

year 2015

f, for type S'

1 + cg1 \$ 81,000

There are 12 states where InTaxCalc
and TaxAct disagree by $\geq \$50$ 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

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	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	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	FtaxMAXE1_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	Ftxliab_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	mtrfbps	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

summary

Obs	<u>NAME_</u>	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	
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	taxis	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	taxis_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	Ftxliab_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	mtrfbsp	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	

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

baki ja

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.

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

a

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 Single4 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.

Exemptions6a Yourself. If someone can claim you as a dependent, do not check box 6ab Spouse.

c Dependents:

(1) First name Last name

(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.)

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

Income

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

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ►	13	81,000.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	b Taxable amount
16a	Pensions and annuities	16a	b Taxable amount
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
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

Standard Deduction for-

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

- All others: Single or Married filing separately, \$6,300

- Married filing jointly or Qualifying widow(er), \$12,600

- Head of household, \$9,250

38	Amount from line 37 (adjusted gross income)	38	81,000.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ► 39a 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	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 <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> _____	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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54	
55	Add lines 48 through 54. These are your total credits	55	0.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ►	56	4,988.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax ►	63	4,988.

Payments

If you have a qualifying child, attach Schedule EIC.

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	
67	Additional child tax credit. Attach Schedule 8812	68	
68	American opportunity credit from Form 8863, line 8	69	
69	Net premium tax credit. Attach Form 8962	70	
70	Amount paid with request for extension to file	71	
71	Excess social security and tier 1 RRTA tax withheld	72	
72	Credit for federal tax on fuels. Attach Form 4136	73	
73	Credits from Form: a <input type="checkbox"/> 2439b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	74	0.
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ►	74	0.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	0.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	76a	0.
b	Routing number ►	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		

77	Amount of line 75 you want applied to your 2016 estimated tax ► 77	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)?	<input type="checkbox"/> Yes. Complete below.	<input type="checkbox"/> No
Designee's name ►	Phone no. ►	Personal identification number (PIN) ►

Sign Here
Joint return?
See instr.
Keep a copy for your records.

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 instr.)
Firm's name ►			

Paid Preparer Use Only

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

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return
jon bakija

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**

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.	(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)
This form may be easier to complete if you round off cents to whole dollars.				
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.	(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)
This form may be easier to complete if you round off cents to whole dollars.				
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

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

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

State 38



00461501011064

Tax year ending: • 12/31/2015

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

For office use only

F H

111-22-2222 P APPLIED FOR
 S APPLIED FOR

JON BAKIJA

DOB 01/01/1990

DOB

DECEASED

DECEASED

A

A

MA 02138

PHONE



FILING STATUS: SINGLE

EXEMPTIONS:

- 6a SELF: REGULAR DISABLED
 CLAIMED AS DEPENDENT
- 6b SPOUSE: REGULAR DISABLED
 CLAIMED AS DEPENDENT

1
1
0

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"/>

- 6c Total number of dependents • 6c 0
 6d Total number of dependent children with qualifying disability (see instructions) • 6d 0
 6e Total exemptions. Add 6a through 6d Total • 6e 1

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

Name

JON BAKIJA

SSN

111-22-2222

00461501021064

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	• 19	2,145.00
	19a You were: <input checked="" type="radio"/> 65 or older; <input checked="" type="radio"/> Blind. Your spouse was: <input checked="" type="radio"/> 65 or older; <input checked="" type="radio"/> Blind.		
	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

Name

JON BAKIJA

SSN

111-22-2222



00461501031064

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

31	Tax after nonrefundable credits from prior page, line 30	● 31	6,219.00
Payments and refundable credits	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="text"/> 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	● 43	6,359.00
	44 Overpayment less penalty and interest. Is line 38 more than line 42? If so, line 38 minus line 42.	● 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="text"/> You. ● 47b <input type="text"/> 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? ● <input type="checkbox"/> Yes
	● Type of <input type="checkbox"/> Checking; or <input type="checkbox"/> Savings. ● Routing number: <input type="text"/> <input type="checkbox"/> Account number: <input type="text"/>

