

File by Mail Instructions for your 2015 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Wayne M Smith
23 Oakwood Circle
Naples, ME 04055

Balance Due/Refund	Your federal tax return (Form 1040) shows you are due a refund of \$445.00 Your refund will be direct deposited into the following account: Account Number: 191382001011, Routing Transit Number: 011200608.		
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040.</p> <p>Mail your return and attachments to:</p> <p>Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002</p> <p>Deadline: Postmarked by Tuesday, April 19, 2016</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
2015 Federal Tax Return Summary	Adjusted Gross Income	\$	7,427.00
	Taxable Income	\$	0.00
	Total Tax	\$	325.00
	Total Payments/Credits	\$	770.00
	Amount to be Refunded	\$	445.00
	Effective Tax Rate		-6.77%
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.		

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20		See separate instructions.
Your first name and initial Wayne M	Last name Smith	Your social security number 454-49-3864
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. 23 Oakwood Circle		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). Naples ME 04055		Presidential Election Campaign 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 <input checked="" type="checkbox"/> Single	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. ▶
2 <input 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. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b <u>1</u> No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶ <u>1</u>
b <input type="checkbox"/> Spouse				
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"/>
d Total number of exemptions claimed				

If more than four dependents, see instructions and check here ☐

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	5,290.
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	0.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	2,300.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	7,590.

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.

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	163.
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	163.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	7,427.

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	7,427.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind.		
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	1,127.
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	0.
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	0.
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	0.
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	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	325.
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 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	325.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	267.
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	503.
b	Nontaxable combat pay election 66b	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	770.

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	445.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	445.
b	Routing number 0 1 1 2 0 0 6 0 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 9 1 3 8 2 0 0 1 0 1 1		

Amount You Owe

77	Amount of line 75 you want applied to your 2016 estimated tax ▶	77	
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)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Joint return? See instructions. Keep a copy for your records.

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

Your signature	Date	Your occupation DJ / Cook	Daytime phone number (207) 693-6545
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

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

**SCHEDULE C-EZ
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Wayne M Smith

Net Profit From Business

(Sole Proprietorship)

- **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**
► **Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.**

OMB No. 1545-0074

2015Attachment
Sequence No. **09A**

Social security number (SSN)

454-49-3864

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A Principal business or profession, including product or service
DJ Entertainment

B Enter business code (see page 2)

7 | 1 | 1 | 5 | 1 | 0

C Business name. If no separate business name, leave blank.

D Enter your EIN (see page 2)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

23 Oakwood Circle

City, town or post office, state, and ZIP code

Naples, ME 04055

F Did you make any payments in 2015 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)

☐ Yes ☒ No

G If "Yes," did you or will you file required Forms 1099?

☐ Yes ☐ No**Part II Figure Your Net Profit**

1	Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here	<input type="checkbox"/>	1	3,235.
2	Total expenses (see page 2). If more than \$5,000, you must use Schedule C		2	935.
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 , and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3		3	2,300.

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ►
- 5** Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
- a** Business **b** Commuting (see page 2) **c** Other
- 6** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► **Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.**
► **Attach to Form 1040 or Form 1040NR.**

