amount on 31d cannot be credited to 2016 estimated tax payment	33a.	<u>.00</u>
33b.	Refund to be Credited to 2016 Property Tax Bill	33b.	<u>.00</u>
34. REFUND AMOUNT (Subtract Lines 33a and 33b from Line 32)			<u>.00</u>

Due

35.	If Line 30 is more than Line 31h, subtract Line 31h from Line 30. See instructions on tax due	35.	<u>1669.00</u>
Interest and Penalty on Underpayment of		37. AMOUNT DUE	
36.	<u>176.00</u> Estimated Tax (Worksheet IN-152 or IN-152A)	Add Lines 35 and 36	37. <u>1845.00</u>

For amended returns only Original refund received .00 Refund due now .00 Original payment .00 Amount due now .00

Signatures

10 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. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Occupation	Check if age 65 or older	Telephone Number
			<input type="checkbox"/>	
Signature. If a joint return, BOTH must sign.	Date	Occupation		
			<input type="checkbox"/>	

Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.

Preparer's signature	Date	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address	EIN	
		Preparer's Telephone Number

1064



Please PRINT in BLUE or BLACK INK

ATTACH TO FORM IN-111

Taxpayer's Last Name BAKIJA	First Name JON	Initial	Taxpayer's Social Security Number 111-22-2222
---------------------------------------	--------------------------	---------	---

PART I Flat Exclusion

- 1. Enter smaller of Line 15 or 16 from Federal Form 1040, Schedule D. **1.** 81000.00
- 2. Enter amount from:
 - 2a. Federal Form 1040, Schedule D, Line 18 **2a.** .00
 - 2b. Federal Form 1040, Schedule D, Line 19 **2b.** .00
- 3. Add Lines 2a and 2b **3.** .00
- 4. Subtract Line 3 from Line 1 **4.** 81000.00

If you filed Federal Form 4952, complete Lines 5 through 7

- 5. Enter amount from:
 - 5a. Federal Form 4952, Line 4g **5a.** .00
 - 5b. Federal Form 4952, Line 4e **5b.** .00
 - 5c. Multiply Line 5a by Line 5b and enter results here. **5c.** .00
 - 5d. Federal Form 4952, Line 4b **5d.** .00
 - 5e. Federal Form 4952, Line 4e **5e.** .00
- 6. Add Lines 5d and 5e; enter result here **6.** .00
- 7. Divide Line 5c by Line 6; enter result here **7.** .00
- 8. Subtract Line 7 from Line 4. *Entry cannot be less than zero (0)* **8.** 81000.00
- 9. Enter the smaller of Line 8 or \$5,000 **9.** 5000.00

continued on back

Taxpayer's Last Name BAKIJA	Social Security Number 111-22-2222
---------------------------------------	--



Schedule IN-153, page 2 of 2

PART II Percentage Exclusion
(Use this section only if you have eligible gains. See Technical Bulletin 60 for more information or continue on to Part III.)

- 10. Enter amount from Part I, Line 4 **10.** 81000.00
- 11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less **11.** .00
- 12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero (0). . . . **12.** 81000.00

Enter the amount of net adjusted capital gain from the sale of the following assets held for more than three years

- 13a. Real estate or portion of real estate used as a primary or nonprimary home **13a.** .00
- 13b. Depreciable personal property (*except for farm property or standing timber*). **13b.** .00
- 13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments **13c.** .00
- 14. Add Lines 13a through 13c **14.** .00

- 15. Subtract Line 14 from Line 12; enter result here. Entry cannot be less than zero (0). This is the amount of net adjusted capital gain eligible for exclusion. . . . **15.** 81000.00

Line 16 Federal Form 4952 information. If no investment interest expense for ineligible assets was reported on Federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute Federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

- 16. Enter amount from Part I, Line 7 or recomputed Federal Form 4952 **16.** .00
- 17. Subtract Line 16 from Line 15 **17.** 81000.00
- 18. Multiply Line 17 by 40%; enter result here **18.** 32400.00

PART III Capital Gain Exclusion

- 19. Enter the greater of Line 9 or Line 18 **19.** 32400.00
- 20. Multiply 70700.00 x 40%; enter result here **20.** 28280.00
(Federal Taxable Income from IN-111, Line 11)
- 21. Enter the smaller of Line 19 or Line 20. This is your capital gain exclusion. Enter on Form IN-111, Line 14b **21.** 28280.00



2015 Form 1 MA1500111064
Massachusetts Resident Income Tax Return
 FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2015 or other taxable
 Year beginning Ending

JON BAKIJA 111-22-2222
 A A MA 02138

Apt. no.