52 Oregon surplus credit (kicker) donation. If you elect to donate your kicker to the State School Fund, check the box ● <input type="checkbox"/> write the amount from line 7 of the Kicker Calculation Worksheet here: ● 52a <input type="text"/> 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 that apply.	First Name and Initial	Last name	Social Security Number	Deceased? Date of Death
	JON	BAKIJA	111222222	
Amended Return	Spouse's First Name and Initial	Last name	Spouse's Social Security Number	Deceased? Date of Death
NOL	Mailing Address	City	State Zip+4	
Carryback	A	A	MA 02138	

 1 SingleFile online at
revenue.mt.gov/efile**Filing Status** 2 Married filing jointlyMark only one box. 3a Married filing separately on the same form. 3b Married filing separately on separate forms Spouse's SSN (for lines 3b and 3c) ↴ 3c Married filing separately and spouse not filing 4 Head of household**Residency Status** 5a Resident full year**Resident Part-Year Required Information** 5b Nonresident full year

Date of change

Mark only one box. 5c Resident part-year

State moved to

North Dakota reciprocity

State moved from

Dependents

First Name Last Name Social Security Number Relationship Mark if Disabled

Exemptions	Column A (for single, joint, separate, or head of household)					Column B (for spouse when filing separately using filing status 3a)	
	6a	6b	6c	6d		1	0
<input checked="" type="checkbox"/> Yourself	65 or older	Blind	Enter number marked	6a	1	0	
<input type="checkbox"/> Spouse	65 or older	Blind	Enter number marked	6b	0	0	
6c Enter the total number of dependents. If more than 4 dependents, see instructions.					6c	0	0
6d Add lines 6a thru 6c and enter total exemptions here.					6d	1	0
Enter amounts on line 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.							
7 Wages, salaries, tips, etc. Include federal Form(s) W-2	7				00	00	
8a Taxable interest. Include federal Schedule B if required	8a				00	00	
8b Tax-exempt interest.					00	00	
Do not include on line 8a. 8b					00	00	
9 Ordinary dividends. Include federal Schedule B if required	9				00	00	
10 Taxable refunds, credits, or offsets of state and local income taxes	10				00	00	
11 Alimony received	11				00	00	
12 Business income or (loss). Include federal Schedule C or C-EZ . . NAICS:	12				00	00	
13 Capital gain or (loss). Include federal Schedule D if required	13				81000	00	
14 Other gains or (losses) Include federal Schedule 4797	14				00	00	
15a IRA distributions . . 15a	00				00	00	
. Taxable amount 15b					00	00	
16a Pensions and annuities .16a	00				00	00	
. Taxable amount 16b					00	00	
17 Rental real estate, royalties, partnerships, S corporations, trusts. Include federal Schedule E	17				00	00	
18 Farm income or (loss). Include federal Schedule F	18				00	00	
19 Unemployment compensation	19				00	00	
20a Social security benefits . 20a	00				00	00	
. Taxable amount 20b					00	00	
21 Other income, list type	Amount 21				00	00	
22 Add the amounts in columns A and B for lines 7 thru 21. This is your total income.	22				81000	00	



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	81000 00
38a	Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross income. 38a		
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	81000 00
42	Deductions <input checked="" type="checkbox"/> Standard Deduction (see Worksheet V) Must mark only one box OR		
	Itemized Deductions (from Form 2, Schedule III, line 30) .	42 4370 00	00
43	Subtract line 42 from line 41 and enter the result here	43 76630 00	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	00
45	Subtract line 44 from line 43 and enter the result here. This is your taxable income.	45 74300 00	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	00
47	2% capital gains tax credit	47 1620 00	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	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	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	00

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



15CE02C2

		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	54	2963 00	00
55	Montana income tax withheld. Include federal Form(s) W-2 and 1099	55	00	00
56	Montana mineral royalty tax withheld. Include Form(s) 1099-MISC and Montana Schedule K-1	56	00	00
57	Montana pass through entity withholding. Include Montana Schedule K-1	57	00	00
58	2015 estimated tax payments and amount applied from your 2014 return	58	00	00
59	2015 extension payments from Form EXT-15	59	00	00
60	Refundable credits from Form 2, Schedule V, line 28.	60	00	00
61	If filing an amended return: Payments made with original return	61	00	00
62	If filing an amended return: Previously issued refunds	62	00	00
63	Add lines 55 through 61. Subtract line 62, enter the result here. This is your total payments.	63	00	00
64	If line 54 is greater than line 63, subtract line 63 from line 54. This is your tax due.	64	2963 00	00
65	If line 63 is greater than line 54, subtract line 54 from line 63. This is your tax overpaid.	65	00	00
66	Interest on underpayment of estimated taxes (see instructions)	66	142 00	
	If applicable, mark appropriate box: 2/3 farming gross income		Estimated payments were made using the annualization method	
67	Late file penalty, late payment penalty and interest (see instructions)	67		00
68	Other penalties	68		00
69	Total voluntary check-off contribution programs from lines 69a through 69d.	69		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.	70		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
	Pay online at revenue.mt.gov . Or make checks payable to MONTANA DEPARTMENT OF REVENUE.			
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.	72		00
73	Enter the amount on line 72 that you want applied to your 2016 estimated taxes	73		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 perjury, 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

