Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. For the year Jan. 1-Dec. 31, 2015, or other tax year beginning Your first name and initial , 20 See separate instructions. Last name Your social security number BENJAMIN J. HOCHSTER If a joint return, spouse's first name and initial 0 6 3 9 8 7 9 1 9 Last name Spouse's social security number RONIT Home address (number and street). If you have a P.O. box, see instructions. HOCHSTER 6 6 8 4 1 5 7 3 Apt. no. Make sure the SSN(s) above 13 NACHAL KATLAV ST. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions) and on line 6c are correct. 11 Presidential Election Campaign **BET SHEMESH** Check here if you, or your spouse if filing Foreign country name Foreign province/state/county jointly, want \$3 to go to this fund. Checking Foreign postal code ISRAEL a box below will not change your tax or 9962043 refund. You Spouse Single **Filing Status** Head of household (with qualifying person). (See instructions.) If Married filing jointly (even if only one had income) the qualifying person is a child but not your dependent, enter this Check only one Married filing separately. Enter spouse's SSN above 3 child's name here. > box. and full name here. > 5 Qualifying widow(er) with dependent child Yourself. If someone can claim you as a dependent, do not check box 6a . 6a Exemptions Boxes checked b ✓ Spouse on 6a and 6b 2 No. of children C Dependents: (4) ✓ if child under age 17 (2) Dependent's (3) Dependent's (1) First name social security number qualifying for child tax credit · lived with you relationship to you Last name · did not live with YOAV A HOCHSTER 063989687 SON 1 you due to divorce If more than four or separation (see instructions) YAEL HOCHSTER 063989692 dependents, see DAUGHTER 1 SHIRA E HOCHSTER instructions and 063989690 Dependents on 6c DAUGHTER 1 check here ▶ GILAD D HOCHSTER 063989683 1 Add numbers on Total number of exemptions claimed . 6 lines above 7 Wages, salaries, tips, etc. Attach Form(s) W-2 Income 7 Taxable interest. Attach Schedule B if required 8a 8a Tax-exempt interest. Do not include on line 8a . b 8b Attach Form(s) Ordinary dividends. Attach Schedule B if required 9a W-2 here. Also 9a b attach Forms 9b W-2G and 10 Taxable refunds, credits, or offsets of state and local income taxes 10 1099-R if tax 11 11 was withheld 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 If you did not 14 Other gains or (losses). Attach Form 4797 . . . get a W-2. 14 IRA distributions . 15a see instructions. 15a **b** Taxable amount 15b 16a Pensions and annuities 16a **b** Taxable amount 16b Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 17 Farm income or (loss). Attach Schedule F . . . 18 18 19 Unemployment compensation . . . . . 19 20a Social security benefits | 20a **b** Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 50,117 23 23 Adjusted 24 Certain business expenses of reservists, performing artists, and Gross fee-basis government officials. Attach Form 2106 or 2106-EZ 24

## Income

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 Self-employed SEP, SIMPLE, and qualified plans 28 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 36 Add lines 23 through 35 . . . . . . . 36 37 Subtract line 36 from line 22. This is your adjusted gross income 50,117