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle

Taxpayer deceased

Fill in if under age 18

\$1 You \$1 Spouse TOTAL ▶ \$
 ▶ You ▶ Spouse
 ▶ You ▶ Spouse
 ▶ You ▶ Spouse
 ▶ Name/address changed since 2013
 ▶ Fill in if noncustodial parent
 ▶ Fill in if filing Schedule TDS

Federal adjusted gross income ▶ 81000

1. Filing status (select one only): ▶ Single
 Married filing jointly
 Married filing separate return
 Head of household ▶ You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

- a. Personal exemptions 2a 4400
 b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶ 0 × \$1,000 = 2b
 c. Age 65 or over before 2016 You + Spouse = ▶ 0 × \$700 = 2c
 d. Blindness You + Spouse = ▶ 0 × \$2,200 = 2d
 e. 1. Medical/dental ▶ 2. Adoption ▶ 1 + 2 = 2e
 f. Total exemptions. Add lines 2a through 2e. Enter here and on line 18 ▶ 2f 4400

3. Wages, salaries, tips ▶ 3
 4. Taxable pensions and annuities ▶ 4
 5. Mass. bank interest: a. ▶ - b.exemption = 5
 6. Business/profession or farm income or loss ▶ 6
 7. Rental, royalty and REMIC, partnership, S corp., trust income/loss ▶ 7
 8a. Unemployment ▶ 8a
 8b. Mass. lottery winnings ▶ 8b
 9. Other income from Schedule X, line 5 ▶ 9
 10. TOTAL 5.15% INCOME 10

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

May the Department of Revenue discuss this return with the preparer shown here? ▶ Yes

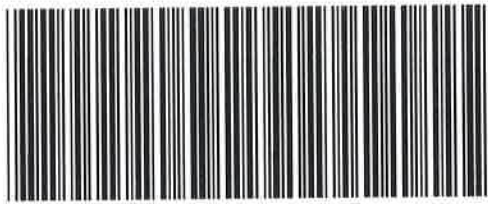
I do not want preparer to file my return electronically ▶ (this may delay your refund)

Print paid preparer's name Date Check if self-employed Paid preparer's SSN

Paid preparer's signature Paid preparer's phone Paid preparer's EIN

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

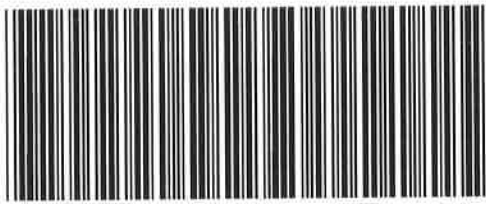
01/14/2023 02:39:22PM



2015 Form 1, pg. 2 MA1500121064
 Massachusetts Resident Income Tax Return
 111-22-2222

11a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	▶ 11a	
11b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11b	
12. Child under age 13, or disabled dependent/spouse care expenses	▶ 12	
13. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/15, or disabled dependent(s)		
Not more than two. a. ▶ 0	× \$3,600 =▶ 13	
14. Rental deduction. a. ▶	÷ 2 =▶ 14	
15. Other deductions from Schedule Y, line 17	▶ 15	
16. Total deductions. Add lines 11 through 15	▶ 16	
17. 5.15% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	▶ 17	
18. Exemption amount	▶ 18	4400
19. 5.15% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	▶ 19	
20. INTEREST AND DIVIDEND INCOME	▶ 20	
21. TOTAL TAXABLE 5.15% INCOME. Add lines 19 and 20	▶ 21	
22. TAX ON 5.15% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 ▶	▶ 22	
23. 12% INCOME. Not less than "0." a.▶	× .12 =▶ 23	
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS ▶	▶ 24	3945
Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ▶ X		
25. Credit recapture amount ▶ BC EOA LIH HR	▶ 25	
26. Additional tax on installment sale	▶ 26	
27. If you qualify for No Tax Status, fill in and enter "0" on line 28 ▶		
28. TOTAL INCOME TAX. Add lines 22 through 26	▶ 28	3945
29. Limited Income Credit	▶ 29	
30. Other credits from Schedule Z, line 15	▶ 30	
31. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 and 30 from line 28. Not less than "0"	▶ 31	3945

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2015 Form 1, pg. 3 MA1500131064
 Massachusetts Resident Income Tax Return
 111-22-2222

32. Voluntary Contributions

- a. Endangered Wildlife Conservation ▶ **32a**
- b. Organ Transplant Fund ▶ **32b**
- c. Massachusetts AIDS Fund ▶ **32c**
- d. Massachusetts U.S. Olympic Fund ▶ **32d**
- e. Massachusetts Military Family Relief Fund ▶ **32e**
- f. Homeless Animal Prevention and Care ▶ **32f**
- Total. Add lines 32a through 32f **32**