Daytime Telephone Number

Spouse's Signature

Date

X _____

01122023

X _____

Paid Preparer's Signature

Paid Preparer's PTIN/SSN

Firm's FEIN

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

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?

Third Party Designee's Phone Number

Yes

No



15CE03C2



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

Tax period ending

Personal information

Mark if

Amended return

SOFTWARE DEVELOPER USE ONLY

Your telephone number

Mark if

Filing for a deceased taxpayer

VENDOR ID# 1064

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

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

11122222

01011990

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

A

State

MA

Zipcode + 4

02138

Filing Status

1 Mark only one:

 Single Married filing jointly Married filing separately Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.

Registered domestic partners filing jointly or filing separately on same return

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.

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

▲

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT
STAPLE W-2s AND ANY OTHER WITHOLDING STATEMENTS HEREIncome 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.

Mark if loss	a
Mark if loss	b
Mark if loss	c
Mark if loss	d

81000.00

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. Mark if loss 3 81000.00

Additions to DC Income

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

Subtractions from DC Income

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

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.	17	1
18	Exemption amount. Multiply \$1,775 by number on Line 17. Part-year DC residents see Cal E.	18	1775.00
	*If AGI is greater than \$150,000, see instructions on page 25.	19	6975.00
19	Add Lines 16 and 18.		
20	DC Taxable income Subtract Line 19 from Line 14. Enter result.	Mark if loss	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	21	4792.00
	Mark if filing separately on same return. Complete Calculation J on Schedule S.		
22	Credit for child and dependent care expenses \$ x .32 Enter result >	22	
	From Federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.		
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	<u>DC Earned Income Tax Credit</u> 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	27b	
27c	For filers with qualifying children. Enter federal EITC x .40 Enter result >	27d	
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.

		<u>Amount owed</u> Complete if Line 33 is <u>equal to or less than</u> Line 26.	
34	Amount you overpaid Subtract Line 26 from Line 33	41 Tax due Subtract Line 33 from Line 26.	4792.00
35	Amount to be applied to your 2016 estimated tax	42 Contribution amount from Schedule U, Part II, Line 6.	42
36	Penalty See Instructions	43a Penalty	
	Mark if Form D-2210 is attached	43b Interest Enter total P & I.	43
37	Underpayment Interest		
38	Refund Subtract sum of Lines 35, 36 and 37 from Line 34.		
	Contribution amount from Sched. U, Part II, Line 5	43 Mark if Form D-2210 is attached <input checked="" type="checkbox"/>	
39	Can not exceed refund amt. on Line 38 Put additional amt on Line 42	44 Underpayment Penalty	302.00
40	Net Refund Subtract Line 39 from Line 38	45 Total amount due Add Lines 41 - 44.	5094.00

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/refundprepaidcards.

Mark one refund choice:	Direct deposit	Tax refund card	Paper check
Direct Deposit To have your refund deposited to your Routing Number	checking	OR	savings account, mark X and enter bank routing and 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	Check if deceased <input type="checkbox"/>
111 22 2222	
Spouse's social security number	Check if deceased <input type="checkbox"/>

**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		Last name	Suff.
jon		bakija	
Spouse's first name, if married filing jointly		Last name	
Check if new address <input type="checkbox"/>	a	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions	County code 99
City a		State MA	Zip 02138
Check if address is outside US <input type="checkbox"/>	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) <input checked="" type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately. Enter spouse's SSN here: _____
	(2) <input type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head-of-household (5) <input type="checkbox"/> 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:

