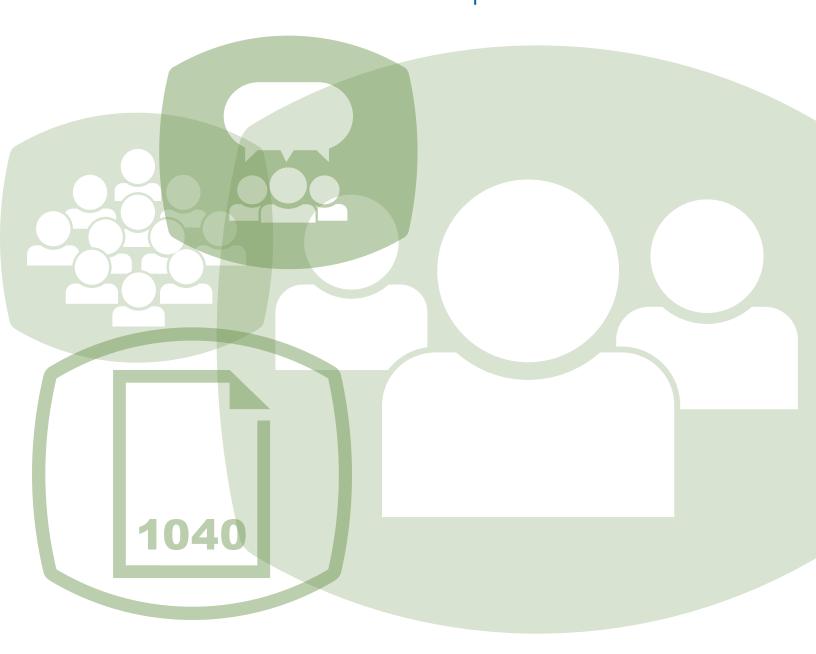


Individual Income Tax Returns 2015 **Line Item Estimates**



www.irs.gov/taxstats

Department of the Treasury Internal Revenue Service

John A. Koskinen

Commissioner

Benjamin Herndon

Director, Research, Applied Analytics, and Statistics

Barry Johnson

Director, Statistics of Income Division

David P. Paris

Chief, Individual and Tax-Exempt Branch

Individual Income Tax Returns Line Item Estimates, 2015

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This 2015 Statistics of Income (SOI) line item estimates publication provides estimates of frequencies and amounts of the entries on the lines of the forms and schedules filed with individual tax returns as shown on the 2015 Individual SOI Complete report weighted file. The estimates presented here are based on returns filed in Processing Year 2016 that were sampled statistically and then weighted to estimate the entire 2015 Tax Year.

Variations of the three basic forms, 1040, 1040A, and 1040EZ, include electronically filed returns. The form variations were categorized into the basic forms according to the data reported on the return. For example, if a return was filed electronically and its characteristics indicated that it would otherwise have been filed on paper as a 1040 or 1040A, then it was classified as such statistically.

2015 Complete Report estimates:

150,493,263	Total, all individual returns filed
85,937,245	1040 returns
40,701,100	1040A returns
23,854,918	1040EZ returns

Estimates of returns filed electronically:

131,279,367	Total, all individual returns filed
72,161,422	1040 returns
37,738,135	1040A returns
21,379,809	1040EZ returns

Suggested Citation

Statistics of Income—2015 Individual Income Tax Returns Line Item Estimates Internal Revenue Service Washington, D.C.

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Returns		Contracts and Straddles	
Amounts	95	Returns	
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Returns		Form 8283, Noncash Charitable Contributions	
Amounts	97	Returns	
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Returns	104	Returns	148
Amounts		Amounts	
Form 1694 Cognetting and Thefts			
Form 4684, Casualties and Thefts Returns	100	Form 8582, Passive Activity Loss Limitations	1.50
Amounts		Returns Amounts	
	10)	Amounts	131
Form 4797, Sales of Business Property	114	Form 8586, Low-Income Housing Credit	
Returns		Returns	
Amounts	115	Amounts	153
Form 4835, Farm Rental Income and Expenses	S	Form 8606, Nondeductible IRAs	
Returns		Returns	15/
Amounts	119	Amounts	
Form 4952, Investment Interest Expense Dedu	ction		100
Returns		Form 8615, Tax for Certain Children Who Have	
Amounts	121	Unearned Income	1.50
Form 4972, Tax on Lump-Sum Distributions		Returns	
Returns	122	Amounts	139
Amounts		Form 8801, Credit for Prior Year Minimum Tax—	_
		Individuals, Estates, and Trusts	
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(Including IRAs) and Other Tax-Favored Acco	124	Amounts	161
Amounts		Form 8814, Parents' Election To Report Child's	
	120	Interest and Dividends	
Form 5405, Repayment of the First-Time		Returns	166
Homebuyer Credit	120	Amounts	
Returns		F 0024 Lil Wind Fl	
	129	Form 8824, Like-Kind Exchanges Returns	160
Form 5695, Residential Energy Credits	4.00	Amounts	
Returns			
Amounts	131	Form 8829, Expenses for Business Use of Your F	lome
Form 5884, Work Opportunity Credit		Returns	
Returns		Amounts	173
Amounts	135	Form 8839, Qualified Adoption Expenses	
Form 6251, Alternative Minimum Tax—Indivi	iduals	Returns	174
Returns		Amounts	
Amounts			
Form 6252, Installment Sale Income		Form 8846, Credit for Employer Social Security	and
Returns	140	Medicare Taxes Paid on Certain Employee Tips Returns	179
Amounts		Amounts	
	1 11	2 11110 WILLD	/