33. Use tax due on Internet, mail order and other out-of-state purchases ▶ **33**

34. Health care penalty a. You ▶ +b. Spouse ▶ -c. Fed. health care penalty ▶ **34**

35. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 31 through 34 **35**

3945

36. Massachusetts income tax withheld ▶ **36**

37. 2014 overpayment applied to your 2015 estimated tax ▶ **37**

38. 2015 Massachusetts estimated tax payments ▶ **38**

39. Payments made with extension ▶ **39**

40. Earned Income Credit. a. Number of qualifying children ▶ 0 Amount from U.S. return ▶ × .15 = ▶ **40**

41. Senior Circuit Breaker Credit ▶ **41**

42. Other Refundable Credits ▶ **42**

43. TOTAL. Add lines 36 through 42 **43**

44. Overpayment. Subtract line 35 from line 43 ▶ **44**

45. Amount of overpayment you want applied to your 2016 estimated tax ▶ **45**

46. Refund. Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204 ▶ **46**

Direct deposit of refund. Type of account ▶ checking
 savings

RTN # ▶ account # ▶

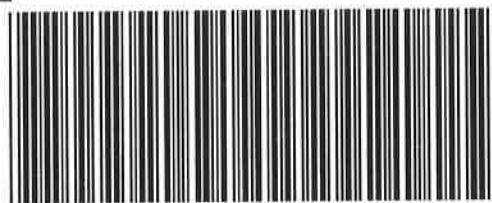
47. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204 ▶ **47**

4031

Interest ▶ Penalty ▶ M-2210 amt. ▶ 86 ▶

EX enclose
 Form M-2210

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2015 Schedule HC MA1502911064

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

JON

BAKIJA

111-22-2222

1a. Date of birth 01011990 1b. Spouse's date of birth 1c. Family size 01
2. Federal adjusted gross income 2 81000

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Commonwealth Care, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2015, you turned 18, you were a part-year resident or a taxpayer was deceased.
3a You: Full-year MCC Part-year MCC No MCC/None
3b Spouse: Full-year MCC Part-year MCC No MCC/None
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2015, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

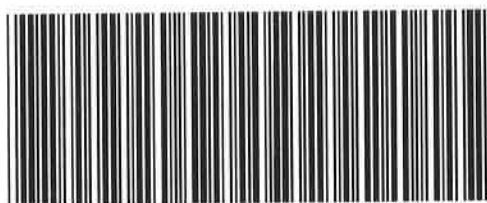
- 4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below) You Spouse
4b. MassHealth or Commonwealth Care. Fill in and go to line 5 You Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 You Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 You Spouse
4e. Other government program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net You Spouse
4e. is not considered insurance or minimum creditable coverage.

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2015, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other-wise, go to line 6.



2015 Schedule D MA1501211064
 Long-Term Capital Gains and Losses
 Excluding Collectibles

JON

BAKIJA

111-22-2222

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1. Enter amounts included in U.S. Schedule D, lines 8a and 8b, col. h	1	81000
2. Enter amounts included in U.S. Schedule D, line 9, col. h	2	
3. Enter amounts included in U.S. Schedule D, line 10, col. h	3	
4. Enter amounts included in U.S. Schedule D, line 11, col. h	4	
5. Enter amounts included in U.S. Schedule D, line 12, col. h	5	
6. Enter amounts included in U.S. Schedule D, line 13, col. h	6	
7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8. Carryover losses from prior years	8	
9. Combine lines 1 through 8	9	81000
10. Differences, if any	10	
11. Adjusted capital gains and losses	11	81000
12. Long-term gains on collectibles and pre-1996 installment sales	12	
13. Subtotal	13	81000
14. Capital losses applied against capital gains	14	
15. Subtotal	15	81000
16. Long-term capital losses applied against interest and dividends	16	
17. Subtotal	17	81000
18. Allowable deductions from your trade or business	18	
19. Subtotal	▶ 19	81000
20. Excess exemptions	20	4400
21. Taxable long-term capital gains	▶ 21	76600
22. Tax on long-term capital gains	▶ 22	3945
23. Available losses for carryover	23	

]



JON BAKIJA

A

A MA 02138

SSN - You BAKI 111222222

Vendor ID 1064

SSN - Spouse

FAGI 1. 81000.

Withholding - You 20A.

Additions 2.

Withholding - Spouse 20B.

Subtotal 3. 81000.

Estimated Payments 21.

Age Deduction - You 4A.

2014 Overpayment 22.

Age Deduction - Spouse 4B.

Extension Payments 23.

Soc Sec & Tier 1 Railroad 5.

Credit for Low Income or EIC 24.

State Income Tax Overpayment 6.

Credit from OSC 25.

Subtractions 7.

Credit for Political Contributions 26.

Subtotal Subtractions 8.

Credits from CR 27.

Total VAGI 9. 81000.

Total Payments/Credits 28.

Fed Itemized Deductions 10.

Tax You Owe 29.

4174.

State/Local Income Tax 11.

Tax Overpayment 30.

Standard/Itemized Deductions 12. 3000.

Overpayment Credited to Next Year 31.

Exemptions 13. 930.

VA College Savings Plan Contributions 32.

Deductions 14.

Other Contributions from VAC 33.

Subtotal (Deductions & Exemptions) 15. 3930.

Addition to Tax, Penalty & Interest 34. 131.

VA Taxable Income 16. 77070.

Consumer's Use Tax 35.

Amount of Tax 17. 4174.

Amount You Owe 4305.

Will Pay by Credit/Debit Card N

Spouse Tax Adjustment 18.

Your Refund

VAGI - Spouse 18A.

Bank Routing #

Net Amount of Tax 19. 4174.