OMB No. 1545-0074

2015
Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Wayne M Smith

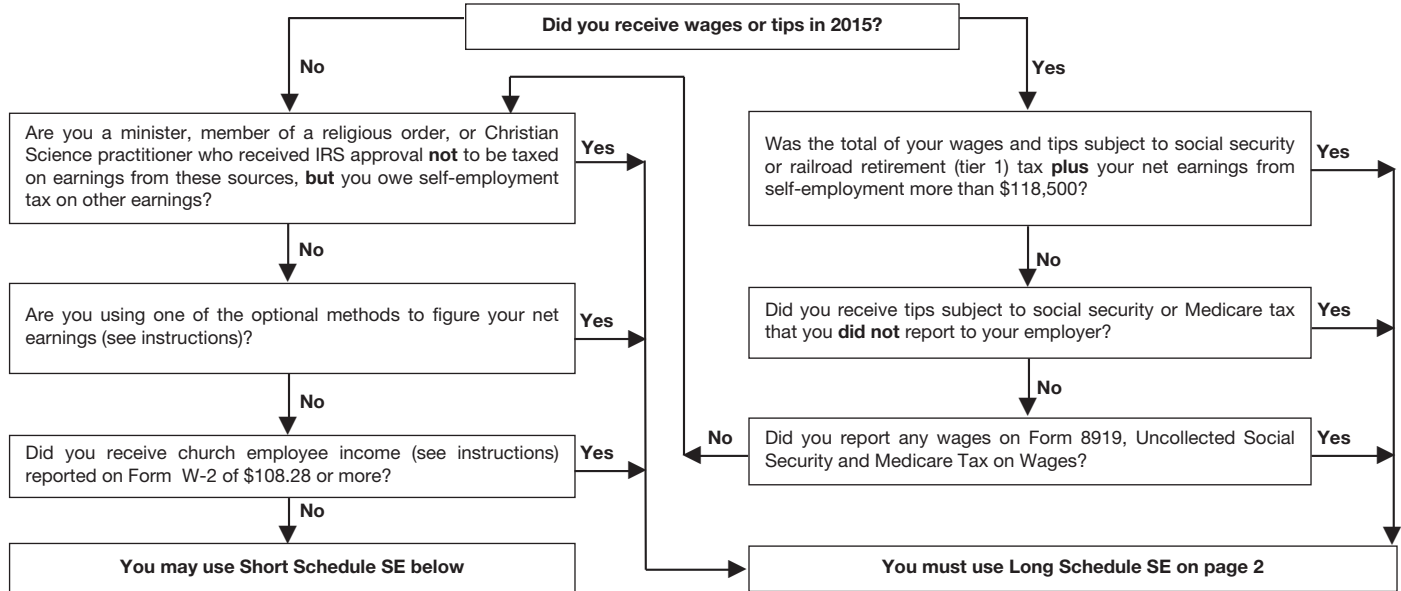
Social security number of person
with **self-employment** income ►

454-49-3864

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	2,300.
3	Combine lines 1a, 1b, and 2	3	2,300.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ►	4	2,124.
5	Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57 , or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57 , or Form 1040NR, line 55	5	325.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27	6	163.

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**

REV 12/04/15 TTW

Schedule SE (Form 1040) 2015

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

Name as shown on return

Wayne M Smith

Your social security number

454-49-3864

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I

Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household

7a Are you claiming an exemption because your household income is below the filing threshold? ☒ **Yes** ☐ **No**

b Are you claiming a hardship exemption because your gross income is below the filing threshold? ☒ **Yes** ☐ **No**

Part III

Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	Wayne Smith	454-49-3864	G	X												
9																
10																
11																
12																
13																

Tax History Report

► Keep for your records

2015

Name(s) Shown on Return

Wayne M Smith

	Five Year Tax History:				
	2011	2012	2013	2014	2015
Filing status			Single	Single	Single
Total income			3,533.	5,825.	7,590.
Adjustments to income			80.	119.	163.
Adjusted gross income			3,453.	5,706.	7,427.
Tax expense			133.	139.	305.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .			6,100.	6,200.	6,300.
Exemption amount . .			3,900.	3,950.	4,000.
Taxable income			0.	0.	0.
Tax.					
Alternative min tax . .					
Total credits					
Other taxes			160.	237.	325.
Payments			266.	614.	770.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.			106.	377.	445.
Effective tax rate % . .			-7.70	-7.68	-6.77
**Tax bracket % . . .					

**Tax bracket % is based on Taxable income.

Healthcare Entry Sheet

► Keep for your records

2015

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

*Short Gap
Eligible**
Yes No

a. Name of covered individual(s) b. SSN c. DOB			Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Wayne	Smith		Short gap:			Yes	X	No							T
	454-49-3864	11/08/66														
2				Short gap:			Yes		No							
3				Short gap:			Yes		No							
4				Short gap:			Yes		No							
5				Short gap:			Yes		No							
6				Short gap:			Yes		No							

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☐ Check this box once you are finished with all the healthcare related entries.