Page	Page
Form 8853, Archer MSAs and Long-Term Care Insurance Contracts Returns 180 Amounts 181	Form 8917, Tuition and Fees Deduction Returns
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Form 8903, Domestic Production Activities Deduction Returns	Form 8960, Net Investment Income Tax—Individuals, Estates, Trusts Returns
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Form 8911, Alternative Fuel Vehicle Refueling Property Credit Returns	Amounts

Totals for Forms and Schedules

Line Item Estimates Totals for Tax Year 2015

In total, the Statistics of Income (SOI) Division collected data from more than 60 IRS individual income tax forms and schedules to produce the estimates in this report. The table presented here breaks these forms and schedules out by number and name, and by total number filed and total number filed electronically.

Totals for Forms and Schedules from Line Item Estimates for Tax Year 2015

	Total	Electronically Filed
All returns filed	150,493,263	131,279,367
Form 1040	85,937,245	72,161,422
Form 1040A	40,701,100	37,738,135
Form 1040EZ	23,854,918	21,379,809
Schedule A, Itemized Deductions	45,024,103	39,681,296
Schedule B, Interest and Ordinary Dividends	21,243,738	18,396,040
Schedule C, Profit or Loss From Business (Sole Proprietorship)	28,325,095	24,131,200
Schedule C-EZ, Net Profit From Business (Sole Proprietorship)	5,396,659	4,611,841
Schedule D, Capital Gains and Losses	20,576,380	18,037,308
Schedule E, Supplemental Income and Loss	20,006,573	17,523,377
Schedule EIC, Earned Income Credit	20,815,442	19,575,976
Schedule F, Profit or Loss From Farming	1,888,177	1,680,787
Schedule R, Credit for the Elderly or Disabled	58,626	45,095
Schedule SE, Self-Employment Tax	20,868,009	17,773,815
Schedule 8812, Child Tax Credit	20,029,117	18,400,754
"Form 982, Reduction of Tax Attributes Due To Discharge of Indebtedness		
(and Section 1082 Basis Adjustment)"	279,085	240,828
Form 2106, Employee Business Expenses	9,220,449	8,160,039
Form 2106-EZ, Unreimbursed Employee Business Expenses	4,711,769	4,182,549
Form 2439, Undistributed Long-Term Capital Gains	2,402	2,181
Form 2441, Child and Dependent Care Expenses	7,106,690	6,648,321
Form 3468, Investment Credit	21,822	20,368
Form 3800, General Business Credit	559,936	498,511
Form 3903, Moving Expenses	1,159,329	1,064,170
Form 4136, Credit for Federal Tax Paid on Fuels	308,753	285,332
Form 4562, Depreciation and Amortization	11,831,407	10,587,545
Form 4684, Casualties and Thefts	213,867	183,082
Form 4797, Sales of Business Property	3,490,858	3,088,651
Form 4835, Farm Rental Income and Expenses	535,720	473,171
Form 4952, Investment Interest Expense Deduction	1,911,351	1,672,970
Form 4972, Tax on Lump-Sum Distributions	5,449	4,402
"Form 5329, Additional Taxes on Qualified Plans (including IRAs)		
and Other Tax-Favored Accounts"	2,403,290	2,173,432
Form 5405, Repayment of the First-Time Homebuyer Credit	178,762	163,524
Form 5695, Residential Energy Credits	2,772,752	2,504,825

Totals for Forms and Schedules from Line Item Estimates for Tax Year 2014—Continued

	Total	Electronically Filed
Form 5884, Work Opportunity Credit	12,830	10,656
Form 6251, Alternative Minimum Tax-Individuals	10,307,885	9,189,980
Form 6252, Installment Sale Income	546,523	492,051
Form 6781, Gains and Losses From Section 1256 Contracts and Straddles	553,082	469,511
Form 8283, Noncash Charitable Contributions	8,387,696	7,447,746
Form 8396, Mortgage Interest Credit	85,864	76,735
Form 8582, Passive Activity Loss Limitations	7,780,021	6,899,469
Form 8586, Low-Income Housing Credit	18,904	16,984
Form 8606, Nondeductible IRAs	2,329,791	2,065,211
Form 8615, Tax for Certain Children Who Have Unearned Income	385,254	330,220
Form 8801, Credit for Prior Year Minimum Tax—Individuals, Estates, and Trusts	1,218,517	1,086,525
Form 8814, Parents' Election To Report Child's Interest and Dividends	141,543	126,933
Form 8824, Like-Kind Exchanges	264,532	241,395
Form 8829, Expenses for Business Use of Your Home	3,155,400	2,736,932
Form 8839, Qualified Adoption Expenses	84,098	79,141
"Form 8846, Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips"	20,444	18,459
Form 8853, Archer MSAs and Long-Term Care Insurance Contracts	163,529	134,400
Form 8863, Education Credits (American Opportunity & Lifetime Learning Credits)	12,028,148	11,137,221
Form 8880, Credit for Qualified Retirement Savings Contributions	8,204,999	7,630,171
Form 8889, Health Savings Accounts (HSAs)	9,117,844	8,381,604
Form 8903, Domestic Production Activities Deduction	871,145	801,642
Form 8910, Alternative Motor Vehicle Credit	9,643	9,599
Form 8911, Alternative Fuel Vehicle Refueling Property Credit	3,891	1,844
Form 8917, Tuition and Fees Deduction	1,662,923	1,467,704
Form 8936, Qualified Plug-in Electric Drive Motor Vehicle Credit	45,483	42,214
Form 8941, Credit for Small Employer Health Insurance Premiums	5,085	3,377
Form 8959, Additional Medicare Tax	4,253,279	3,824,664
Form 8960, Net Investment Income Tax—Individuals, Estates, and Trusts	3,891,211	3,416,675
Form 8962, Premium Tax Credit	6,144,360	5,372,200
Form 8965, Health Coverage Exemptions	13,842,413	12,186,305