Bank Account #

Virginia Approved Form



Filing Status, Age & License Information

Filing Status **1**

Federal Head of Household

Spouse Name (Filing Status 3 Only)

DOB - You **01011990**

DOB - Spouse

Last 5 Digits VA Driver's License - You

Last 5 Digits VA Driver's License - Spouse

Exemptions (A)

You **1**

Spouse

Dependents

Total (A) **1**

Exemptions (B)

65 & Over - You

65 & Over - Spouse

Blind - You

Blind - Spouse

Total (B)

Additional Filing Information

Locality

Name or Filing Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

NOL

Overseas on Due Date

Federal EIC

Deceased Indicator

Direct Bank Deposit

Refund Check

Obtain Electronic 1099G

Official Use Only

Virginia Approved Form

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You **Date** **Phone - You**

Signature - Spouse **Date** **Phone - Spouse**

Signature - Preparer **Date** **Phone - Preparer**

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information **0**

File by May 2, 2016
 Include Page 1, Page 2 and all supporting 760CG documents.



Virginia Approved Form

Additions

Interest on obligations (other state) 1.
 Other Additions
 Fixed Date Conformity 2A.
 2B.
 2C.
 Total Additions 3.

Low-Income Credit or VA EIC (con't)

Total Exemptions 11.
 # of Personal Exemptions 12.
 Total Exemptions Amount or \$0 13.
 Federal EIC 14.
 20% of Line 14 15.
 Greater of Line 13 or Line 15 16.
 Credit 17.

Subtractions

Income (US obligations/securities) 4.
 Disability Income (wages) - You 5A.
 Disability Income (wages) - Spouse 5B.
 Other Subtractions
 Fixed Date Conformity 6A.
 6B.
 6C.
 6D.
 Total Subtractions 7.

Addition to Tax, Penalty & Interest

Addition to Tax 18. **131.**
 Form 760C Addition **X**
 Form 760F Addition
 Penalty 19.
 Late Filing Penalty
 Extension Penalty
 Interest 20.
 Total Adjustments 21. **131.**

Deductions

8A.
 8B.
 8C.
 Total Deductions 9.

Low-Income Credit or VA EIC

Family	Name	SSN	VAGI
You			
Spouse			
Dependent			
Dependent			
Total Family VAGI		10.	

PLEASE
DO NOT
MAIL!

ERO MUST RETAIN THIS FORM
DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.

GA-8453
2015

IRS DCN OR SUBMISSION ID

[Empty box for IRS DCN or Submission ID]

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

First Name and Initial JON	Last Name BAKIJA	Social Security Number 111-22-2222
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home address (number and street) A	Apt Number	Daytime Telephone Number
City, Town or Post Office, State and Zip Code A MA 02138		

PART I		TAX RETURN INFORMATION	
1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500EZ, Line 1)	1.		81000.
2. Georgia Taxable Income (Form 500, Line 15; Form 500EZ, Line 3)	2.		76000.
3. Net Georgia Tax (Form 500, Line 18; Form 500EZ, Line 6)	3.		4373.
4. Refund (Form 500, Line 36; Form 500EZ Line 20).	4.		
5. Balance Due (Form 500, Line 35; Form 500EZ, Line 19)	5.		4556.

PART II DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2015 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

Sign Here **TAXPAYER'S SIGNATURE** _____ Date _____

SPOUSE'S SIGNATURE (if joint return, both must sign) _____ Date _____

PRINT NAME _____ EMAIL ADDRESS _____

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

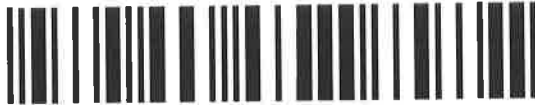
I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only ERO's Signature _____ Date _____
 Firm's Name _____ Check if also paid preparer
 Address _____ FEIN/PTIN _____
 SSN/TIN _____

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE TAXPAYER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only Paid Preparer's Signature _____ Date _____
 Firm's Name _____ FID/TIN _____
 Address _____ SSN/TIN _____

KEEP A COPY WITH YOUR RECORDS



1600403716



Georgia Form 500 (Rev. 09/02/15) Page 1
Individual Income Tax Return
Georgia Department of Revenue
2015 (Approved software version)

Fiscal Year Beginning 01-01-2015

Fiscal Year Ending 12-31-2015

1. YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
JON 111-22-2222

LAST NAME SUFFIX Special Program Code
BAKIJA See Instructions

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

DEPARTMENT USE ONLY

2. ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

500 UET Exception Attached

3. CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
A MA 02138

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number Residency Status
1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 8

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) Filing Status
A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 1



1600403726

YOUR SOCIAL SECURITY NUMBER
111-22-2222

7a. Number of Dependents (Enter details on Line 7c. and DO NOT include yourself or your spouse) ▶ 7a. **0**

7b. Add Lines 6c and 7a. Enter total ▶ 7b. **1**

7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

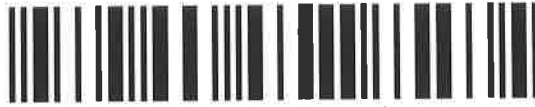
First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You