2015

Social Security Number

454-49-3864

Estimated Tax Payments for 2015 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/15		04/15/15			04/15/15		
2	06/15/15		06/15/15			06/15/15		
3	09/15/15		09/15/15			09/15/15		
4	01/15/16		01/15/16			01/15/16		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2015					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2015 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				267 .	30 .	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St	_____	Loc	_____		
18 a	Other withholding	St	_____	Loc	_____		
b	Other withholding	St	_____	Loc	_____		
c	Other withholding	St	_____	Loc	_____		
d	Positive Adjustment	St	_____	Loc	_____		
e	Negative Adjustment	St	_____	Loc	_____		
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				267 .	30 .	
20	Total Tax Payments for 2015				267 .	30 .	

Prior Year Taxes Paid In 2015 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2014 extensions				
22	2014 estimated tax paid after 12/31/2014				
23	Balance due paid with 2014 return				
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet

2015

► Keep for your records

Name(s) Shown on Return Wayne M Smith	Social Security Number 454-49-3864
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2014 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
ME			10.		10.	
Totals . .			10.		10.	

Other Tax and Income Information

			2014	2015
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	139.	305.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	5,706.	7,427.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	0.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2014	2015
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2014	2015
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2015	b		
	b 2014	c		
	c 2013	d		
	d 2012	e		
	e 2011	f		
	f 2010			

Wayne M Smith

454-49-3864

Loss and Expense Carryovers (cont'd)						2014	2015
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2015 . . .	17 a			
		b	2014 . . .	b			
		c	2013 . . .	c			
		d	2012 . . .	d			
		e	2011 . . .	e			
		f	2010 . . .	f			
Credit Carryovers						2014	2015
18	General business credit			18			
19	Adoption credit from:	a	2015	19 a			
		b	2014	b			
		c	2013	c			
		d	2012	d			
20	Mortgage interest credit from:	a	2015	20 a			
		b	2014	b			
		c	2013	c			
		d	2012	d			
21	Credit for prior year minimum tax			21			
22	District of Columbia first-time homebuyer credit			22			
23	Residential energy efficient property credit			23			
Other Carryovers						2014	2015
24	Section 179 expense deduction disallowed			24			
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a			
		b	Taxpayer (Form 2555, line 48)	b			
		c	Spouse (Form 2555, line 46)	c			
		d	Spouse (Form 2555, line 48)	d			

Charitable Contribution Carryovers

26 2014 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2014				
b	2013				
c	2012				
d	2011				
e	2010				
27 2015 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015				
b	2014				
c	2013				
d	2012				
e	2011				
28 Amount overpaid less earned income credit 0.					

2014 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

File by Mail Instructions for your 2015 Maine Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Wayne M Smith
23 OAKWOOD CIRCLE
Naples, ME 04055

Balance Due/Refund	Your Maine state tax return (Form 1040ME) shows you are due a refund of \$30.00.												
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Enclose supporting W-2, 1099, and 1099ME forms.</p> <p>Mail your return and attachments to: Maine Revenue Services P.O. Box 1066 Augusta, ME 04332-1066</p> <p>Deadline: Postmarked by April 19, 2016</p> <p>Don't forget correct postage on the envelope.</p>												
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.												
2015 Maine Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>-2,873.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>0.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>30.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>30.00</td></tr></table>	Taxable Income	\$	-2,873.00	Total Tax	\$	0.00	Total Payments/Credits	\$	30.00	Amount to be Refunded	\$	30.00
Taxable Income	\$	-2,873.00											
Total Tax	\$	0.00											
Total Payments/Credits	\$	30.00											
Amount to be Refunded	\$	30.00											
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.												
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.												



2015

MAINE INDIVIDUAL INCOME TAX
FORM 1040ME

09

01 01 2015 to 12 31 2015

Check here if this is an **AMENDED** return.

