

Form	1040	Department of the Treasury—Internal Revenue Service (99) <b>U.S. Individual Income Tax Return</b>	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		Last name		See separate instructions.																																																																									
Pierre		Lappin		Your social security number																																																																									
If a joint return, spouse's first name and initial		Last name		1 2 3 4 5 6 7 8 9																																																																									
Jeanie		Lappin		Spouse's social security number																																																																									
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.		4 4 5 6 7 9 8 7 6																																																																									
123 Cottontail Lane				▲ 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).				Presidential Election Campaign																																																																									
Houston TX				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.																																																																									
Foreign country name		Foreign province/state/county		<input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																									
<b>Filing Status</b>	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. ▶ 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																																																																												
<b>Exemptions</b>	6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . b <input type="checkbox"/> Spouse . . . . . <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">c Dependents:</th> <th style="width: 15%;">(2) Dependent's social security number</th> <th style="width: 15%;">(3) Dependent's relationship to you</th> <th style="width: 15%;">(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>(1) First name Last name</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> d Total number of exemptions claimed . . . . .					c Dependents:	(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)	(1) First name Last name			<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>																																																				
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<b>Income</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .</td> <td style="width: 15%;"></td> <td style="width: 15%;">7</td> <td style="width: 15%; text-align: right;">70,000</td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required . . . . .</td> <td></td> <td>8a</td> <td style="text-align: right;">3,000</td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a . . . . .</td> <td>8b 2,000</td> <td></td> <td></td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required . . . . .</td> <td></td> <td>9a</td> <td style="text-align: right;">5,000</td> </tr> <tr> <td>b Qualified dividends . . . . .</td> <td>9b 5,000</td> <td></td> <td></td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .</td> <td></td> <td>10</td> <td></td> </tr> <tr> <td>11 Alimony received . . . . .</td> <td></td> <td>11</td> <td></td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ . . . . .</td> <td></td> <td>12</td> <td></td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/></td> <td></td> <td>13</td> <td style="text-align: right;">4,000</td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797 . . . . .</td> <td></td> <td>14</td> <td></td> </tr> <tr> <td>15a IRA distributions . . . . .</td> <td>15a</td> <td>b Taxable amount</td> <td>15b</td> </tr> <tr> <td>16a Pensions and annuities . . . . .</td> <td>16a</td> <td>b Taxable amount</td> <td>16b</td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td></td> <td>17</td> <td style="text-align: right;">10,000</td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F . . . . .</td> <td></td> <td>18</td> <td></td> </tr> <tr> <td>19 Unemployment compensation . . . . .</td> <td></td> <td>19</td> <td></td> </tr> <tr> <td>20a Social security benefits . . . . .</td> <td>20a</td> <td>b Taxable amount</td> <td>20b</td> </tr> <tr> <td>21 Other income. List type and amount</td> <td></td> <td>21</td> <td></td> </tr> <tr> <td>22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶</td> <td></td> <td>22</td> <td style="text-align: right;">92,000</td> </tr> </table>					7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		7	70,000	8a Taxable interest. Attach Schedule B if required . . . . .		8a	3,000	b Tax-exempt interest. Do not include on line 8a . . . . .	8b 2,000			9a Ordinary dividends. Attach Schedule B if required . . . . .		9a	5,000	b Qualified dividends . . . . .	9b 5,000			10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .		10		11 Alimony received . . . . .		11		12 Business income or (loss). Attach Schedule C or C-EZ . . . . .		12		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13	4,000	14 Other gains or (losses). Attach Form 4797 . . . . .		14		15a IRA distributions . . . . .	15a	b Taxable amount	15b	16a Pensions and annuities . . . . .	16a	b Taxable amount	16b	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	10,000	18 Farm income or (loss). Attach Schedule F . . . . .		18		19 Unemployment compensation . . . . .		19		20a Social security benefits . . . . .	20a	b Taxable amount	20b	21 Other income. List type and amount		21		22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	92,000
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