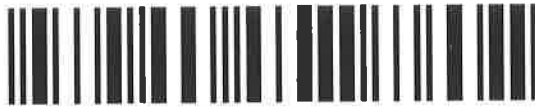
1600403736

YOUR SOCIAL SECURITY NUMBER
111-22-2222

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8.	Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ)	▶ 8.	81000
	(Do not use FEDERAL TAXABLE INCOME) if the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must enclose a copy of your Federal Form 1040 Pages 1 and 2.		
9.	Adjustments from Schedule 1 (See IT-511 Tax Booklet)	▶ 9.	
10.	Georgia adjusted gross income (Net total of Line 8 and Line 9)	▶ 10.	81000
11.	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	▶ 11a.	2300
	(See IT-511 Tax Booklet)		
	b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
	Total <input type="checkbox"/> x 1,300=	▶ 11b.	
c.	Total Standard Deduction (Line 11a + Line 11b)	▶ 11c.	2300
	Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12.	Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A		
	a. Federal Itemized Deductions (Schedule A-Form 1040)	▶ 12a.	
	b. Less adjustments: (See IT-511 Tax Booklet)	▶ 12b.	
	c. Georgia Total Itemized Deductions	▶ 12c.	
13.	Subtract either Line 11c or Line 12c from Line 10; enter balance	▶ 13.	78700
14a.	Number on Line 6c. 1 multiply by \$2,700 for filing status A or D	▶ 14a.	2700
	OR multiply by \$3,700 for filing status B or C		
14b.	Number on Line 7a. 0 multiply by \$3,000	▶ 14b.	
14c.	Add Lines 14a. and 14b. Enter total	▶ 14c.	2700
15.	Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ 15.	76000
16.	Tax (Use Tax Table in the IT-511 Tax Booklet)	▶ 16.	4373
17.	Credits from Form 500, Page 6, Schedule 2, Summary Section, Line 3 (Enter total but not more than the amount on Line 16)	▶ 17.	
18.	Balance (Line 16 less Line 17) if zero or less than zero, enter zero	▶ 18.	4373
19.	Georgia Income Tax Withheld on Wages and 1099s	▶ 19.	
	(Enter Tax Withheld Only and enclose W-2s and/or 1099s)		
20.	Other Georgia Income Tax Withheld	▶ 20.	
	(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)		

Georgia Form 500
Individual Income Tax Return
 Georgia Department of Revenue
2015



1600403746

YOUR SOCIAL SECURITY NUMBER
 111-22-2222

- 21. Estimated tax for 2015 and Form IT-560 ▶ 21.
- 22. Total prepayment credits (Add Lines 19, 20 and 21). ▶ 22.
- 23. If Line 18 exceeds Line 22 enter BALANCE DUE STATE ▶ 23. 4373
- 24. If Line 22 exceeds Line 18 enter OVERPAYMENT amount ▶ 24.
- 25. Amount to be credited to 2016 ESTIMATED TAX ▶ 25.
- 26. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) ▶ 26.
- 27. Georgia Fund for Children and Elderly (No gift of less than \$1.00) ▶ 27.
- 28. Georgia Cancer Research Fund (No gift of less than \$1.00) ▶ 28.
- 29. Georgia Land Conservation Program (No gift of less than \$1.00) ▶ 29.
- 30. Georgia National Guard Foundation (No gift of less than \$1.00) ▶ 30.
- 31. Dog & Cat Sterilization Fund (No gift of less than \$1.00) ▶ 31.
- 32. Saving the Cure Fund (No gift of less than \$1.00) ▶ 32.
- 33. Realizing Educational Achievement Can Happen (REACH) Program (No gift of less than \$1.00) ▶ 33.
- 34. Form 500 UET (Estimated tax penalty) ▶ 34. 183
- 35. (If you owe) Add Lines 23, 26 thru 34
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE ▶ 35. 4556
- 36. (If you are due a refund) Subtract the sum of Lines 25 thru 34 from Line 24
THIS IS YOUR REFUND ▶ 36.

36a. Direct Deposit (For U.S. Accounts Only) Type: Checking Savings Routing Number
 Account Number

You can help eliminate \$1Million of processing costs by choosing Direct Deposit. If you do not enter Direct Deposit information, a paper check will be issued.

