

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20 _____ See separate instructions.

Your first name and initial **Benjamin T** Last name **Jealous** Your social security number [REDACTED]

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.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). _____ **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 Single 4 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 Qualifying widow(er) with dependent child
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. **▶**

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a } **Boxes checked on 6a and 6b** 1
 b Spouse } **No. of children on 6c who:**
 • lived with you 1
 • did not live with you due to divorce or separation (see instructions) _____
 c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
 Morgan E Jealous [REDACTED] Daughter

 If more than four dependents, see instructions and check here
 d Total number of exemptions claimed **Add numbers on lines above** 2

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	414,511.
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 <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	93,383.
b	Taxable amount	16b	0.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	32,332.
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	446,843.

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	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	446,843.

	38	Amount from line 37 (adjusted gross income)	38	446,843.
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes 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— • 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	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	52,921.
	41	Subtract line 40 from line 38	41	393,922.
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	0.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	393,922.
	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	109,936.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	8,211.
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	118,147.
	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 checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	54	0.	
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	118,147.	
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	8,464.
	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 checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	1,931.
63	Add lines 56 through 62. This is your total tax	63	128,542.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	131,093.
	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	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	1,550.
	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	132,643.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,101.
	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 X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d	Account number X		
	77	Amount of line 75 you want applied to your 2016 estimated tax ▶	77	4,101.
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)? Yes. Complete below. No

Designee's name ▶ [REDACTED] Phone no. ▶ [REDACTED] Personal identification number (PIN) ▶ [REDACTED]

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.

Your signature ▶ [REDACTED] Date ▶ [REDACTED] Your occupation ▶ President/CEO Daytime phone number ▶ [REDACTED]

Spouse's signature. If a joint return, both must sign. ▶ [REDACTED] Date ▶ [REDACTED] Spouse's occupation ▶ [REDACTED] If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ [REDACTED]

Paid Preparer Use Only

Print/Type preparer's name ▶ B. Barry, Esq., CPA Preparer's signature ▶ [REDACTED] Date ▶ [REDACTED] Check if self-employed PTIN ▶ [REDACTED]

Firm's name ▶ [REDACTED] Firm's EIN ▶ [REDACTED]

Firm's address ▶ [REDACTED] Phone no. ▶ [REDACTED]

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

Benjamin T Jealous

[REDACTED]

Caution: Do not include expenses reimbursed or paid by others.			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040, line 38 2		
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):	5	
	a <input checked="" type="checkbox"/> Income taxes, or		37,538.
	b <input type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	8,622.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	

	9 Add lines 5 through 8	9	46,160.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	

12 Points not reported to you on Form 1098. See instructions for special rules		12	
13 Mortgage insurance premiums (see instructions)		13	
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
15 Add lines 10 through 14		15	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	11,645.
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	11,645.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22 Tax preparation fees	22	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	

	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38 25	25	
	26 Multiply line 25 by 2% (.02)	26	
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$154,950?		
	No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		
		29	52,921.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Benjamin T Jealous

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: Morgan Jackson & Jealous, LLC, S, [], [redacted], []

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 32,332.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are empty.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 37.

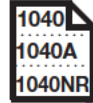
Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Table with 2 columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

Child and Dependent Care Expenses



Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Name(s) shown on return

Your social security number

Benjamin T Jealous

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
				34,400.

Did you receive dependent care benefits? **No** → Complete only Part II below.
Yes → Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2015 for the person listed in column (a)
First	Last		
Morgan E	Jealous		34,400.

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 **7**

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2014 expenses in 2015, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10**

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2015. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000.
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2016. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	5,000.
16	Enter the total amount of qualified expenses incurred in 2015 for the care of the qualifying person(s)	16	34,400.
17	Enter the smaller of line 15 or 16	17	5,000.
18	Enter your earned income . See instructions	18	414,511.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	414,511.
20	Enter the smallest of line 17, 18, or 19	20	5,000.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).	21	5,000.
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	5,000.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	5,000.
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB".	26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000.
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	5,000.
29	Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2014 expenses in 2015, see the instructions for line 9	29	-2,000.
30	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here.	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

Benjamin T Jealous

[REDACTED]