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. ► 1 Dollars 70,70000
 Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below

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	70,70000	

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	35,64000	
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	< 35,64000 >	

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 35,06000

6 TAX: enter tax from SOUTH CAROLINA tax tables	► 6	1,95900	
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	1,95900	
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	1,95900	

30752026



PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41) ►	00	20 Other SC withholding (Attach Form 1099) ►	00	
17 2015 estimated tax payments ►	00	21 Tuition tax credit (Attach I-319) ►	00	
18 Amount paid with extension ►	00	22 Other refundable credit(s) ►	00	
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)				
23 Add lines 16 through 22 and enter the total here	These are your TOTAL PAYMENTS			23 000
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT				24 00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE				25 1,959 00
26 USE TAX due on internet, mail-order or out-of-state purchases. ►	26 00			
Use tax is based on your county's sales tax rate. See instructions for more information.				
If you certify that no use tax is due, check here . . . ► <input type="checkbox"/>				
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				
*SCDOR Income Tax Refund Prepaid Debit Card Issued by Bank of America				
30b Direct Deposit (for US Accounts Only) Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Routing Number (RTN)	Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32			
Bank Account Number (BAN)	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 1,959 00
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) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ►				33 350 00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC1040-V with payment. BALANCE DUE ►				34 1,994 00

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 Firm name (or yours if self-employed) and address and Zip Code	Date	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

Your Social Security Number

111-22-2222

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. →

Spouse's Social Security Number (joint return only)

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

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

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

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)

EXEMPTIONS	* NOTE: If claiming Special Exemption, see instructions on page 7 of 511 Packet.		
	REGULAR	*SPECIAL	BLIND
YOURSELF	1	0	0
SPOUSE	0	0	0
NUMBER OF DEPENDENT CHILDREN			
NUMBER OF OTHER DEPENDENTS			

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

TOTAL

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

If you are not required to file, see page 5 of the 511 Packet.

If line 7 is different than line 1, enclose a copy of your Federal return.

- | | | |
|---|---|----|
| 1 | Federal adjusted gross income (from Federal 1040, 1040A, or 1040EZ) | 1 |
| 2 | Oklahoma Subtractions (enclose Schedule 511-A) | 2 |
| 3 | Line 1 minus line 2 | 3 |
| 4 | Out-of-state income, except wages. Describe (4a) (Enclose Federal schedule with detailed description; see instructions) | 4b |
| 5 | Line 3 minus line 4b | 5 |
| 6 | Oklahoma Additions (enclose Schedule 511-B) | 6 |
| 7 | Oklahoma adjusted gross income (line 5 plus line 6) | 7 |

Round to Nearest Whole Dollar

81,000	00
	00
81,000	00
	00
81,000	00
	00
81,000	00
	00

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

Oklahoma Standard Deduction: • Single or Married Filing Separately: \$6,300

• Married Filing Joint or Qualifying Widow(er): \$12,600

• Head of Household: \$9,250

Itemized Deductions: Enclose copy of the Federal Schedule A.

- | | | |
|---|---|----|
| 8 | Oklahoma Adjustments (enclose Schedule 511-C) | 8 |
| 9 | Oklahoma income after adjustments (line 7 minus line 8) | 9 |
| 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 | 10 |
| 11 | Exemptions (\$1,000 x total number of exemptions claimed above) | 11 |
| 12 | Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-D, line 5) | 12 |
| 13 | Oklahoma Taxable Income (line 9 minus line 12) | 13 |
| 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. | 14 |
| 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) | 15 |
| 16 | Credit for taxes paid to another state (enclose Form 511TX) | 16 |
| 17 | Form 511CR - Other Credits Form. List 511CR line number claimed here | 17 |
| 18 | Income Tax (line 14 minus lines 15-17) Do not enter less than zero
DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 43. | 18 |



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	20	00
(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"/>		
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 32)	33	00

PART FOUR: REFUND

For further information regarding estimated tax see page 5 of the 511 Packet	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	
Schedule 511-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-G in the box below. If you give to more than one organization, put a "99" in the box. Enclose Schedule 511-G.			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Deposit my refund in my:	
<input type="checkbox"/> checking account	Routing Number: <input type="text"/>
<input type="checkbox"/> savings account	Account Number: <input type="text"/>