15021V0

See instructions. **Print neatly in blue or black ink only.**

WAYNE
Your First Name

M
MI

454 49 3864
Your Social Security Number

SMITH
Your Last Name

Spouse's Social Security Number

Spouse's First Name

MI

Home Phone Number

207 693 6545
Work Phone Number

Spouse's Last Name

23 OAKWOOD CIRCLE
Current Mailing Address (PO Box, number, street and apt. no)

NAPLES
City or Town

ME 04055
State ZIP Code

Foreign country name

Foreign province/state/county

Foreign postal code

A **Maine Property Tax Fairness Credit** - Maine residents and part-year residents only - see Schedule PTFC. Check this box if you are filing a return only to claim the Property Tax Fairness Credit on line 25d. Otherwise, leave this box blank. Follow the instructions on Schedule PTFC.

1 **Maine Clean Election Fund. Maine Residents Only.** Check here if you, or your spouse, if filing jointly, want \$3 to go to this fund.

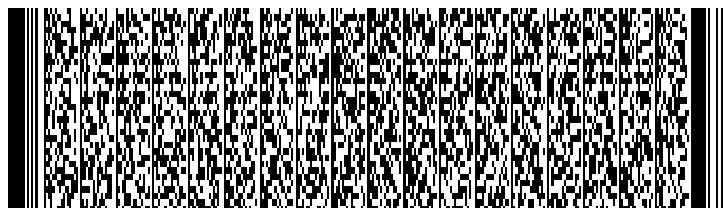
You

Spouse

2 Check here if you were engaged in **COMMERCIAL FARMING OR FISHING** during 2015.....

FILING STATUS (Check one)

- 3 ☒ Single
- 4 ☐ Married filing jointly
(Even if only one had income)
- 5 ☐ Married filing separately. Enter spouse's
social security number and full name above.
- 6 ☐ Head of household (With qualifying person)
- 7 ☐ Qualifying widow(er) with dependent child
(Year spouse died)
- Composite Return (Pass-through
Entities ONLY)**

**RESIDENCY STATUS** (Check one)

- 8 ☒ Resident **8a** "Safe Harbor" Resident
- 9 ☐ Part-Year Resident **10** Nonresident **11** Nonresident Alien
- Check here if you are filing **Schedule NRH**

12 **CHECK IF:** You were: **12a** 65 or over **12b** blind **Spouse was:** **12c** 65 or over **12d** blind

13 Enter the TOTAL number of **EXEMPTIONS** claimed on your federal return..... 13 1

14 **FEDERAL ADJUSTED GROSS INCOME**..... 14 7427.00

15 **INCOME MODIFICATIONS.** (From Schedule 1, line 3.)..... 15 0.00

16 **MAINE ADJUSTED GROSS INCOME.** (Line 14 plus or minus line 15.)..... 16 7427.00

17 **DEDUCTION.** ☒ Standard (See instructions on page 2)..... 17 6300.00

Itemized (From Maine Schedule 2, line 7.)

18 **EXEMPTION.** (See instructions.)..... 18 4000.00

Calculate Your Taxable Income

1555

REV 12/28/15 TTW

Continue on page 2



1502101

Calculate Your Tax and Credits

19 TAXABLE INCOME. (Line 16 minus lines 17 and 18.)	19	-2873 .00
20 INCOME TAX. (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules available at www.maine.gov/revenue/forms .)	20	0 .00
20a TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions).	20a	.00
21 TOTAL TAX. (Line 20 plus line 20a)	21	0 .00
22 TAX CREDITS. (From Maine Schedule A, line 23.)	22	0 .00
23 NONRESIDENT CREDIT. (For part-year residents, nonresidents and "Safe Harbor" residents only.) From Schedule NR, line 9 or NRH, line 11	23	0 .00
(You MUST attach a copy of your federal return and TDY papers, if applicable.)		
24 NET TAX. (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.) ..	24	0 .00