Limitations and Guidelines for the 2015 Line Item Estimates

Since SOI obtained the line counts used in this package from the Tax Year 2015 Individual SOI Complete Report File, they are subject to the same data limitations as the data included in the Complete Report File. These limitations are derived from the fact that these data are statistically sampled, meaning that the line counts are estimates based on samples, and should not be mistaken for actual counts of the entire filing population. While most forms and items are present often enough to provide accurate **estimates**, some less popular items **should be used with a high degree of caution**. SOI removed all line items with a sample count of fewer than 10.

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The sample estimate and an estimate of its standard error permit the construction of interval estimates with prescribed confidence that the interval includes the population value. Shown below are 95-percent confidence intervals for selected Form 1040 items. (For example, the population value of number of returns for salaries and wages, with 95-percent confidence, is between 124,317,327 and 124,865,529.) These confidence intervals correspond to the estimates for all individual income tax returns filed for Tax Year 2015.

95-Percent Confidence Intervals for Number of Returns for Selected Items on All Form 1040s

Item	Line number on 1040	95% confider	nce interval
Salaries and wages	7	(124,317,327 ,	124,865,529)
Taxable interest	8a	(42,338,239 ,	42,935,153)
Tax-exempt interest	8b	(5,711,663 ,	5,942,413)
Ordinary dividends	9a	(27,364,102 ,	27,849,986)
State income tax refunds	10	(20,029,639 ,	20,483,385)
Alimony received	11	(374,801 ,	454,039)
Capital gain distributions reported on Form 1040	13 (margin write in)	(4,202,199 ,	4,444,301)
Taxable IRA distributions	15b	(13,952,296 ,	14,365,740
Total pension and annuities	16a	(30,465,758 ,	31,043,950)
Taxable pension and annuities	16b	(27,917,168 ,	28,481,152)
Unemployment compensation	19	(6,055,394 ,	6,358,288)
Total social security benefits	20a	(27,801,021 ,	28,374,007)
Taxable social security benefits	20b	(19,425,171 ,	19,897,037)
Net operating loss	21 (margin write in)	(1,088,718 ,	1,187,506)
Educator expenses	23	(3,605,812 ,	3,836,524)
Moving expenses	26	(1,069,619 ,	1,197,965)
Deductible part of self-employment tax	27	(19,475,639 ,	19,789,763)
Payments to a Keogh plan	28	(972,806 ,	1,051,764)
Self-employed health insurance deduction	29	(3,999,005	4,197,357)
Penalty on early withdrawal of savings	30	(426,084 ,	507,288)
Alimony paid	31a	(556,487 ,	641,289)
IRA payments deduction	32	(2,546,279 ,	2,736,457)
Student loan interest deduction	33	(12,160,845 ,	12,581,465)
Tuition and fees deduction	34	(1,575,787 ,	1,735,385)
Total adjustments	36	(38,316,267 ,	38,856,477)
Adjusted gross income (amount in thousands)	37	(10,191,931,544 ,	10,228,688,660)
Basic standard deduction	40	(103,553,524 ,	104,135,052)
Additional standard deduction	40 (margin write in)	(14,870,748 ,	15,323,664)

95-Percent Confidence Intervals for Number of Returns for Selected Items on All Form 1040s

Item	Line number on 1040	95% confidence interval
Total itemized deductions	40	(44,290,946 , 44,843,580
Exemptions	42	(291,004,573 , 292,872,981
Taxable income	43	(114,573,322 , 115,170,656
Alternative minimum tax	45	(4,403,470 , 4,532,142
Income tax before credits	47	(114,185,130 , 114,780,440

Forms whose line entries have weak estimates (implying a returns sampled count less than 50) are listed below:

Form 4972

Description of the Sample for the Line Item Estimates

his section describes the sample design and selection, the method of estimation, the sampling variability of the estimates, and the methodology of computing confidence intervals.

Domain of Study

The statistics in this report are estimates from a probability sample of unaudited Individual Income Tax Returns, Forms 1040, 1040A, and 1040EZ (including electronic returns) filed by U.S. citizens and residents during Calendar Year 2016.

All returns processed during 2016 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns, along with those that contained no income information or frivolous or fraudulent income information when recognized, were excluded in calculating estimates.

The estimates in this report are intended to represent all returns filed for Tax Year 2015. While most of the returns processed during Calendar Year 2016 were for Tax Year 2015, the remaining returns were mostly for prior years, and a few for non-calendar years ending during 2014 and 2015.