7 See y for s.	nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements	If the PIN, e here (	173 - 54 - 80400 IRS sent you an Identity Protection Inter it see inst.) PTIN
7 See	pour signature  Date  12/2/1  Spouse's occupation  Rowit Hockster  Pate  12/2/1  TEACHER  Pate	If the PIN, e here (	173 - 54 - 80400 IRS sent you an Identity Protection Inter it see Inst.)  PTIN  PTIN  PTIN
7 See	pour signature  Date  12/2/1  Spouse's occupation  Rowit Hockster  Pate  12/2/1  TEACHER  Pate	If the PIN, e here (	73 - 54 - 80400  RS sent you an Identity Protection Inter it   see inst.   PTIN
7 See	pour signature  Date  12/2/1  Spouse's occupation  Rowit Hockster  Pate  12/2/1  TEACHER  Pate	If the PIN, e here (s	173 - 54 - 80400 IRS sent you an Identity Protection Inter it see inst.) PTIN
7 See	pour signature  Date  13/2/17  Your occupation  Spouse's occupation  Spouse's occupation	Dayti → 9 If the PIN, e	173 - 54 - 80400 IRS sent you an Identity Protection Inter it see inst.)
n U tt	our signature  Date  12/2/17  Your occupation	Dayti	172-54-80400 IRS sent you an Identity Protection
u tt	ley are true, correct, and complete. Declaration of prepare to the complete of	Dayti	172-54-80400
u tt	ley are true, correct, and complete. Declaration of prepare to the complete of	Dayti	ime phone number
n	nder penalties of perjury, the claim that the control of preparer (other than taxpaver) is based on all information of which pre-	parer nas	
	the of period I declare that I have examined this return and accompanying schedules and statements, and to	and best	any knowledge.
	ame ► number (PIII)  ame Index penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on all information of which prepare (other than taxpayer) is based on the other than taxpayer (other than taxpayer) is based on the other taxpayer (other than taxpayer) is based on the other taxpayer (other than taxpayer) is based on the other taxpayer (other than taxpayer).	the best	of my knowledge and belief,
ai ty	esignee's Phone Personal management (PI)		on
-	o you want to allow another person to discuss this return with the IRS (see instructions)?		plete below. No
e 79	Estimated tax penalty (see instructions)		Listalan Dis
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
77	Amount of line 75 you want applied to your 2016 estimated tax ▶ 77	70	
▶ d	Account number		
sit? b	Houring Humber		
76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here .    Routing number Savings		
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the arroad for party	76a	4,000
74	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	4,000
73	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,000
72	Credits from Form: a 2439 b Reserved c 8885 d		
71	Credit for federal tax on fuels. Attach Form 4136		
70	Excess social security and tier 1 RRTA tax withheld	1	
69	Amount paid with request for extension to file		
68	Net premium tax credit. Attach Form 8962		
IC. 67	American opportunity credit from Form 8863, line 8 68		
	Additional child tax credit. Attach Schedule 8812 67 4,000		
	Nontaxable combat pay election 66b		
a 66a	Earned income credit (EIC)		
ts 64	2015 estimated tax payments and amount applied from 2014 return  65		
	Federal income tax withheld from Forms W-2 and 1099 64		
63	Add lines 56 through 62. This is your total tax	63	0
62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
61	Health care individual responsibility (see instructions) Full-year coverage	61	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
60a	Household employment taxes from Schedule H	60a	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
58	Inreported social security and injedicale tax from the	59	
57		58	
56		57	
55	Add lines 48 through 54. These are your total credits  Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0
54	Add lines 48 through 54. These are your total credits	55	1,353
53	Other credits from Form: a 3800 b 8801 c		
52	Residential energy credits. Attach Form 5695		
g 51	Child tax credit. Attach Schedule 8812, if required 52		
50	Retirement savings contributions credit. Attach Form 8880 51		
g 49	Education credits from Form 8863, line 19		
48	Credit for child and dependent care expenses. Attach Form 2441		
47	Add lines 44, 45, and 46  Foreign tax credit. Attach Form 1116 if required		
46		47	1,353
45	Excess advance premium tax credit repayment. Attach Form 8962	46	
or 44	Alternative minimum tax (see instructions). Attach Form 6251	45	
43	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	1,353
0 42	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	13,517
41	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	24,000
40	Subtract line 40 from line 38	41	37,517
b	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 396		
39a	Crieck   Live was a		
38	G Manuary have before leguent 2 1951 Right Total house		
20	Amount from line 37 (adjusted gross income)	38	50,117
		if: Spouse was born before January 2, 1951, ☐ Blind. J checked ▶ 39a ☐	Check

