For the year Jan.	1-Dec.	31, 2015, or other tax year	beginning			2015, ending		. 20		See separate ins	trusti-
Your first name and initial			Last name	,20						Your social security n	
GRETCHE			WHITM	ER							S. S.
if a joint return,	spous	se's first name and initi	al Last name							Spouse's social secur	rity nun
Home address (numb	er and street). If you ha	ave a P.O. hox, see inst	ructions				I Ant	no		
			1 10. 00x, 000 mg	detions.				Apt.	110.	Make sure the SS and on line 6c are	
City, town or post	office, s	state, and ZIP code. If you h	nave a foreign address, also	complete space	ces below.	****			-	Presidential Election (
EAST LA	NSI	NG, MI 48	8823							Check here if you, or y if filing jointly, want \$3 this fund. Checking a	your sp 3 to go
Foreign country	name		Fo	reign provinc	e/state/county		Forei	gn posta		will not change your to	box be ax or re
Filing Otal		1 Single				4	lead of househ	old (with		You g person). If the qu	Spo
Filing Statu	IS	2 Married filing	jointly (even if only on	e had income	!)					pendent, enter this	
Check only			separately. Enter spou				ame here. 🕨		,		
one box.			here. MARC			5 🔲 C	ualifying widov	v(er) with	depend	lent child	
Exemptions	8	6a X Yourself. If s				****				Boxes checked on 6a and 6b	:
		b Spouse				······	(3) Dependent's		(4)√if ch	No. of children on 6c who:	
		(1) First name	Last name		Dependent's social security number	A	relationship to		under age qualifying fo	17 • lived with you right and live wi	
	(C	1507 750	The same of		DAUG	HTER		tax credi	you due to divor or separation	rce
If more than four		· m.								(see instructions)
dependents, see instructions and _r	_					-				Dependents on 6 not entered above	
check here 🕨 [d Tatalanahan (Add numbers on lines	
• Anna Calabara (Calabara)	7	Wages salaries tir	emptions claimed				C(m)	()		above	2
Income		a Taxable interest. A	es, etc. Attach Form(s) ttach Schedule B if req	vv-Z uired			STI	1 T 3	7 8a	56,	50
Mach Farm(a)		b Tax-exempt interes	st. Do not include on lir	ne 8a		8b	1 .	683	1000		30
Attach Form(s) W-2 here. Also	9	a Ordinary dividends.	Attach Schedule B if re	equired					9a	7,3	391
attach Forms W-2G and 1099-R if tax was withheld.		 Qualified dividends 				9b	5,	513			
	10	Taxable refunds, cr	edits, or offsets of state	and local inc	come taxes		.,		10		
	11	Alimony received	(1000) 444-1-6-1-6		·····				11		
	12 13	Capital gain or (lose	(loss). Attach Schedul). Attach Schedule D if	required If n	at required, shee				12	27.0	\ F -7
you did not et a W-2, ee instructions.	14	Other gains or (loss	es). Attach Form 4797	required. If it	ot required, chec	k nere			13	27,9	15/
	15	IRA distributions	15a	Ι	I	b Taxable a	amount		15b		
	168	Pensions and annui	ties 16a	43	34,370.	b Taxable a	amount		16b	V. 1-10	0
	17	Rental real estate, ro	yalties, partnerships, S	corporations	s, trusts, etc. Atta	ch Schedule	E		17	12,0	00
	18	Farm income or (los	s). Attach Schedule F						18		
	19 20a	unemployment com	pensation						19		
	21	Other income. List ty				D Taxable a	mount		20b		
	22		s in the far right colum	n for lines 7 t	hrough 21. This	is your total	income	▶	22	104,1	17
	23	Educator expenses				23				20272	
djusted	24	officials. Attach Form 21	es of reservists, performing 06 or 2106-EZ	g artists, and fee	-basis government	24					
ross come	25	Health savings accou	int deduction. Attach Fo	orm 8889 🗼		25					
Come	26 27	Moving expenses. At	tach Form 3903	-h O-h - d -l -		26		240			
	28	Self-employed SFP S	f-employment tax. Atta SIMPLE, and qualified p	on Schedule	SE	27		348.			
	29	Self-employed health	insurance deduction	, idii 5		29		\dashv			
	30	Penalty on early without	drawal of savings			30		-			
	31a	Alimony paid b Red	cipient's SSN 🕨		:	31a		\neg			
	32	IRA deduction				32					
	33	Student loan interest	deduction			33					
	34 35	Domestic production	ch Form 8917	book Form CO		34					
	36		activities deduction. Att			35			20	0.4	10
001 80-15	37	Subtract line 36 from	35 line 22. This is your ad	iusted arose	income			· -	36	103,26	18.