PART FIVE: AMOUNT YOU OWE

If you have an underpayment of estimated tax (line 41) & overpayment (line 34), see instructions.	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% \$ <input type="text"/>	42	00	
plus interest of 1.25% per month \$ <input type="text"/>	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	

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

Print your name (first, middle, last)		
1a JON BAKIJA		
Print your spouse's name (first, middle, last). If married filing separately, include spouse.		
2a		
3a <input type="checkbox"/> If the address is new or changed, mark the box.		
3b Mailing Address A		
City	State	Postal/ZIP Code
3c A	MA	02138
If foreign address, enter country	Foreign province and/or state	
3d		
5 1 EXEMPTIONS. Number of Qualified Exemptions. If you are a dependent of another taxpayer, enter 00.		

SOCIAL SECURITY NUMBER			Blind	Age 65 or over	Residency status	Taxpayer's date of birth
1b 111-22-2222			<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 1e R	1f 01/01/1990
2b			<input type="checkbox"/> 2c	<input type="checkbox"/> 2d	<input type="checkbox"/> 2e	Spouse's date of birth
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.			Taxpayer's date of death
4a Name			4c			Spouse's date of death
4b SSN			4d			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.

EXTENSION OF TIME TO FILE -

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
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 = 17 30,200
- Cannot be less than zero.
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
 24. Total claimed on rebate and credit schedule (PIT-RC, line 25). **Attach PIT-RC**
 25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.)

23	1,198
24	
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**
 27. New Mexico income tax withheld. **Attach annual statements of income and withholding**
 28. New Mexico income tax withheld from oil and gas proceeds. **Attach 1099-Misc or RPD-41285**
 29. New Mexico income tax withheld from a pass-through entity. **Attach 1099-Misc or RPD-41359**
 30. 2015 estimated income tax payments. See PIT-1 instructions
 31. Other Payments
 32. **TOTAL PAYMENTS AND CREDITS.** Add lines 24 through 31

26	
27	
28	
29	
30	
31	
32	

33. **TAX DUE.** If line 23 is greater than line 32, enter the difference here
 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

33	1,198
34	
35	<input type="checkbox"/>
36	
37	
38	1,198

39. **OVERPAYMENT.** If line 23 is less than line 32, enter the difference here
 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

39	
40	
41	
42	

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

RE.1 Routing number:

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

RE.2 Account number:

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.

RE.4 YES NO

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 I	Taxpayer's Social Security Number 111-22-2222
	Spouse's or CU Partner's Last Name		First Name	Initial I	Spouse's or CU Partner's Social Security Number
2 Tax Filing Information	Mailing Address (Number and Street/Road or PO Box) A				
	City A		State MA	ZIP Code 02138	Check here if using RECOMPUTED Federal Return information <input type="checkbox"/>
	<input type="checkbox"/> Check here if this is an AMENDED return		<input type="checkbox"/> Check if taxpayer died during 2015	<input type="checkbox"/> 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			
	FILING STATUS <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Single 4. Head of Household 5. Married Filing Jointly 6. CU Partner Filing Jointly 7. Qualifying Widow(er) with dependent children				
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) <input type="checkbox"/> Check to indicate loss 10. 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 <input type="checkbox"/> Check to indicate loss 11. 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) <input type="checkbox"/> If negative check here 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) <input type="checkbox"/> Check to indicate loss 13. 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 Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld					
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					

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

Keep a copy for
your records.



151111254

Enter amount from Line 22 1669.00

Contributions

5	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>		
6	Nongame Wildlife Fund Children's Trust Fund		VT Veterans' Fund Green Up Vermont
	29a. <u>.00</u>	+ 29b. <u>.00</u>	+ 29c. <u>.00</u> + 29d. <u>.00</u> = 29e. <u>.00</u>
	30. Total of Vermont Taxes and Voluntary Contributions (Add Lines 28 and 29e) <u>1669.00</u>		