Page 2

<b>1040</b>	Department of the Treasury-Internal U.S. Individual Inc		20	16 OMB	lo. 1545-0074 IRS Use	Only—Do	not write or staple in this s	space.
	ec. 31, 2016, or other tax year beginning	g	, 201	6, ending	, 20	See	separate instruction	ns.
Your first name and	initial	Last name				You	r social security numb	ber
BENJAMIN J.		HOCHSTER				0 6	3 9 8 7 9 1	9
If a joint return, spo	use's first name and initial	Last name					se's social security nur	
RONIT		HOCHSTER				9 6	6 8 4 1 5 7	3
Home address (num	nber and street). If you have a P.O.	box, see instructions.			Apt. no.	0.00	Make sure the SSN(s) a	
13 NACHAL KAT City, town or post office	LAV ST. ce, state, and ZIP code. If you have a	foreign address, also complete	spaces below	w (see instructions)	11		and on line 6c are con	rect.
BET SHEMESH							here if you, or your spouse if	
Foreign country nan	ne	Foreign pro	ovince/state	e/county	Foreign postal con	de jointly,	, want \$3 to go to this fund. C below will not change your ta	hecking
ISRAEL	Land and the state of the		ويخيطك		9962043	refund		Spouse
Filing Status	1 Single			4 He	ad of household (with qu	alifying p	erson). (See instructions	s.) If
	2 Married filing joint	ly (even if only one had in	come)	the	qualifying person is a cl	hild but n	ot your dependent, ente	er this
Check only one		arately. Enter spouse's S	SN above		d's name here.			
box.	and full name here				alifying widow(er) with	depend	lent child	
Exemptions		eone can claim you as a	depender	nt, do not chec	k box 6a	}	Boxes checked on 6a and 6b	
	b Spouse					]	No. of children	
	c Dependents:	(2) Dependent		(3) Dependent's	(4) ✓ if child under age qualifying for child tax cr		on 6c who: • lived with you	4
	(1) First name Last name	ne social security nu	nber	relationship to you	(see instructions)	- Cuit	did not live with	
If more than four	YOAV A HOCHSTER	0639896	8 7 S	ON	1		you due to divorce or separation	
dependents, see	YAEL HOCHSTER	0639896	9 2 D	AUGHTER	<b>4</b>		(see instructions)	
instructions and	SHIRA E HOCHSTER	0639896	9 0 D	AUGHTER	1		Dependents on 6c not entered above	
check here ▶□	GILAD D HOCHSTER	0639896	8 3 S	ON	1		Add numbers on	6
	d Total number of exe	mptions claimed					lines above ▶	В
Income	7 Wages, salaries, tips	s, etc. Attach Form(s) W-2	2			7	57,403	
	8a Taxable interest. Att	ach Schedule B if require	ed			8a		
Attach Form(s)	b Tax-exempt interest	t. Do not include on line	8a	. 8b				
W-2 here. Also	9a Ordinary dividends.	Attach Schedule B if requ	uired .			9a		
attach Forms	b Qualified dividends			. 9b				
W-2G and	10 Taxable refunds, cre	dits, or offsets of state a	nd local in	ncome taxes		10		
1099-R if tax was withheld.	11 Alimony received .					11		
		(loss). Attach Schedule (	or C-EZ		· · · · <u>·</u>	12		
If you did not		. Attach Schedule D if re	quired. If r	not required, ch	neck here ▶ □	13		
get a W-2,		s). Attach Form 4797 .		4		14		
see instructions.	15a IRA distributions .	15a	(8)	<b>b</b> Taxable	amount	15b		
	16a Pensions and annuitie		7.14 13	<b>b</b> Taxable		16b		
		yalties, partnerships, S o		ns, trusts, etc.	Attach Schedule E	17		
		s). Attach Schedule F.				18		1000
	19 Unemployment com					19		
	20a Social security benefit			<b>b</b> Taxable	amount	20b		
	<ul><li>21 Other income. List ty</li><li>22 Combine the amounts</li></ul>		7 1	ab 04 This is		21		-
		in the far right column for li			ur total income	22	57,403	
Adjusted								
Gross		uses of reservists, performing		CONTRACTOR OF THE PARTY OF THE				
Income		unt deduction. Attach Fo		24		150		1
		ttach Form 3903				-		
		employment tax. Attach Sc				-		
		SIMPLE, and qualified p						
		n insurance deduction						
		drawal of savings						
	31a Alimony paid b Rec		1	31a				
		· · · · · · · ·	1	. 32				
		deduction		. 33				
		ach Form 8917						- 3
		activities deduction. Attach						
	36 Add lines 23 through							
	Tidd midd 20 (modd)	135				36		