Sample Design and Selection

The sample design is a stratified probability sample, in which the population of tax returns is classified into subpopulations, called strata, and a sample is randomly selected independently from each stratum. Strata are defined by:

- 1. Nontaxable (including no alternative minimum tax) with adjusted gross income or expanded income of \$200,000 or more.
- 2. High business receipts of \$50,000,000 or more.
- 3. Presence or absence of special forms or schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).

4. Indexed positive or negative income. Sixty variables are used to derive positive and negative incomes. These positive and negative income classes are deflated using the Chain-Type Price Index for the Gross Domestic Product to represent a base year of 1991.

Tax data processed to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2015 were used to assign each taxpayer's record to the appropriate stratum and to determine whether or not the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of the social security number, or if their five ending digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000.

Data Capture and Cleaning

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors. In addition, a small subsample of returns was selected and independently reviewed, analyzed, and processed for a quality evaluation.

The administrative data and controlling information for each record designated for this sample were loaded onto an online database at the Cincinnati Submission Processing Center. Computer data for the selected administrative records were then used to identify inconsistencies, questionable values, and missing values as well as any additional variables that an editor needed to extract for each record.

After the completion of the service center review, data were further validated, tested, and balanced. Adjustments and imputations for selected fields based on prior-year data and other available information were used to make each record internally consistent. Finally, prior to publication, all statistics and tables were reviewed for accuracy and reasonableness in light of provisions of the tax law, taxpayer reporting variations and limitations, economic conditions, and comparability with other statistical series.

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 2015, about 0.02 percent of the sample returns were unavailable.

Method of Estimation

Weights were obtained by dividing the population count of returns in a stratum by the number of sample returns for that stratum. The weights were adjusted to correct for misclassified returns and were then applied to the sample data to produce all of the estimates in this report.

Line Item Estimates, by Individual Income Tax Form and Schedule for Tax Year 2015

The total estimated line counts for each individual tax form and schedule follow. The number of returns for the lines appears on the pages on the left, while the corresponding amount (in thousands of dollars) for the lines appear on the colored pages on the right.