Tax Payments/Refundable Credits

25 TAX PAYMENTS.		
a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.).....➔	25a	30 .00
b 2015 estimated tax payments and 2014 credit carried forward, extension payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.)	25b	0 .00
c REFUNDABLE TAX CREDITS (from Maine Schedule A, line 5)	25c	.00
d Property Tax Fairness Credit (Schedule PTFC, line 13). (See instructions.)... (For Maine Residents and Part-year Residents Only)	25d	.00
e TOTAL. (Add lines 25a, b, c and d.)	25e	30 .00
26 If this is an amended return, enter overpayment, if any, on original or as previously adjusted.....	26	.00
27 Line 25e minus line 26. (If negative, enter a minus sign in the box to the left of the number.)	27	30 .00
28 INCOME TAX OVERPAID. If line 27 is larger than line 24, enter amount overpaid (Line 27 minus line 24.)	28	30 .00
29 INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount underpaid (Line 24 minus line 27.) (See instructions if line 27 is negative.)	29	.00

Calculate Use Tax / Voluntary Contributions / Refund Due

30 USE TAX (SALES TAX). (See instructions.)	30	0 .00
30a SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	30a	.00
31 CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 10.) ..	31	.00
32 NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – NOTE: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a below. ..	32	30 .00
33 Amount to be CREDITED to 2016 estimated tax ... 33a	0 .00	REFUND 33b
		30 .00

IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$10,000 or less) OR TO A NEXTGEN COLLEGE INVESTING PLAN® ACCOUNT, see the instructions on page 3 and fill in the lines below.

Check here if this refund will go to an account outside the United States. **33c** Routing Number*

33d Account Number*

*For NextGen Accounts, enter 084301767 on line 33c and the 8-digit NextGen Account Number on line 33d (do not enter hyphens).

33e Type of Account: Checking Savings NextGen®



1502111

Name(s) as shown on Form 1040ME

Your Social Security Number

WAYNE M SMITH

454 49 3864

TAX DUE

34a TAX DUE. (Add lines 29, 30, 30a and 31) - **NOTE:** If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line 34a .00

b Underpayment Penalty. (Attach Form 2210ME.)
Check here if you checked the box on Form 2210, line 17 34b .00

c TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with return.) 34c .00

EZ PAY at www.maine.gov/revenue or **ENCLOSE CHECK** payable to: **Treasurer, State of Maine. DO NOT SEND CASH****IMPORTANT NOTE**If taxpayer is **deceased**,
enter **date of death**.

(Month) (Day) (Year)

If spouse is **deceased**,
enter **date of death**.

(Month) (Day) (Year)

Third Party Designee Do you want to allow another person to discuss this return with Maine Revenue Services? **Yes** (complete the following). **X No.**
See page 3)

Designee's name

Phone no.

Personal identification #:

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.

**SIGN
HERE**
Keep a
copy of
this return
for your
records

**Paid
Preparer's
Use
Only**

Your signature

Date signed

DJCOOK

Your occupation

Spouse's signature (If joint return, **both** must sign)

Date signed

Spouse's occupation

Preparer's signature

Date

Preparer's phone number

SELF PREPARED

Print preparer's name and name of business

Preparer's SSN or PTIN

Avoid errors that delay processing of returns:

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- **Line A.** Check the Property Tax Fairness Credit box, if it applies.
- **Lines 12 and 17.** If you are over 65 and/or blind, see the instructions on page 2 and claim the additional amount as allowed.
- **Line 20.** Use the correct column from the tax table for your filing status.
- **Refund.** If you overpaid your tax, enter the amount you want to be refunded on line 33b.
 - Double check social security numbers, filing status, and number of exemptions.
 - Double check mathematical calculations.
 - Be sure to sign your return.
 - Enclose W-2 forms with the return.

If requesting a **REFUND**, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066
If **NOT** requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067

DO NOT SEND PHOTOCOPIES OF RETURNS

1555

REV 12/28/15 TTW

**Payment
Plan**
**Injured
Spouse**