

Form	1040	Department of the Treasury—Internal Revenue Service (99)	2015	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 , 2015, ending , 20																														
Your first name and initial <i>Ivan I.</i>		Last name <i>Incisor</i>		See separate instructions. Your social security number <i>477 34 4321</i>																										
If a joint return, spouse's first name and initial <i>Irene I.</i>		Last name <i>Incisor</i>		Spouse's social security number <i>637 34 4927</i>																										
Home address (number and street). If you have a P.O. box, see instructions. <i>468 Male Deer Lane</i>				Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.																									
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <i>Spokane, WA 99206</i>																														
Foreign country name		Foreign province/state/county		Foreign postal code																										
Filing Status <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ </div> <div style="width: 45%;"> 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child </div> </div>																														
Exemptions <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a 6b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1" style="width: 100%; font-size: 8pt;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td><i>Ira</i></td> <td><i>Incisor</i></td> <td><i>690 99 9999</i></td> <td><i>Child</i></td> <td><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> </div> <div style="width: 30%; font-size: 8pt;"> Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶ 3 </div> </div>						(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	<i>Ira</i>	<i>Incisor</i>	<i>690 99 9999</i>	<i>Child</i>	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)																										
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				<input type="checkbox"/>																										
				<input type="checkbox"/>																										
				<input type="checkbox"/>																										
d Total number of exemptions claimed																														
Income <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ </div> <div style="width: 30%; text-align: right;"> 7 <i>65,000</i> 8a <i>380</i> 9a 9b 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 <i>65,380</i> </div> </div>																														
Adjusted Gross Income <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> 23 Reserved 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 Reserved 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ </div> <div style="width: 30%; text-align: right;"> 23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37 <i>65,380</i> </div> </div>																														

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2015)

Form 1040 (2015)		Page 2
Tax and Credits	38 Amount from line 37 (adjusted gross income)	38 65,380
	39a Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. checked ▶ 39a <input type="checkbox"/>	
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>	
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 12,600
• 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	41 Subtract line 40 from line 38	41 52,780
	42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42 12,000
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 40,780
	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 5,194
	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 5,194
	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 credit. 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	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56 5,194
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 5,194
Payments	64 Federal income tax withheld from Forms W-2 and 1099 64 6,000	
	65 2015 estimated tax payments and amount applied from 2014 return 65	
	66a Earned income credit (EIC) 66a	
	b Nontaxable combat pay election 66b	
	67 Additional child tax credit. Attach Schedule 8812 67	
	68 American opportunity credit from Form 8863, line 8 68	
	69 Net premium tax credit. Attach Form 8962 69	
	70 Amount paid with request for extension to file 70	
	71 Excess social security and tier 1 RRTA tax withheld 71	
	72 Credit for federal tax on fuels. Attach Form 4136 72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> 73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶	74 6,000
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75 806
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here 76a 806	
Direct deposit? See instructions.	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	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78
	79 Estimated tax penalty (see instructions) 79	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
	Designee's name ▶	Phone no. ▶
	Personal identification number (PIN) ▶	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Joint return? See instructions. Keep a copy for your records.	Your signature	Date
	Spouse's signature. If a joint return, both must sign.	Date
	Your occupation Dentist	Daytime phone number
	Spouse's occupation Homemaker	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name ▶	Date
	Firm's address ▶	Check <input type="checkbox"/> if self-employed
	Firm's EIN ▶	PTIN
	Phone no.	