1040		ent of the Treasury—Internal Re Individual Incor			201	5	MB No. 15	45-0074	IRS Use	Onlv—I	Do not write or staple in this	s space.
		, or other tax year beginning			, 2015, er			, 2			ee separate instruction	
Your first name and in		or other tax year beginning	Last name		, 2010, 01	idirig		, 2			our social security nur	
Total of all retu	urns file	ed = 150,493,263		Electroni	cally Filed Re	turns =	131.27	79,367				
If a joint return, spouse		,,	Last name				•	•		Sp	ouse's social security n	umber
1040 =		5,937,245										
Home address (number	er and st	treet). If you have a P.O. bo	L ox, see instr	uctions.					Apt. no.		Make sure the SSN(s) above
1040A =		40,701,100									and on line 6c are co	
		nd ZIP code. If you have a fore	eign address,	also complete s	paces below (se	e instruc	ctions).				Presidential Election Car	nnaign
1040EZ =		23,854,918		,	,		,				3.297.950 Y = ** 5.3	
Foreign country name				Foreign pro	vince/state/co	untv		Foreign p		JUIII	ιιγ, warıι φο το go το triis iuriu.	Onecking
, , ,						,		3 1		refu	ox below will not change your nd. You	Spouse
71,086,94	47 4	Single			22,134,30	. I [llood of b	a vachald	(with an	alifa da a		<u> </u>
-iling Status		Married filing jointly	lovon if on	ly one had in		3 F L					person). (See instruction not your dependent, en	
54,210,32 Check only one	3	_	•	-	-			me here.		iiu but	not your dependent, en	iter triis
OOX. 2,977,192		Married filing separa and full name here.		spouse's 33	84,493	, _	_			dener	ndent child	
_,,,,,,,				im vou oo o		lo not			-	<u> </u>	Boxes checket Ret	- 141 197
Exemptions	6a	☐ Yourself. If some	35,947	um you as a c	dependent, c	io not	CHECK DOX	toa . I	+1,137,0	40.	on 6a an Exempt.=	
-	<u>b</u>		.55,547	(0) D			Nonelean		nder age		No. of children on 6c who: Ret. =	47,192,03
	C	Dependents:	s	(2) Det ocial sec Num	ber of Returns	ende s nip to	Number Exempt.	for ch	ild tax cre		 lived with Exempt 	
<u>.</u>	(1) First r			:			î	, mour	ictions)		 did not live with you due to divorce 	
f more than four		CHILDREN AT HOME	номе	47,192	- -		83,247,303		,561,55		or separation Ret. = (see instruc Exempt.	399,211 = 474,307
dependents, see		CHILDREN AWAY FROM	HOME	399,21			474,307		2,632,04		Dependents on 6c	
nstructions and _		PARENTS		2,879,			3,430,429		281,841	_	not entered above	_
check here ► 🔲		OTHER DEPENDENTS		6,515,			9,353,143		328,945	_	Add numbers on	
	d	Total number of exem					. Exempt				lines above ►	
ncome	7	Wages, salaries, tips,				cholars	hip = .	44,016		7	124,591,428	
	8a	Taxable interest. Attac		•						8a	42,636,696	
Attach Form(s)	b	Tax-ex m, t interest.	_			8b	5,82	7,038				
V-2 here. Also	9a	Cra arv a vidends. At	tachs he	Lue B if requ	ired					9a	27,607,044	
attach Forms	þ	Qu Viried dividends				9b	25,75	5,976				
W-2G and	1	Taxa ble refunds, crudi	ic or offse	ets of state an	nd local incor	ne taxe	es			10	20,256,512	
l099-R if tax vas withheld.	4	Alimony received .								11	414,420	
vas witilielu.	12	Business incom a or tro	ss). Attach	n Schedule C	or C-EZ 13	CapG	ain Dist.	= . 4,323	,250	12	24,726,925	
	10	Capital g in Jr (loss). A	Attach Sch	edule D if rec	uired. If not	require	ed, check l	nere 🕨		13	19,954,554	
f you did not get a W-2	14	O'ner ains a (losses)	. Attach Fo	orm 4797 .						14	2,216,693	
see in t'uctions.	15a	It. \ \ \istributions \ .	15a	14,891,50	0	b Tax	able amour	nt		15b	14,159,018	
	162	Pensions and annuities	16a	30,754,85	4	b Tax	able amour	nt		16b	28,199,160	
()	17	Rental real estate, roya	alties, partı	nerships, S c	orporations,	trusts,	etc. Attac	h Sched	ule E	17	17,522,047	
	18	arm income or (loss).	Attach Sc	hedule F .						18	1,799,627	
	X	Unemployment compe	ensation .							19	6,206,841	
	20a	Social security benefits	20a	28,087,51	4	b Tax	able amour	nt		20b	19,661,104	
	21	Other income. List typ	e and amo	unt						21	6,454,478	
	22	Combine the amounts in	the far right	t column for lin	es 7 through 2	21. This	is your tot	al incom	e ►	22	149,937,726	
	23	Educator expenses				23	3,72	1,168			21. Net oper. loss=	1,138,1
Adjusted	24	Certain business expense	es of reservi	sts, performing	artists, and						21. Stock options=	1,400
Gross		fee-basis government off	icials. Attacl	n Form 2106 or	2106-EZ	24	169	,246			21. Cancel. of debt=	
ncome	25	Health savings accour	nt deductio	n. Attach For	m 8889 .	25	1,39	1,655			21. For. earn. inc. ex	
	26	Moving expenses. Atta	ach Form 3	3903		26	1,13	3,792			21. Gambling inc.=	1,934,1
	27	Deductible part of self-er	mplovment t	tax. Attach Sch	nedule SE .	27	19,63	2,701			21. Taxable HSA =	267,614
	28	Self-employed SEP, S	· •			28	1,01	2,285				
	29	Self-employed health i		-		29		8,181				
	30	Penalty on early withd				30		,686				
		Alimony paid b Recip		7		31a		,888	+			
	312	A WILLIAM PORTO DE LICULE				32		1,368				
	31a 32							1,300 1,155	+		l .	
	32	IRA deduction									20 Aughou MOA Dod - 4	
	32 33	IRA deduction Student loan interest of	deduction .			33					1	593 161
	32 33 34	IRA deduction Student loan interest of Tuition and fees. Attack	deduction . ch Form 89	17		34	1,65	5,586		-	36. Housing ded.= 5,	161
	32 33 34 35	IRA deduction . Student loan interest of Tuition and fees. Attact Domestic production according to the state of the state	deduction .ch Form 89 tivities dedu	17 uction. Attach	 Form 8903	34 35	1,65 695	5,586 ,859		-	36. Housing ded.= 5, 36. Other adj.= 13	
	32 33 34	IRA deduction Student loan interest of Tuition and fees. Attack	deduction .ch Form 89 tivities dedu 35	17 uction. Attach	 Form 8903 	34 35	1,65 695	5,586 ,859		36	36. Housing ded.= 5,	161