Form 1040 (2010	3)			Page 2
A COURT	38	Amount from line 37 (adjusted gross income)	38	57,403
Tax and	39a	Check You were born before January 2, 1952, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1952, ☐ Blind. checked ▶ 39a		
Orcano	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
Deduction for—	41	Subtract line 40 from line 38	41	44,803
People who	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	24,300
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	20,503
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	2,151
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Instructions.     All others:	47	Add lines 44, 45, and 46	47	
Single or	48	Foreign tax credit. Attach Form 1116 if required 48 2,151		
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49		
\$6,300	50	Education credits from Form 8863, line 19		
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required		
widow(er), \$12,600	53	Residential energy credits. Attach Form 5695		
Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household, \$9,300	55	Add lines 48 through 54. These are your total credits	55	2,151
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	0
	57	Self-employment tax. Attach Schedule SE	57	
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Taxes	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	0
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64		
	65	2016 estimated tax payments and amount applied from 2015 return 65		
If you have a qualifying	66a	Earned income credit (EIC)		
child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67 3,000		
	68	American opportunity credit from Form 8863, line 8 68		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld 71		
	72	Credit for federal tax on fuels. Attach Form 4136 72		
	73	Credits from Form: a 2439 b Reserved c 8885 d 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	3,000
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,000
	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here . ▶ □	76a	3,000
Direct deposit?	<b>▶</b> b	Routing number		
See	► d	Account number		
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax ▶ 77	1	
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
You Owe	79	Estimated tax penalty (see instructions) 79		
Third Party			The second second second	ete below. No
Designee		risignee's Phone Personal ider no. ► number (PIN)		
Sign	_	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle		ef, they are true, correct, and
Here	accurati	ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor	mation of wh	nich preparer has any knowledge.
Joint return? See	M	our signature  Out of the signature of t	Daytime	phone number
instructions.	N. K.	Corpus Joshure Portesty 142/17		972-54-8040040
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IRS s	sent you an Identity Protection
753. 1000103.	1	SONIT HOCKSTEY 142/15 TEACHER	here (see in	nst.)
Paid	Pri	Int/Type preparer's name Preparer's signature Date		if PTIN
Preparer	1		self-emp	
Use Only	Fir	m's name ▶	Firm's Ell	N ►
	Fire	m'e addroee b	Dhoop as	

www.irs.gov/form1040

Form 1040 (2016)

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space See separate instructions. For the year Jan. 1-Dec. 31, 2014, or other tax year beginning 2014, ending . 20 Your first name and initial Last name Your social security number HOCHSTER 0 6 3 9 8 7 9 1 9 BENJAMIN J. If a joint return, spouse's first name and initial Last name Spouse's social security number HOCHSTER RONIT 9 6 6 8 4 1 5 7 3 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. 11 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions) Presidential Election Campaign Check here if you, or your spouse if filing **BET SHEMESH** jointly, want \$3 to go to this fund. Checking Foreign province/state/county Foreign postal code Foreign country name a box below will not change your tax or refund. 9962043 You Spouse ISRAEL 4 Head of household (with qualifying person). (See instructions.) If Single **Filing Status** ✓ Married filing jointly (even if only one had income) the qualifying person is a child but not your dependent, enter this 2 child's name here. Married filing separately. Enter spouse's SSN above Check only one 3 5 Qualifying widow(er) with dependent child and full name here. box. Boxes checked on 6a and 6b 6a Yourself. If someone can claim you as a dependent, do not check box 6a . . . Exemptions 2 ✓ Spouse No. of children (4) / if child under age 17 (2) Dependent's (3) Dependent's on 6c who: Dependents: C lying for child tax credit (see instructions) · lived with you relationship to you (1) First name Last name did not live with you due to divorce or separation 063989687 SON 1 YOAV A HOCHSTER If more than four (see instructions) 1 063989692 DAUGHTER YAEL HOCHSTER dependents, see Dependents on 6c not entered above 1 063989690 DAUGHTER SHIRA E HOCHSTER instructions and 1 SON check here ▶ GILAD D HOCHSTER 063989683 Add numbers on 6 Total number of exemptions claimed lines above 7 Wages, salaries, tips, etc. Attach Form(s) W-2 54,178 Income Taxable interest. Attach Schedule B if required . 8a Tax-exempt interest. Do not include on line 8a . 8b b Attach Form(s) Ordinary dividends. Attach Schedule B if required 9a 9a W-2 here. Also Qualified dividends . . . . . . . . . . . . 9b b attach Forms Taxable refunds, credits, or offsets of state and local income taxes 10 10 W-2G and 1099-R if tax 11 11 was withheld. Business income or (loss). Attach Schedule C or C-EZ . 12 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13 If you did not 14 14 Other gains or (losses). Attach Form 4797 . . . . . get a W-2, 15b IRA distributions . 15a b Taxable amount 15a see instructions. 16b 16a Pensions and annuities | 16a **b** Taxable amount Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 17 18 Farm income or (loss). Attach Schedule F . . . . . . . 18 19 19 Unemployment compensation . . . . . 20b 20a Social security benefits 20a b Taxable amount . . Other income. List type and amount 21 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 54,178 23 Educator expenses . . . . . . . . . . . . . 23