Payments and Credits

7	31a. From W-2, 1099, etc. Vermont Tax Withheld <u>.00</u>
	31b. From Vermont Form IN-114 Estimated Tax for 2015 and/or Form IN-151, Extension with payment <u>.00</u>
	31c. Earned Income Tax Credit (Schedule IN-112, Part III) <u>.00</u>
	31d. Renter Rebate (Form PR-141, Line 9) <u>.00</u>
	31e. From Vermont Form RW-171 Vermont Real Estate Withholding (see instructions) <u>.00</u>
	31f. From Vermont Form WH-435 Estimated Income Tax Payment made by Business Entity for Nonresident Partner, Member, or Shareholder <u>.00</u>
	31g. Low Income Child & Dependent Care Credit (see inst.) <u>.00</u>
8	31h. Total Payments and Credits (Add Lines 31a through 31g) <u>.00</u>
	32. Overpayment If Line 30 is less than Line 31h, subtract Line 30 from Line 31h <u>.00</u>
	33a. Refund to be Credited to 2016 Estimated Tax Payment Amount on 31d cannot be credited to 2016 estimated tax payment <u>.00</u>
	33b. Refund to be Credited to 2016 Property Tax Bill <u>.00</u>
	34. REFUND AMOUNT (Subtract Lines 33a and 33b from Line 32) <u>.00</u>

Refund

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

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

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.			
Signatures	Signature	Date	Occupation	Check if age 65 or older <input type="checkbox"/>
	Signature. If a joint return, BOTH must sign.	Date	Occupation	Telephone Number
	<input type="checkbox"/> Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.			
Preparer's Use Only	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

2015
VERMONT

**Capital Gain Exclusion
Calculation**

**SCHEDULE
IN-153**



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 BAKJJA	Social Security Number 111-22-2222
---------------------------------------	--



* 1 5 1 5 3 1 2 5 4 *

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**

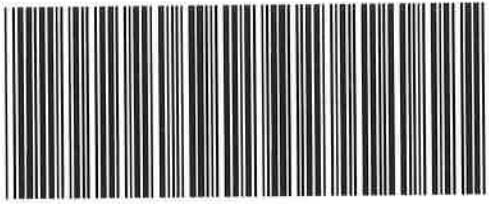
18. Multiply Line 17 by 40%; enter result here **18. 32400.00**

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

\$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

Taxpayer deceased
Fill in if under age 18

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

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

► 0 × \$1,000 = 2b
► 0 × \$700 = 2c
► 0 × \$2,200 = 2d
1 + 2 = 2e

c. Age 65 or over before 2016 You + Spouse =

d. Blindness You + Spouse =

e. 1. Medical/dental ► 2. Adoption ►

f. Total exemptions. Add lines 2a through 2e. Enter here and on line 18

2a

4400

× \$1,000 = 2b

× \$700 = 2c

× \$2,200 = 2d

1 + 2 = 2e

► 2f

4400

► 3

► 4

= 5

► 6

► 7

► 8a

► 8b

► 9

10

3. Wages, salaries, tips

4. Taxable pensions and annuities

5. Mass. bank interest: a. ► - b. exemption

6. Business/profession or farm income or loss

7. Rental, royalty and REMIC, partnership, S corp., trust income/loss

8a. Unemployment

8b. Mass. lottery winnings

9. Other income from Schedule X, line 5

10. TOTAL 5.15% INCOME

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

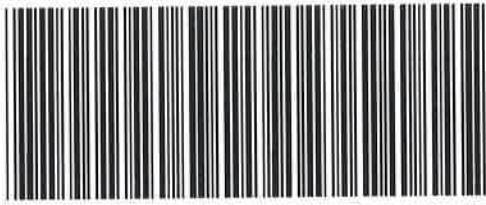
Paid preparer's signature

Paid preparer's phone

Paid preparer's EIN

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

01/14/2023 02:39:22PM



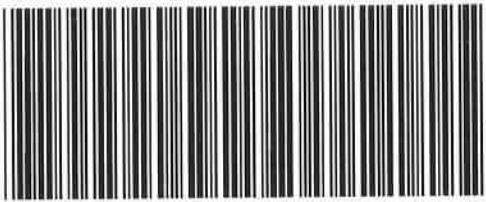
2015 Form 1, pg. 2 MA1500121064

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
	÷ 2 =► 14
14. Rental deduction. a. ►	► 15
15. Other deductions from Schedule Y, line 17	► 16
16. Total deductions. Add lines 11 through 15	► 17
17. 5.15% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	18
18. Exemption amount	19
19. 5.15% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	► 20
20. INTEREST AND DIVIDEND INCOME	21
21. TOTAL TAXABLE 5.15% INCOME. Add lines 19 and 20	
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
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
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