1040		ent of the Treasury—Internal R Individual Incol		(99) Return	20	15	OMB No. 15	545-0074	IRS Use O	nly—Do	o not write or staple in th	is space.	
For the year Jan. 1-Dec.	31, 2015,	, or other tax year beginning			, 2	2015, ending		, 2)	See	e separate instruct	ions.	
Your first name and in		<u> </u>	Last name		,						ır social security nu		
Total of all ret	urns file	d = 150,493,263		Electro	nically Fi	led Returns	= 131,2	279,367					
If a joint return, spous	se's first i	name and initial	Last name							Spo	use's social security i	number	
	1040 =	= 85,937,2	45							-			
Home address (numb	er and st	treet). If you have a P.O. b	ox, see instru	ctions.					Apt. no.		Make sure the SSN(s	a) above	
	1040A	40,701,1	00								and on line 6c are of		
City, town or post office		nd ZIP code. If you have a for	eign address, a	ilso complete	spaces be	elow (see instr	uctions).			Pr	esidential Election Ca	mpaign	
	1040E	•	•	·		`	,				k here if you, or your spous		
Foreign country name)			Foreign pr	ovince/st	ate/county		Foreign p	ostal code		, want \$3 to go to this fund		
, , ,						,				a box	below will not change you d. You	r tax or Spouse	
	1	Single				4	lland of	 	/talaat				
Filing Status	2	☐ Single ☐ Married filing inight	(avan if anh	, ana had is	200ma)	4					person). (See instruction		
Check only one	3	Married filing jointly	•		•			ame here.		a but n	not your dependent, e	iter triis	
box.	3 L	Married filing separa and full name here.	•	spouse s S	SIN abov	ле 5		ng widow(lanano	dent child		
	6-								er) with a)	Boxes checked		
Exemptions	6a b	Yourself. If some	one can ciai	iii you as a	depend	ient, do no	t check bo	ж оа		. }	on 6a and 6b		
		Spouse	· · · ·	(0) Danandani					nder age 17	.	No. of children on 6c who:		
	C	Dependents: Last name Last name	SO	(2) Dependent cial security nu		(3) Depend relationship	CITES AII	alifying for ch	ild tax cred		 lived with you 		
	(1) First n	iaille Last naille				•	-	(see instru	ictions)	_	 did not live with you due to divorce 		
If more than four										_	or separation (see instructions)		
dependents, see										_	Dependents on 6c		
instructions and										_	not entered above	_	
check here ►	d	Total number of exem	ntione eleim	: : od						_	Add numbers on lines above ▶		
	7		•				larship =	225.4	4.5	7			
Income	, 8а	Wages, salaries, tips, Taxable interest. Atta		` '		ixable Scilo	iaisiiip – .	323, 1	15.	, 8а	7,112,222,959 95,881,223	+	
	b	Tax-ex m. t interest.		•		8b	61.9	371,455	1.	oa	95,001,225	+	
Attach Form(s)	9a	Cran ary a sidends. A				<u>D</u>	01,0	7 1,433		9a	260,252,720		
W-2 here. Also	b	Qu Wied dividends	itac i Scried	ale bil leq	uiieu	9b	203	187,788	1.	Ja	200,232,720	+	
attach Forms W-2G and	16	Taxa ple refunds, crid	ir or offect	of state a	nd local					10	31,110,732		
1099-R if tax		Alimony received.	its of offset	3 Of State 2	ind local	i ilicollie ta			•	11	10,077,086	+	
was withheld.	12	Business income or pro-	nee) Attach	Schadula (Cor C-E	 7 13 Can	Gain Die	+ = 11 56	3 203	12	331.814.301	+	
		Capital g in or (loss).	•						5,205 	13	694,951,774	+	
If you did not	14	O'ner ains (losses			•		rou, orioon	11010	_	14	11,943,054	+	
get a W-2	15a	It. Valstributions .	15a	295,038,	- 1		xable amou	ınt	: t	15b	253.213.041	$\overline{}$	
see including.	162	Pensions and annuities		1.169.067			ıxable amou		: t	16b	689,991,999		
	17	Rental real estate, roy				tions, trusts	s. etc. Atta	ch Sched	ıle E	17	713,237,701		
	18	arm income or (loss)		• •	•				.	18	-13,963,784		
	36	Unemployment comp							. [19	27,225,383		
	20a	Social security benefits		605,152,			xable amou			20b	277,411,075		
	21	Other income. List typ			-					21	40,075,329		
	22	Combine the amounts in	the far right	column for I	ines 7 thr	ough 21. Th	is is your to	tal income	> ▶	22	10,360,403,054	ı .	
	23	Educator expenses				23	95	0,200			21. Net oper. loss=	197,5	13,36
Adjusted	24	Certain business expens	es of reservis	ts, performir	ng artists,	and					21. Stock options=		
Gross		fee-basis government of	icials. Attach	Form 2106 o	or 2106-E	Z 24	57	9,419			21. Cancel. of debt	= 6,954	,736
Income	25	Health savings account	nt deduction	n. Attach Fo	orm 8889	9 . 25	4,3	22,792			21. For. earn. inc. e		
	26	Moving expenses. Att	ach Form 39	903		26	3,6	92,173			21. Gambling inc.=	,,	
	27	Deductible part of self-e	mployment ta	ax. Attach So	chedule S	SE . 27	30,1	106,835	\perp		21. Taxable HSA =	327,1	52
	28	Self-employed SEP, S	IMPLE, and	qualified p	olans	28	24,3	378,156					
	29	Self-employed health	insurance d	eduction		29	28,8	352,216	\perp				
	30	Penalty on early without	rawal of sav	ings		30	70	6,848	\perp				
	31a	Alimony paid b Recip	oient's SSN			31a	12,3	345,177					
	32	IRA deduction				32	13,0	043,934	\perp				
	33	Student loan interest	deduction .			33	13,4	138,377			36. Archer MSA Ded.=	3,686	
	34	Tuition and fees. Attac	ch Form 891	7		34	3,9	18,501			36. Housing ded.=	23,874	
	35	Domestic production ac	tivities deduc	ction. Attach	Form 89	903 35	12,7	791,597			36. Other adj.=	,469,16	37
	36	Add lines 23 through 3								36	150,092,952		
	37	Subtract line 36 from	ine 22. This	is your ad	justed g	ross inco	ne		>	37	10,210,310,10	3	