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	393,922.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	46,160.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.	5	
6	If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions	6	(4,884.)
7	Tax refund from Form 1040, line 10 or line 21	7	()
8	Investment interest expense (difference between regular tax and AMT).	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	0.
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	0.
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.)	28	435,198.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . Single or head of household . . . \$119,200 . . . \$53,600 Married filing jointly or qualifying widow(er) 158,900 . . . 83,400 Married filing separately . . . 79,450 . . . 41,700 If line 28 is over the amount shown above for your filing status, see instructions.	29	0.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	435,198.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result.	31	118,147.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	118,147.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	109,936.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	8,211.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
41	Subtract line 40 from line 36	41	
42	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result . . . ▶	42	
43	Enter: <ul style="list-style-type: none"> • \$74,900 if married filing jointly or qualifying widow(er), • \$37,450 if single or married filing separately, or • \$50,200 if head of household. 	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the smaller of line 36 or line 37	46	
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	
49	Enter: <ul style="list-style-type: none"> • \$413,200 if single • \$232,425 if married filing separately • \$464,850 if married filing jointly or qualifying widow(er) • \$439,000 if head of household 	49	
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52	Add line 50 and line 51	52	
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	
54	Enter the smaller of line 48 or line 53	54	
55	Multiply line 54 by 15% (.15) ▶	55	
56	Add lines 47 and 54	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (.20) ▶	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (.25) ▶	61	
62	Add lines 42, 55, 58, and 61	62	
63	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	63	
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

▶ Information about Schedule H and its separate instructions is at www.irs.gov/scheduleh.

OMB No. 1545-1971

2015
Attachment
Sequence No. **44**

Name of employer

Benjamin T Jealous

Social security number

Employer identification number

Calendar year taxpayers having no household employees in 2015 do not have to complete this form for 2015.

A Did you pay **any one** household employee cash wages of \$1,900 or more in 2015? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

B Did you withhold federal income tax during 2015 for any household employee?

- Yes.** Skip line C and go to line 7.
- No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2014 or 2015 to **all** household employees? (**Do not** count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Do not file this schedule.
- Yes.** Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	34,400.		
2	Social security tax. Multiply line 1 by 12.4% (.124)	2			4,266.
3	Total cash wages subject to Medicare tax	3	34,400.		
4	Medicare tax. Multiply line 3 by 2.9% (.029)	4			998.
5	Total cash wages subject to Additional Medicare Tax withholding	5			
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009)	6			
7	Federal income tax withheld, if any	7			3,158.
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8			8,422.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2014 or 2015 to **all** household employees? (**Do not** count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you are not required to file Form 1040, see the line 9 instructions.
- Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")	10	X
11 Did you pay all state unemployment contributions for 2015 by April 18, 2016? Fiscal year filers see instructions	11	X
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	X

Next: If you checked the "Yes" box on all the lines above, complete Section A.
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	MD	
14 Contributions paid to your state unemployment fund	14	221.
15 Total cash wages subject to FUTA tax	15	7,000.
16 FUTA tax. Multiply line 15 by .6% (.006). Enter the result here, skip Section B, and go to line 25	16	42.

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by .054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund	
		From	To						
18 Totals							18		
19 Add columns (g) and (h) of line 18					19				
20 Total cash wages subject to FUTA tax (see the line 15 instructions)							20		
21 Multiply line 20 by 6.0% (.060)							21		
22 Multiply line 20 by 5.4% (.054)					22				
23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet on page H-7 and check here) <input type="checkbox"/>							23		
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25							24		

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	8,422.
26 Add line 16 (or line 24) and line 25	26	8,464.
27 Are you required to file Form 1040? <input checked="" type="checkbox"/> Yes. Stop. Include the amount from line 26 above on Form 1040, line 60a. Do not complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See instructions for details.		

Part IV Address and Signature— Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail is not delivered to street address _____ Apt., room, or suite no. _____

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Name(s) shown on return

Benjamin T Jealous

Your social security number

██████████

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	414,511.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	414,511.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		214,511.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II	7		1,931.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		1,931.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	7,717.	
20	Enter the amount from line 1	20	414,511.	
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages	21	6,010.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1,707.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		1,707.

**Credit for Prior Year Minimum Tax—
Individuals, Estates, and Trusts**

► Information about Form 8801 and its separate instructions is at www.irs.gov/form8801.
► Attach to Form 1040, 1040NR, or 1041.