(PAYMENT) PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 105613
 ATLANTA, GA 30348-5613

(REFUND and NO BALANCE DUE) PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 105697
 ATLANTA, GA 30348-5697

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. **DO NOT STAPLE YOUR CHECK, W-2's, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN**
 I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

PHONE NUMBER

Spouse's Signature (Check box if deceased)

DATE

Do you want to authorize DOR to discuss this return with the named preparer. Yes

DATE

NAME OF PREPARER OTHER THAN TAXPAYER

Signature of Preparer

PREPARER'S FEIN

PREPARER'S SSN/PTIN

PHONE NUMBER

I authorize the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

TAXPAYER'S EMAIL ADDRESS

2015 IA 1040 Iowa Individual Income Tax Form

For fiscal year beginning ___/___/2015 and ending ___/___/___

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name bakija Your first name/middle initial jon
 Spouse's last name _____ Spouse's first name/middle initial _____

Current mailing address (number and street, apartment, lot, or suite number) or PO Box _____

City, State, ZIP a, MA 02138

Spouse SSN • _____	Your SSN • <u>111-22-2222</u>	Email Address: _____
Step 2 Filing Status: Mark one box only. 1 <input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ▲ 2 <input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.) 3 <input type="checkbox"/> Married filing separately on this combined return. Spouse use column B. 4 <input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____ 5 <input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below. 6 <input type="checkbox"/> Qualifying Widow(er) with dependent child. Name: _____ SSN: _____		Check this box if you or your spouse were 65 or older as of 12/31/15. <input type="checkbox"/> • Residence on 12/31/15: County No. • _____ School District No. • _____ Dependent children for whom an exemption is claimed in Step 3 <u>0</u> How many have health care coverage?(including Medicaid or hawk-i) _____ How many do not have health care coverage? <u>0</u>

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3	▲ <u>0</u> X \$ 40 = \$ _____	▲ <u>1</u> X \$ 40 = \$ <u>40</u> .
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind	▲ <u>0</u> X \$ 20 = \$ _____	▲ <u>0</u> X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent	▲ <u>0</u> X \$ 40 = \$ _____	▲ <u>0</u> X \$ 40 = \$ _____
d. Enter first names of dependents here	e. Total \$ <u>0</u> .	e. Total \$ <u>40</u> .

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet B. Spouse/Status 3 0 A. You or Joint 0

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 5 Gross Income				
1. Wages, salaries, tips, etc	_____	_____		
2. Taxable interest income. If more than \$1,500, complete Sch. B	_____	_____		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B	_____	_____		
4. Alimony received	_____	_____		
5. Business income/(loss) from federal Schedule C or C-EZ	_____	_____		
6. Capital gain/(loss), from federal Sch. D if required for federal purposes	_____	<u>81,000.</u>		
7. Other gains/(losses) from federal form 4797	_____	_____		
8. Taxable IRA distributions	_____	_____		
9. Taxable pensions and annuities	_____	_____		
10. Rents, royalties, partnerships, estates, etc.	_____	_____		
11. Farm income/(loss) from federal Schedule F	_____	_____		
12. Unemployment compensation. See instructions	_____	_____		
13. Gambling winnings.	_____	_____		
14. Other income, bonus depreciation, and section 179 adjustment	_____	_____		
15. Gross Income. Add lines 1-14			<u>0.▲</u>	<u>81,000.</u>

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income				
16. Payments to an IRA, Keogh or SEP	_____	_____		
17. Deductible part of self-employment tax	_____	_____		
18. Health insurance deduction	_____	_____		
19. Penalty on early withdrawal of savings	_____	_____		
20. Alimony paid	_____	_____		
21. Pension/retirement income exclusion	_____▲	_____		
22. Moving expense deduction from federal form 3903	_____	_____		
23. Iowa capital gain deduction; certain sales only. Include IA 100	_____▲	_____		
24. Other adjustments	_____	_____		
25. Total adjustments. Add lines 16-24			<u>0.▲</u>	<u>0.</u>
26. Net Income. Subtract line 25 from line 15			<u>0.▲</u>	<u>81,000.</u>

Step 7 Federal Tax Addition and Deduction				
27. Federal income tax refund / overpayment received in 2015	_____▲	_____		
28. Self-employment/household employment/other federal taxes	_____▲	_____		
29. Addition for federal taxes. Add lines 27 and 28			<u>0.</u>	<u>0.</u>
30. Total. Add lines 26 and 29			<u>0.</u>	<u>81,000.</u>
31. Federal tax withheld	_____▲	_____		
32. Federal estimated tax payments made in 2015	_____▲	_____		
33. Additional federal tax paid in 2015 for 2014 and prior years	_____▲	_____		
34. Deduction for federal taxes. Add lines 31, 32, and 33			<u>0.</u>	<u>0.</u>
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2			<u>0.▲</u>	<u>81,000.</u>