Form 1040 (2015)	39a A = 24,362,239	B = 10,1	53,231	C = 256	,557	D = 81,9	06			Page 2
	38	Amount from line 37 (adju	sted gross income)					38		
Toy and	39a	Check A You were b	orn before January			١.	otal boxes			Basic Stand. Ded. =	103,844,28
Tax and			s born before Janu			- 1	necked ► 39a			Add. Stand. Ded. =	15,097,20
Credits	b	If your spouse itemizes on						 39b□		Stand. = 103,844,288	3
Standard	40	Itemized deductions (fro		-					40	Itmzed = 44,567,263	
Deduction	41	Subtract line 40 from line				•			41	131,970,884	T
for—	42	Exemptions. If line 38 is \$15							42	139,434,265	
People who check any		•								114,871,989	+
box on line 39a or 39b or	43	Taxable income. Subtractions Observed							43 44	113,870,016	+
who can be	44	Tax (see instructions). Chec									
claimed as a dependent,	45	Alternative minimum tax	•						45	4,467,806	
see instructions.	46	Excess advance premium							46	3,292,753	
All others:	47	Add lines 44, 45, and 46						_	47	114,482,785 54a F3800= 334,152	
Single or	48	Foreign tax credit. Attach	•				7,968,489			54b F8801= 306,716	
Married filing separately,	49	Credit for child and depend	•		_		6,344,325			54c other= 6,808 54c AMV= 9,330	
\$6,300	50	Education credits from Fo	rm 8863, line 19		_		9,606,011			54c Sch R= 50,569	
Married filing jointly or	51	Retirement savings conti			_		8,108,729			54c F8911= 3,740 54c F8936= 42,868	
Qualifying	52	Child tax credit. Attach S	chedule 8812, if re	equired	!		22,376,889			54c F8396= 77,700	
widow(er), \$12,600	53	Residential energy credits	. Attach Form 5695	5			2,592,967			54c F8839= 63,960	1
Head of	54	Other credits from Form: a	3800 b 880	1 с□		54					
household, \$9,250	55	Add lines 48 through 54.	These are your tot a	al credits .					55	46,014,561	
	56	Subtract line 55 from line	47. If line 55 is mor	e than line 47	, enter -0)		•	56	103,074,540	
	57	Self-employment tax. Atta							57	19,632,701	
Other	58	Unreported social security	y and Medicare tax	from Form:	a 🗌 41	37	b 8919 .		58	a= 102,074 b=	31,440
Taxes	59	Additional tax on IRAs, oth	er qualified retireme	ent plans, etc.	Attach Fo	rm 5329	9 if required .		59	5,453,565	
Idaes	60a	Household employment tax	xes from Schedule I	н					60a	190,852	
	b	First-time homebuyer cred	it repayment. Attach	n Form 5405 if	required				60b	716,735	
	61	Health care: individual resp							61	6,691,982	
	62	Taxes from: Form 8	959 b Eorm 8	960 c 🗌 In	struction	s; ente	er code(s)		62	Other Taxes = 970	,846
	63	Add lines 56 (hrough 62.	938 3,828,60 I NIS IS YOU 15.a Ta)8 IX F	Recapture	ax = 2,0	066	•	63	113,453,651	
Payments	64	Federal income and withher	eld from prn W-2	2 and 1099	🕒	64 13	32,257,828				
	65	2015 estil v. ed tax paymen	ts and a mount applie	ed from 2014 re	eturn (65	9,611,498				
If you have a qualifying	66a	Exped in ome credit (E	(C)		6	6a 2	28,081,708				
child, attach	b	Monte vable combat pay elec	etio 66b	1,993							
Schedule EIC.	67	Additional child tax credit.	mach Schedule 88	12	🔼	67 1	19,705,356				
	68	American opportunity cre	edit from Form 886	33, line 8 .	(88	9,629,945				
	6.	Net pre niur tax aredit. A	Attach Form 8962		🕒	69	2,343,256				
~ · /	70	Amount of a with request	for extension to fil	e		70	1,844,872				
	71	Excess soc. I security and	tier 1 RRTA tax with	nheld		71	1,567,122			73a F2439= 2,793	
	72	Crea. for federal tax on fu				72	308,753			73d Other Payments: 16,12	27
	73	Credits from Form: a 2439 b	Reserved c 88	85 d 🗌		73					
	74	dd lines 64, 65, 66a, and	l 67 through 73. Th	ese are your t	total pay	ments		•	74	141,929,894	
Refund	7.	If line 74 is more than line	63, subtract line 6	3 from line 7	4. This is	the am	ount you overp	aid	75	116,278,024	\mathbf{I}^{-}
A 1	76	Amount of line 75 you war	nt refunded to yoι	. If Form 8888	3 is attac	hed, che	eck here .	• 🗌	76a	113,212,358	
Direct deposit?	▶ b	Routing number			▶ c Type	e: 🗌 Ch	necking Sav	rings			
See	▶ d	Account number									
instructions.	77	Amount of line 75 you want	applied to your 20	16 estimated t	tax ►	77 4	4.045.015				
Amount	78	Amount you owe. Subtra	ct line 74 from line	63. For detail	s on how	to pay,	, see instruction	s ►	78	29,180,466	
You Owe	79	Estimated tax penalty (see	e instructions) .			79 9	9,835,683				
Third Party	Do	you want to allow another	person to discuss	this return wit	h the IRS	s (see ins	structions)? [Yes	Com	olete below.	No
Designee		signee's		Phone				nal ident	ificatio	n	
		ne ▶ der penalties of perjury, I declare t	that I have examined th	no. is return and acc	ompanying	ı schedula		er (PIN) and to th	e hest	of my knowledge and I	
Sign		y are true, correct, and complete.									Jellel,
Here	You	ur signature		Date	Your oc	cupation			Daytir	ne phone number	
Joint return? See instructions.											
Keep a copy for	Spo	ouse's signature. If a joint return	n, both must sign.	Date	Spouse	s occupa	ation			RS sent you an Identity Pr	otection
your records.									PIN, er here (s	iter it ee inst.)	
Paid	Prir	nt/Type preparer's name	Preparer's signatu	re			Date		Chool	PTIN	
Preparer		81,095,780								mployed	
Use Only	Firr	m's name ▶							Firm's	EIN ▶	
—	Firr	m's address ▶							Phone	e no.	
www.irs.gov/form										Form 104	0 (2015)