Name(s) shown on return

Benjamin T Jealous

Identifying number

[REDACTED]

Part I Net Minimum Tax on Exclusion Items

1	Combine lines 1, 6, and 10 of your 2014 Form 6251. Estates and trusts, see instructions	1	494,243.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	45,728.
3	Minimum tax credit net operating loss deduction (see instructions)	3	()
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$242,450 and you were married filing separately for 2014, see instructions	4	539,971.
5	Enter: \$82,100 if married filing jointly or qualifying widow(er) for 2014; \$52,800 if single or head of household for 2014; or \$41,050 if married filing separately for 2014. Estates and trusts, enter \$23,500	5	52,800.
6	Enter: \$156,500 if married filing jointly or qualifying widow(er) for 2014; \$117,300 if single or head of household for 2014; or \$78,250 if married filing separately for 2014. Estates and trusts, enter \$78,250	6	117,300.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	422,671.
8	Multiply line 7 by 25% (0.25).	8	105,668.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2014, see instructions	9	0.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	539,971.
11	<ul style="list-style-type: none"> • If for 2014 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If for 2014 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$182,500 or less (\$91,250 or less if married filing separately for 2014), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,650 (\$1,825 if married filing separately for 2014) from the result. Form 1040NR filers, see instructions. 	11	147,521.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	147,521.
14	Enter the amount from your 2014 Form 6251, line 34, or 2014 Form 1041, Schedule I, line 55	14	151,187.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	0.

Part II Minimum Tax Credit and Carryforward to 2016

16	Enter the amount from your 2014 Form 6251, line 35, or 2014 Form 1041, Schedule I, line 56 . . .	16	
17	Enter the amount from line 15	17	0.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	0.
19	2014 credit carryforward. Enter the amount from your 2014 Form 8801, line 26	19	7,594.
20	Enter your 2014 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	7,594.
22	Enter your 2015 regular income tax liability minus allowable credits (see instructions)	22	109,936.
23	Enter the amount from your 2015 Form 6251, line 33, or 2015 Form 1041, Schedule I, line 54 . . .	23	118,147.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	0.
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2015 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c	25	0.
26	Credit carryforward to 2016. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	7,594.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

Caution: If you didn't complete the 2014 Qualified Dividends and Capital Gain Tax Worksheet, the 2014 Schedule D Tax Worksheet, or Part V of the 2014 Schedule D (Form 1041), see the instructions before completing this part.*

27	Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2014, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions	27	539,971.
	Caution: If for 2014 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.		
28	Enter the amount from line 6 of your 2014 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2014 Schedule D Tax Worksheet, or the amount from line 26 of the 2014 Schedule D (Form 1041), whichever applies*	28	268.
	If you figured your 2014 tax using the 2014 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29	Enter the amount from line 19 of your 2014 Schedule D (Form 1040), or line 18b, column (2), of the 2014 Schedule D (Form 1041)	29	
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2014 Schedule D Tax Worksheet	30	268.
31	Enter the smaller of line 27 or line 30	31	268.
32	Subtract line 31 from line 27	32	539,703.
33	If line 32 is \$182,500 or less (\$91,250 or less if married filing separately for 2014), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,650 (\$1,825 if married filing separately for 2014) from the result. Form 1040NR filers, see instructions ▶	33	147,467.
34	Enter: <ul style="list-style-type: none"> • \$73,800 if married filing jointly or qualifying widow(er) for 2014, • \$36,900 if single or married filing separately for 2014, • \$49,400 if head of household for 2014, or • \$2,500 for an estate or trust. Form 1040NR filers, see instructions.	34	49,400.
35	Enter the amount from line 7 of your 2014 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2014 Schedule D Tax Worksheet, or the amount from line 27 of the 2014 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2014 Schedule D (Form 1041), enter the amount from your 2014 Form 1040, line 43, or 2014 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions	35	502,172.
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	0.
37	Enter the smaller of line 27 or line 28	37	268.
38	Enter the smaller of line 36 or line 37	38	0.
39	Subtract line 38 from line 37	39	268.
40	Enter: <ul style="list-style-type: none"> • \$406,750 if single for 2014, • \$228,800 if married filing separately for 2014, • \$457,600 if married filing jointly or qualifying widow(er) for 2014, • \$432,200 if head of household for 2014, or • \$12,150 for an estate or trust. Form 1040NR filers, see instructions.	40	432,200.
41	Enter the amount from line 36	41	0.
42	Form 1040 filers, enter the amount from line 7 of your 2014 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2014 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2014 Schedule D (Form 1041) or line 18 of your 2014 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2014 Schedule D (Form 1041), enter the amount from your 2014 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions	42	502,172.