		B. Spouse/Status 3	A. You or Joint		B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income	36. BALANCE. From side 1, line 35			36.	0.	81,000.
	37. Deduction. Check one box. <input type="checkbox"/> Itemized. (include IA Schedule A) <input type="checkbox"/> Standard. <input checked="" type="checkbox"/>			37.	0.▲	1,950.
	38. TAXABLE INCOME. SUBTRACT line 37 from line 36			38.	0.	79,050.
Step 9 Tax, Credits and Checkoff Contributions	39. Tax from tables or alternate tax		0.▲			5,254.
	40. Iowa lump-sum tax, 25% of federal tax from form 4972		▲			
	41. Iowa alternative minimum tax. Include IA 6251		▲			
	42. Total tax, ADD lines 39, 40, and 41			42.	0.	5,254.
	43. Total exemption credit amount(s) from Step 3, side 1					40.
	44. Tuition and textbook credit for dependents K-12		▲			
	45. Volunteer firefighter/EMS/reserve peace officer credit		▲			
	46. Total credits. ADD lines 43, 44, and 45			46.	0.	40.
	47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero			47.	0.▲	5,214.
	48. Credit for nonresident or part-year resident. Include IA 126 and federal return		▲			
	49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero			49.	0.▲	5,214.
	50. Out-of-state tax credit. Include IA 130		▲			
	51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero			51.	0.	5,214.
	52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule		▲			
	53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero			53.	0.▲	5,214.
	54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53		▲			
	55. Total state and local tax. ADD lines 53 and 54			55.	0.▲	5,214.
	56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here			56.	0.▲	5,214.
	57. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a:▲ _____ State Fair 57b:▲ _____ Firefighters/Veterans 57c:▲ _____ Child abuse Prevention 57d:▲ _____ Enter here			57.		
	58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here			58.	▲	5,214.
Step 10 Credits	59. Iowa Fuel tax credit. Include IA 4136		▲			
	60. Check One: Child and dependent care credit <input type="checkbox"/> OR ▲ Early childhood development credit <input type="checkbox"/>			60.		
	61. Iowa earned income tax credit. 15.0% (.15) of federal credit		▲			
	62. Other refundable credits. Include IA 148 Tax Credits Schedule		▲			
	63. Total refundable credits. ADD lines 59 - 62		▲			
	64. RESERVED FOR FUTURE USE		0.▲		0.	
	65. Taxpayers trust fund tax credit. The credit for 2015 is \$0		0.▲		0.	
	66. Iowa income tax withheld		▲			
	67. Estimated and voucher payments made for tax year 2015		▲			
	68. TOTAL. ADD lines 63, 65, 66, and 67		0.▲		0.	
	69. TOTAL CREDITS. ADD columns A and B on line 68 and enter here			69.		0.
Step 11 Refund or Amount Due	70. If line 69 is more than line 58, Subtract line 58 from line 69. This is the amount you overpaid		▲	70.	▲	0.
	71. Amount of line 70 to be REFUNDED			REFUND 71.	▲	0.
	For a faster refund file electronically. Go to https://tax.iowa.gov for details					
	72. Amount of line 70 to be applied to your 2016 estimated tax		▲	72.		
	73. If line 69 is less than line 58, Subtract line 69 from line 58. This is the AMOUNT OF TAX YOU OWE			73.	▲	5,214.
	74. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>			74.	▲	157.
	75. Penalty and interest <input type="checkbox"/> 75A. Penalty <input type="checkbox"/> 75b. Interest <input type="checkbox"/> ADD Enter total			75.		
	76. TOTAL AMOUNT DUE. ADD lines 73, 74, and 75. Enter here			PAY THIS AMOUNT 76.	▲	5,371.

Step 12 Political Checkoff - This checkoff does not increase the amount of tax you owe or decrease your refund.

	\$1.50 to Democratic Party <input type="checkbox"/>	\$1.50 to Democratic Party <input type="checkbox"/>
▲ Spouse	\$1.50 to Republican Party <input type="checkbox"/>	▲ Yourself \$1.50 to Republican Party <input type="checkbox"/>
	\$1.50 to Campaign Fund <input type="checkbox"/>	\$1.50 to Campaign Fund <input type="checkbox"/>

Step 13 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE	Your Signature	Date	<input type="checkbox"/> Check if Deceased	Date of Death	Preparer's Signature	Date
SIGN HERE	Spouse's Signature	Date	<input type="checkbox"/> Check if Deceased	Date of Death	Preparer's PTIN	Firm's FEIN
	Daytime Telephone Number				Daytime Telephone Number	

2015 LOUISIANA RESIDENT - 2D

Name Change JON BAKIJA Taxpayer SSN 111222222
 Decedent Filing Spouse SSN
 Spouse Decedent A
 Amended Return A MA 02138 Telephone
 NOL Carryback Taxpayer DOB 01011990 Spouse DOB

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

- 1 Enter a "1" in box if **single**.
- Enter a "2" in box if **married filing jointly**.
- Enter a "3" in box if **married filing separately**.
- Enter a "4" in box if **head of household**.
If the qualifying person is not your dependent, enter name here. _____
- Enter a "5" in box if **qualifying widow(er)**.

6 EXEMPTIONS:

6A	<input checked="" type="checkbox"/> Yourself	65 or older	Blind	Qualifying Widow(er)	Total of 6A & 6B	1
6B	Spouse	65 or older	Blind			

6C DEPENDENTS - Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c.

6C 0

Dependent First and Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D TOTAL EXEMPTIONS - Total of 6A, 6B, and 6C 6D 1



FOR OFFICE USE ONLY

<input type="checkbox"/> Field Flag					
-------------------------------------	--	--	--	--	--

61631

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 7 through 16.