## Adjusted Gross Income

36

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 25 Health savings account deduction. Attach Form 8889 . 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 Alimony paid b Recipient's SSN ▶ 31a 31a 32 32 IRA deduction . . . . . . . 33 33 Student loan interest deduction . 34 34 Tuition and fees. Attach Form 8917. . . . . . 35 Domestic production activities deduction. Attach Form 8903

Subtract line 36 from line 22. This is your adjusted gross income

36

54,178

Form 1040 (2014)				Page 2
	38	Amount from line 37 (adjusted gross income)	38	54,178
Tou and	39a	Check You were born before January 2, 1950, Blind. Total boxes		
Tax and		if: Spouse was born before January 2, 1950, ☐ Blind. checked ▶ 39a		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here▶ 39b		
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,400
Deduction	41	Subtract line 40 from line 38	41	41,778
• People who	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	23,700
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	18,078
39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	1,808
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
instructions.	47	Add lines 44, 45, and 46	47	1,808
All others:	48	Foreign tax credit. Attach Form 1116 if required 48 1,808		
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49		
separately, \$6,200	50	Education credits from Form 8863, line 19 50		
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52		
widow(er),	53	Residential energy credits. Attach Form 5695 53		
\$12,400 Head of	54	Other credits from Form: a 3800 b 8801 c 54	1	
household,	55	Add lines 48 through 54. These are your total credits	55	1,808
\$9,100	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	0
	57	Self-employment tax. Attach Schedule SE	57	
Othor	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Other	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Taxes	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	0
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64		
rayments	65	2014 estimated tax payments and amount applied from 2013 return 65		
If you have a	66a	Earned income credit (EIC)		
qualifying	b	Nontaxable combat pay election 66b		
child, attach Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67 4,000		
	68	American opportunity credit from Form 8863, line 8 68		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld		
	72	Credit for federal tax on fuels. Attach Form 4136 72		
	73	Credits from Form: a 2439 b Reserved c Reserved d 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,000
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,000
	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here	76a	4,000
Direct deposit?	<b>▶</b> b	Routing number	( ) ( )	
See	▶ d	Account number		
instructions.	77	Amount of line 75 you want applied to your 2015 estimated tax ▶ 77	78	
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	10	
You Owe	79	Estimated tax penalty (see instructions)	Comp	ete below. No
Third Party	D	boyou want to allow another person to discuss this return with the into (see instruction).  Personal iden		
Designee	De	esignee's number (PIN)		i ve les suladas and belief
Sign	Ur	no.  no.  no.  no.  no.  no.  no.  no.	he best of rer has an	y knowledge.
Here	th	ey are true, correct, and complete. Declaration of property   Your occupation	Daytime	phone number
Joint return? See		Burispature 12/2/17	+9-	72-54-804004
instructions.			If the IRS PIN, ente	sent you an Identity Protection
Keep a copy for your records.	9	pouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  12/2// TEACHER	here (see	inst.)
Jour rocords.	1	rint/Type preparer's name Preparer's signature Date	Check	☐ if PTIN
Paid	1	mile type proparer a marile	self-emp	ployed
Preparer	-	lenda nomo. N	Firm's E	
Use Only	_	im's name	Phone n	Form <b>1040</b> (2014)
	F	irm's address ►		Form 1040 (2014)