* The 2014 Qualified Dividends and Capital Gain Tax Worksheet is in the 2014 Instructions for Form 1040. The 2014 Schedule D Tax Worksheet is in the 2014 Instructions for Schedule D (Form 1040) (or the 2014 Instructions for Schedule D (Form 1041)).

Part III Tax Computation Using Maximum Capital Gains Rates (continued)

43	Add lines 41 and 42	43	502,172.
44	Subtract line 43 from line 40. If zero or less, enter -0-	44	0.
45	Enter the smaller of line 39 or line 44	45	0.
46	Multiply line 45 by 15% (0.15) ▶	46	0.
47	Add lines 38 and 45	47	0.
If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.			
48	Subtract line 47 from line 37	48	268.
49	Multiply line 48 by 20% (0.20) ▶	49	54.
If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.			
50	Add lines 32, 47, and 48	50	
51	Subtract line 50 from line 27	51	
52	Multiply line 51 by 25% (0.25) ▶	52	
53	Add lines 33, 46, 49, and 52	53	147,521.
54	If line 27 is \$182,500 or less (\$91,250 or less if married filing separately for 2014), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,650 (\$1,825 if married filing separately for 2014) from the result. Form 1040NR filers, see instructions	54	147,542.
55	Enter the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2014, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11	55	147,521.



155020013

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

Your Social Security Number _____ Spouse's Social Security Number _____

BENJAMIN T Your First Name Initial

JEALOUS Your Last Name

Spouse's First Name Initial

Spouse's Last Name



ANNE ARUNDEL Maryland County

City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (See Instruction 6.)

TOWSON MD City or Town State ZIP Code

FILING STATUS CHECK ONE BOX See Instruction 1 if you are required to file. 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. Married filing joint return or spouse had no income 3. Married filing separately, Spouse SSN 4. Head of household 5. Qualifying widow(er) with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT See Instruction 26. Dates of Maryland Residence (MM DD YYYY) FROM TO Other state of residence: If you began or ended legal residence in Maryland in 2015 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. Enter Military Income amount here:

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the appl cable exemption amount. A. Yourself Spouse... Enter number checked 1 See Instruction 10 A. \$ B. 65 or over Blind Enter number checked X \$1,000. B. \$ C. Enter number from line 3 of Dependent Form 502B 1 See Instruction 10 C. \$ D. Enter Total Exemptions (Add A, B and C.) 2 Total Amount D. \$ 0

INCOME See Instruction 11. 1. Adjusted gross income from your federal return 1. 446843 1a. Wages, salaries and/or tips. 1a. 414511 1b. Earned income. 1b. 1c. Capital Gain or (loss) 1c. 1d. Taxable Pension, IRA, Annuities 1d. 0 1e. Check here if the amount of your investment income is more than \$3,400. []

ADDITIONS TO INCOME See Instruction 12. 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland 2. 3. State retirement pickup. 3. 4. Lump sum distributions (from worksheet in Instruction 12.) 4. 5. Other additions (Enter code letter(s) from Instruction 12.) 5. 6. Total additions to Maryland income (Add lines 2 through 5.) 6. 7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) 7. 446843

Print Using Blue or Black Ink Only Place CHECK or MONEY ORDER on top of your W-2, wage and tax statements and ATTACH HERE with ONE staple



155020113

NAME BENJAMIN T JEALOUS

SSN [REDACTED]