7	FEDERAL ADJUSTED GROSS INCOME - If your Federal Adjusted Gross Income is less than zero, enter "0."	From Louisiana Schedule E, attached	7	81000
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL STANDARD DEDUCTION		8B	0
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS - Subtract Line 8B from Line 8A.		8C	0
9	FEDERAL INCOME TAX - If your federal income tax has been decreased by a federal disaster credit allowed by IRS, complete Schedule H and mark box.		9	4988
10	YOUR LOUISIANA TAX TABLE INCOME - Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0."		10	76012
11	YOUR LOUISIANA INCOME TAX		11	3214
NONREFUNDABLE TAX CREDITS				
12A	FEDERAL CHILD CARE CREDIT		12A	0
12B	2015 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT		12B	0
12C	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2011 THROUGH 2014		12C	0
12D	2015 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT		12D	0
	5 0 4 0 3 0 2 0			
12E	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2011 THROUGH 2014		12E	0
13	EDUCATION CREDIT	0 Number of qualifying dependents	13	0
14	OTHER NONREFUNDABLE TAX CREDITS - From Schedule G, Line 11		14	0
15	TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 12B through 14.		15	0
16	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 15 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0."		16	3214
17	CONSUMER USE TAX	<input checked="" type="checkbox"/> No use tax due. Amount from the Consumer Use Tax Worksheet, Line 2.	17	0
18	TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 16 and 17.		18	3214



BAKI

61632

REFUNDABLE TAX CREDITS

19	2015 LOUISIANA REFUNDABLE CHILD CARE CREDIT		19	0
19A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		19A	0
19B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		19B	0
20	2015 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT		20	0
	5 0 4 0 3 0 2 0			
21	EARNED INCOME CREDIT		21	0
22	LOUISIANA CITIZENS INSURANCE CREDIT	22A 0	22	0
23	OTHER REFUNDABLE TAX CREDITS —From Schedule F, Line 7		23	0

PAYMENTS

24	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2015 —Attach Forms W-2 and 1099.		24	0
25	AMOUNT OF CREDIT CARRIED FORWARD FROM 2014		25	0
26	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2015		26	0
27	AMOUNT PAID WITH EXTENSION REQUEST		27	0
28	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS—Add Lines 19 and 20 through 27. Do not include amounts on Lines 19A, 19B, and 22A.		28	0
29	OVERPAYMENT — If Line 28 is greater than Line 18, subtract Line 18 from Line 28. Otherwise, enter zero "0" on Lines 29 through 35 and go to Line 36.		29	0
30	UNDERPAYMENT PENALTY —If you are a farmer, mark the box.		30	0
31	ADJUSTED OVERPAYMENT — If Line 29 is greater than Line 30, subtract Line 30 from Line 29 and enter the result here. If Line 30 is greater than Line 29, enter zero "0" on Lines 31 through 35, subtract Line 29 from Line 30, and enter the balance on Line 36.		31	0
32	TOTAL DONATIONS — From Schedule D, Line 25		32	0

REFUND DUE

33	SUBTOTAL— Subtract Line 32 from Line 31. This amount of overpayment is available for credit or refund.		33	0
34	AMOUNT OF LINE 33 TO BE CREDITED TO 2016 INCOME TAX	CREDIT	34	0
35	AMOUNT TO BE REFUNDED—Subtract Line 34 from Line 33. Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit and complete information below. If information is unreadable you will receive your refund by paper check. If you do not make a refund selection, you will receive your refund by paper check.	REFUND	35	0

DIRECT DEPOSIT INFORMATION:

Type: Checking Savings Will this refund be forwarded to a financial institution located outside the United States? Yes No

Routing Number Account Number



BAKI

61633

Social Security Number 111222222

AMOUNTS DUE LOUISIANA

36	AMOUNT YOU OWE - If Line 18 is greater than Line 28, subtract Line 28 from Line 18 and enter the balance here.	36	3214
37	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	37	0
38	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	38	0
39	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	39	0
40	ADDITIONAL DONATION TO THE SNAP FRAUD AND ABUSE DETECTION AND PREVENTION FUND	40	0
41	INTEREST	41	0
42	DELINQUENT FILING PENALTY	42	0
43	DELINQUENT PAYMENT PENALTY	43	0
44	UNDERPAYMENT PENALTY - If you are a farmer, check the box.	44	232
45	Balance Due Louisiana - Add Lines 36 through 44.	45	3446

**PAY THIS AMOUNT.
DO NOT SEND CASH.**

IMPORTANT!

All four (4) pages of this return
MUST be mailed in together along
with your W-2s and completed
schedules. Please paperclip.

Do not staple.



Status 001

Contribution and Donation 00000

I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 35.

Your Signature	Date	Signature of paid preparer other than taxpayer	
Spouse's Signature (If filing jointly, both must sign.)	Date	Telephone number of paid preparer	Date

Name Address

BAKI A

Social Security Number, PTIN, or
FEIN of paid preparer

Individual Income Tax Return
Calendar year return due 5/15/2016

Mail to: Department of Revenue
PO Box 3550
BATON ROUGE LA 70821-3550

**SPEC
CODE**



61634