		Privacy Act, and Pa	vou au	, 91000					01	103,20	,,,

Form 1040 (20	15) (RETCHEN E. WHITMER		Page
Tax and	38	Amount from line 37 (adjusted gross income)	38	103,269
Credits		a Check \[\sum \text{You} \text{ were born before January 2, 1951,} \sum \text{Blind.} \] \text{Total boxes}		•
Standard Deduction for	.]	if: Spouse was born before January 2, 1951, ☐ Blind. checked ▶ 39a		
People who		If your spouse itemizes on a separate return or you were a dual-status alien, check here		
check any box on line 39a or	40		40	28,877
39b 0f who ca be claimed as	41	Subtract line 40 from line 38	41	74,392.
dependent, see instructions.	42	Exemptions . If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst.	42	8,000.
1	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	66,392.
	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c	44	8,819.
1	45	Alternative minimum tax. Attach Form 6251	45	1,172.
All others:	46	Excess advance premium tax credit repayment. Attach Form 8962	46	2/2/20
Single or Married filing	47	Add lines 44, 45, and 46	47	9,991.
separately, \$6,300	48	Foreign tax credit. Attach Form 1116 if required 48 220.	7/	2,221.
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49		
jointly or Qualifying	50	Education credits from Form 8863, line 19 50		
widow(er),	51	Retirement savings contributions credit. Attach Form 8880 51		
\$12,600 Head of	52	Child tax credit. Attach Schedule 8812, if required 52		
household, \$9,250	53	Residential energy credits. Attach Form 5695 53		
ψ3,230	54	Other credits from Form: a 3800 b 8801 c 54		
	55	Add lines 48 through 54. Those are your total gradite	55	220.
	56	Add lines 48 through 54. These are your total credits Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	55	9,771.
	57	Subtract line 35 notificitie 47, if line 55 is friore triair line 47, enter -0-	56	
Other		Self-employment tax. Attach Schedule SE Unreported social security and Medicare tax from Form: a 4137 b 8919	57	1,696.
Taxes	58		58	
Iaxes		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
		Household employment taxes from Schedule H	60a	
	01	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage	61	
	02	Taxes from: a Form 8959 b Form 8960 c Inst.; enter code(s)	62	11 165
Daymanta		Add lines 56 through 62. This is your total tax	63	11,467.
Payments		Federal income tax withheld from Forms W-2 and 1099 64 10,399.		
If you have a		2015 estimated tax payments and amount applied from 2014 return 65 500.		
qualifying		Earned income credit (EIC) 66a		
child, attach Schedule EIC.	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812 67		
	68	American opportunity credit from Form 8863, line 8		
	69	let premium tax credit. Attach Form 8962		
		Amount paid with request for extension to file 70		
		xcess social security and tier 1 RRTA tax withheld 71		
		Credit for federal tax on fuels. Attach Form 4136		
	73 (Credits from Form: a 2439 b Reserved 2 8885 d 73		
	74	dd lines 64, 65, 66a, and 67 through 73. These are your total payments	74	10,899.
efund			75	
rect deposit?	76a /		76a	
е 🕨		uting		
structions.		mount of line 75 you want applied to your 2016 estimated tax 77		
mount	78 A	mount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	568.
ou Owe		stimated tax penalty (see instructions)		
hird Party		you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete below	<i>l</i> .	No
esignee		no nu	mber (PIN	entification
gn	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knoect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	owledge a	nd belief, they are true,
ere	You	r signature Date Your occupation	Daytime	phone number
nt return? instructions.		ATTORNEY		
p a copy your	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		sent you an Identity
ords.			Protection enter it he	
	Print/Ty	pe preparer's name Preparer's signature Date Check if	PTIN	
aid _		self-employed		
reparer				
se Only	Firm's r	ame ▶ Firm's EIN ▶		
-		Phone no.		75 T. S.
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