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

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

3 9 4 5

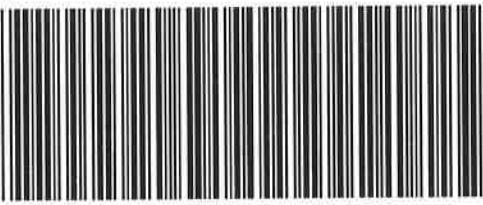
Direct deposit of refund. Type of account ► checking
savings

RTN # ► account # ►

47. **Tax due. Pay online at www.mass.gov/dor/payonline.** Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204 ► 47
Interest ► Penalty ► M-2210 amt. ► 86 ►

4 0 3 1
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

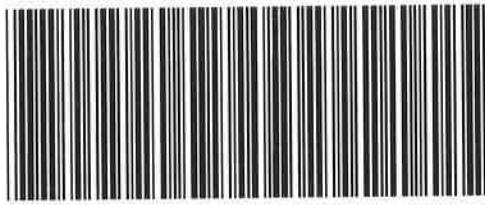
- | | | | | |
|--|------------------------------|----------------------------|---------------|-------------|
| 1a. Date of birth ► 01011990 | 1b. Spouse's date of birth ► | 1c. Family size ► 01 | | |
| 2. Federal adjusted gross income | | ► 2 | 81000 | |
| 3. Indicate the time period that you were enrolled 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 is not considered insurance or minimum creditable coverage. | | | You | Spouse |

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. Otherwise, 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. Otherwise, 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 11122222 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.
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 Will Pay by Credit/Debit Card <input checked="" type="checkbox"/> N Your Refund	4305 .
Spouse Tax Adjustment	18.			<input checked="" type="checkbox"/>
VAGI - Spouse	18A.		Bank Routing #	
Net Amount of Tax	19.	4174 .	Bank Account #	


Filing Status, Age & License Information

Filing Status	1	Exemptions (A)	1	Exemptions (B)
		You		65 & Over - You
Federal Head of Household		Spouse		65 & Over - Spouse
Spouse Name (Filing Status 3 Only)		Dependents		Blind - You
DOB - You	01011990	Total (A)	1	Blind - Spouse
DOB - Spouse				Total (B)
Last 5 Digits VA Driver's License - You				
Last 5 Digits VA Driver's License - Spouse				

Additional Filing Information

Locality	Overseas on Due Date
Name or Filing Change	Federal EIC
Address Change	Deceased Indicator
VA Return Not Filed Last Year	Direct Bank Deposit
Dependent on Another's Return	Refund Check
Farmer / Fisherman / Merchant Seaman	Obtain Electronic 1099G
Amended	Official Use Only
NOL	

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.

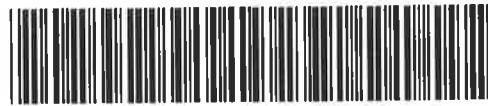
Signature - You	Date	Phone - You
Signature - Spouse	Date	Phone - Spouse
Signature - Preparer	Date	Phone - Preparer

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.

**Additions**

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

Total Additions 3.

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.

Deductions 8A.
 8B.
 8C.

Total Deductions 9.

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.

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.

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

**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
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

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



1600403726

Page 2

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

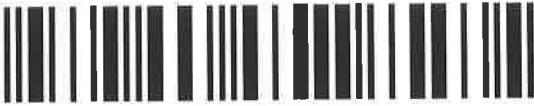
Relationship to You

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? Blind? Spouse: 65 or over? Blind?
- Total x 1,300= ► 11b. **2300**
 c. Total Standard Deduction (Line 11a + Line 11b) ► 11c.
 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. **78700**
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. **2700**
- 14c. Add Lines 14a. and 14b. Enter total ► 14c. **76000**
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ► 15. **4373**
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

Page 4

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 105597
 ATLANTA, GA 30348-5597

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.

PHONE NUMBER

Taxpayer's Signature (Check box if deceased)

DATE

Spouse's Signature (Check box if deceased)

DATE

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

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

Your first name/middle initial

bakija

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

a
City, State, ZIP a, MA 02138

Spouse SSN • Your SSN • 111-22-2222

Email Address:

Check this box if you or your spouse were 65 or older as of 12/31/15. •

Step 2 Filing Status: Mark one box only.