SUBTRACTIONS FROM INCOME See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1	▶ 8.	_____	
	9. Child and dependent care expenses	▶ 9.	_____	
	10. Pension exclusion from worksheet in Instruction 13	▶ 10.	_____	
	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1	▶ 11.	_____	
	12. Income received during period of nonresidence (See Instruction 26.)	▶ 12.	_____	
	13. Subtractions from attached Form 502SU	▶ 13.	_____	
	14. Two-income subtraction from worksheet in Instruction 13	▶ 14.	_____	
	15. Total subtractions from Maryland income (Add lines 8 through 14.)	▶ 15.	_____	
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	▶ 16.	446843	
	All taxpayers must select one method and check the appropriate box.			
	DEDUCTION METHOD See Instruction 16.	<input type="checkbox"/> STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
		<input checked="" type="checkbox"/> ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
		17a. Total federal itemized deductions (from line 29, federal Schedule A)	▶ 17a.	52921
		17b. State and local income taxes (See Instruction 14.)	▶ 17b.	34366
		Subtract line 17b from line 17a and enter amount on line 17.		
	17. Deduction amount (Part-year residents see Instruction 26 (l and m).)	▶ 17.	18555	
18. Net income (Subtract line 17 from line 16.)	▶ 18.	428288		
19. Exemption amount from Exemptions area (See Instruction 10.)	▶ 19.	0		
20. Taxable net income (Subtract line 19 from line 18.)	▶ 20.	428288		
MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	▶ 21.	22449	
	22. Earned income credit (½ of federal earned income credit. See Instruction 18.)	▶ 22.	_____	
	23. Poverty level credit (See Instruction 18.)	▶ 23.	_____	
	24. Other income tax credits for individuals from Part J, line 10 of Form 502CR (Attach Form 502CR.)	▶ 24.	_____	
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.	▶ 25.	_____	
	26. Total credits (Add lines 22 through 25.)	▶ 26.	_____	
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.	▶ 27.	22449	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate 0.256	▶ 28.	10964	
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	▶ 29.	_____	
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	▶ 30.	_____	
	31. Local tax credit from Part K, line 1 of Form 502CR (Attach Form 502CR.)	▶ 31.	_____	
	32. Total credits (Add lines 29 through 31.)	▶ 32.	_____	
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.	▶ 33.	10964	
	34. Total Maryland and local tax (Add lines 27 and 33.)	▶ 34.	33413	
	35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)	▶ 35.	_____	
	36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.)	▶ 36.	_____	
	37. Contribution to Maryland Cancer Fund (See Instruction 20.)	▶ 37.	_____	
	38. Contribution to Fair Campaign Financing Fund (See Instruction 20.)	▶ 38.	_____	
	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)	▶ 39.	33413	
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.)	▶ 40.	37538	
	41. 2015 estimated tax payments, amount applied from 2014 return, payment made with an extension request, and Form MW506NRS	▶ 41.	_____	
	42. Refundable earned income credit (from worksheet in Instruction 21)	▶ 42.	_____	
	43. Refundable income tax credits from Part L, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.)	▶ 43.	_____	
	44. Total payments and credits (Add lines 40 through 43.)	▶ 44.	37538	



155020213

NAME BENJAMIN T JEALOUS SSN [REDACTED]

	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	▶ 45.	<u>0</u>
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	▶ 46.	<u>4125</u>
	47. Amount of overpayment TO BE APPLIED TO 2016 ESTIMATED TAX ▶ 47.	<u>2500</u>	
REFUND	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51	REFUND ▶ 48.	<u>1625</u>
	49. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 22.) Total.	▶ 49.	_____
AMOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN	50.	_____

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ▶ and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a.Type of account: ▶ Checking Savings

51b.Routing Number (9-digits) ▶ _____ **51c.** Account Number ▶ _____

▶ _____ Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here if you authorize your preparer to discuss this return with us. Check here ▶ if you authorize your paid preparer not to file electronically. Check here ▶ if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Make checks payable to and mail to:
Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001

It is recommended that you include your Social Security Number on check.

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date

Spouse's signature Date

Signature of preparer other than taxpayer

Street address of preparer

City, State, ZIP

Telephone number of preparer

Preparer's PTIN (required by law)



15502B013



Your Social Security Number

Spouse's Social Security Number

BENJAMIN Your First Name T Initial

JEALOUS Your Last Name

Spouse's First Name Initial

Spouse's Last Name

Print Using Blue or Black Ink Only

Summary

Table with 3 rows and 2 columns: Description of dependent categories and their counts (1, 0, 1).

Dependents (If a dependent listed below is age 65 or over, please check both 4 and 5.)

Form for Dependent 1: First Name, Social Security Number, Relationship (DAUGHTER), Regular (checked), 65 or over.

Form for Dependent 2: First Name, Social Security Number, Relationship, Regular, 65 or over.

Form for Dependent 3: First Name, Social Security Number, Relationship, Regular, 65 or over.

Form for Dependent 4: First Name, Social Security Number, Relationship, Regular, 65 or over.

Form for Dependent 5: First Name, Social Security Number, Relationship, Regular, 65 or over.

Form for Dependent 6: First Name, Social Security Number, Relationship, Regular, 65 or over.