1 Single: Were you claimed as a dependent on another person's Iowa return? YES NO ▲

Residence on 12/31/15: County No. • School District No. •

2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)

Dependent children for whom an exemption is claimed in Step 3 0

3 Married filing separately on this combined return. Spouse use column B.

How many have health care coverage? (including Medicaid or hawk-i) 0

4 Married filing separate returns. Spouse's name: ▲ SSN:

How many do not have health care coverage? 0

5 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.

Net Income: \$

6 Qualifying Widow(er) with dependent child. Name: SSN:

Step 3 Exemptions

- a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3) ▲ 0 x \$ 40 = \$ 0 ▲ 1 x \$ 40 = \$ 40.
 b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind ▲ 0 x \$ 20 = \$ 0 ▲ 0 x \$ 20 = \$ 0
 c. Dependents: Enter 1 for each dependent ▲ 0 x \$ 40 = \$ 0 ▲ 0 x \$ 40 = \$ 0
 d. Enter first names of dependents here

e. Total \$ 0. e. Total \$ 40.

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet

B. Spouse/Status 3 ▲

A. You or Joint ▲

B. Spouse/Status 3 ▲ A. You or Joint ▲

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

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

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

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



jon bakija
2015 IA 1040, page 2

111-22-2222

	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. ▲ 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	39. 0.▲	5,254.	
	40. Iowa lump-sum tax. 25% of federal tax from form 4972	40.	▲	
	41. Iowa alternative minimum tax. Include IA 6251	41.	▲	
	42. Total tax. ADD lines 39, 40, and 41	42.	40.	5,254.
	43. Total exemption credit amount(s) from Step 3, side 1	43.	40.	
	44. Tuition and textbook credit for dependents K-12	44.	▲	
	45. Volunteer firefighter/EMS/reserve peace officer credit	45.	▲	
	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	48.	▲	
	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	50.	▲	
	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	52.	▲	
	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.	54.	▲	
	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.	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.

5,214.

Step 10 Credits	59. Iowa Fuel tax credit. Include IA 4136	59.	▲	
	60. Check One: Child and dependent care credit <input type="checkbox"/> OR	60.		
	▲ Early childhood development credit <input type="checkbox"/>	60.		
	61. Iowa earned income tax credit. 15.0% (.15) of federal credit	61.	▲	
	62. Other refundable credits. Include IA 148 Tax Credits Schedule	62.	▲	
	63. Total refundable credits. ADD lines 59 - 62	63.	▲	
	64. RESERVED FOR FUTURE USE	64. 0.▲	0.	
	65. Taxpayers trust fund tax credit. The credit for 2015 is \$0	65. 0.▲	0.	
	66. Iowa income tax withheld	66.	▲	
	67. Estimated and voucher payments made for tax year 2015	67.	▲	
	68. TOTAL. ADD lines 63, 65, 66, and 67	68. 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	71.	REFUND	71.
	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.	▲	5,214.
	73. If line 69 is less than line 58, Subtract line 69 from line 58. This is the AMOUNT OF TAX YOU OWE	73.	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.	74.	157.
	75. Penalty and interest ▲ 75a. Penalty ▲ 75b. Interest ADD Enter total	75.	75.	
	76. TOTAL AMOUNT DUE. ADD lines 73, 74, and 75. Enter here	76.	PAY THIS AMOUNT	76.

5,214.

157.

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	Check if Deceased	Date of Death	Preparer's Signature	Date
SIGN HERE	Spouse's Signature	Date	Check if Deceased	Date of Death	Preparer's PTIN	Firm's FEIN

Daytime Telephone Number

Daytime Telephone Number

This return is due May 2, 2016. Please sign, enclose W-2s, and verify SSNs.
You can pay online at <https://tax.iowa.gov/>
Make check payable to Treasurer, State of Iowa.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187.



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	X Yourself	65 or older	Blind	Qualifying Widow(er)	Total of 6A & 6B	1
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.

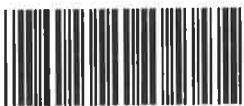
6C 0

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

IMPORTANT!

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



FOR OFFICE USE ONLY
 Field Flag

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	X 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



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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
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				



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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.	PAY THIS AMOUNT. DO NOT SEND CASH.	45 3446

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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

Name Address

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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