Form 1040 (2015	5)									Page 2
	38	Amount from line 37 (adju	isted gross income	2)				38	-	
_	39a	(—	orn before Januar	•		Total boxes	Ė		Basic Stand. Ded. =	872,463,128
Tax and	Jour	· · · · \ —	s born before Janu			checked ▶ 39a			Add. Stand. Ded. =	28,146,319
Credits	b	If your spouse itemizes on			_		39b□		Stand. = 900,609,44	1 1
Chandand	40	Itemized deductions (fro	•	•		•	_	40	Itmzed = 1,257,437,01	
Standard Deduction		•	<i>'</i>			` ,			-	10
for—	41	Subtract line 40 from line						41	8,321,044,011	
 People who check any 	42	Exemptions. If line 38 is \$1						42	1,140,740,415	
box on line	43	Taxable income. Subtra				·		43	7,350,295,491	
39a or 39b or who can be	44	Tax (see instructions). Chec	k if any from: a	Form(s) 8814	b Forr	n 4972 c 📙		44	1,482,236,627	
claimed as a	45	Alternative minimum tax	(see instructions)	. Attach Form 6	6251			45	31,165,616	
dependent, see	46	Excess advance premium	tax credit repaym	ent. Attach For	m 8962 .			46	2,699,501	
instructions.	47	Add lines 44, 45, and 46					. ▶	47	1,516,165,675	
All others:	48	Foreign tax credit. Attach	Form 1116 if requi	ired	. 48	22,560,125			54a F3800= 3,616,120	3
Single or Married filing	49	Credit for child and depend				3,585,379			54b F8801= 972,621 54c other= 21,751	
separately, \$6,300	50	Education credits from Fo	·			10,234,109			54c AMV= 20,082	
Married filing	51	Retirement savings cont	·			1,441,212		1	54c Sch R= 6,397 54c F8911= 1,518	
jointly or	52	ŭ				27,099,975			54c F8936= 251,617	
Qualifying widow(er),	-	Child tax credit. Attach S	· ·	•		2,087,749	-	-	54c F8396= 99,211 54c F8839= 251,235	
\$12,600	53	Residential energy credits		_		2,007,749		-	201,200	
Head of household,	54	Other credits from Form: a	_		54		_		70.040.407	
\$9,250	55	Add lines 48 through 54.	•					55	72,249,107	
	56	Subtract line 55 from line	47. If line 55 is mo	re than line 47,	enter -0-		<u>. ▶</u>	56	1,443,916,568	
	57	Self-employment tax. Atta	ach Schedule SE					57	60,173,787	
Other	58	Unreported social securit	y and Medicare tax	from Form:	a 🗌 4137	b 🗌 8919		58	a= 18,751 b=	18,926
	59	Additional tax on IRAs, oth	ner qualified retireme	ent plans, etc. A	Attach Form	5329 if required		59	5,975,801	
Taxes	60a	Household employment ta	xes from Schedule	н				60a	1,134,672	
	b	First-time homebuyer cred						60b	422,385	
	61	Health care: individual resp			•	ıge 🗌		61	3,109,377	
	62	Taxes from: Form	• ,	•	•	enter code(s)	•	62		9.063
	63	Add lines 56 'hro. 111 04.	,763 22,042	,756		x = 5,555	. •	63	1,545,647,949	,,,,,,,
Doversanta	64	Federal income and withh				1,197,083,155		00	1,545,647,545	
Payments			4			372,286,086		-		
If you have a	65	2015 estil rued tax paymer								
qualifying	66a	Exmed in ome credit (E		· · · · i	66a	68,524,975		-		
child, attach	b	Nont vable combat pay elec		27,797				-		
Schedule EIC.	67	Additional child tax credit.)			26,590,109		-		
	68	American opportunity cr	edit from Form 88	63, line 8	68	8,623,424				
	6.	Net premiur tax aredit.	Attach Form 8962		69	1,544,319				
~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \), 3	Amount of a with request	t for extension to fi	le	70	115,820,220				
	71	Fycess soci I security and	tier 1 RRTA tax wit	hheld	71	3,082,121			73a F2439= 5,990	·
	72	Crea. for federal tax on f	uels. Attach Form 4	4136	72	108,911			73d Other Payments: 91,51	10
	73	Credits from Form: a 2439 k	Reserved c 88	885 d	73					
	74	dd lines 64, 65, 66a, and			otal payme	nts	. •	74	1,793,824,737	
Refund		If line 74 is more than line					paid	75	-408,707,508	
	76	Amount of line 75 you wa	·			•	▶ □	76a	329,830,398	
Direct dones	▶ b	Routing number			► c Type:		avings		020,000,000	
Direct deposit? See	▶ d	Account number					lingo			
instructions.	77	Amount of line 75 you wan	annlied to your 20	116 petimeted t	ax ▶ 77	78,877,110				
Amount	78	Amount you owe. Subtra					ns ▶	70	161,798,546	
You Owe	79				1	i		78	101,730,040	
		Estimated tax penalty (se		thic return with		1,267,826			alaka bada	7.11-
Third Party		you want to allow another	person to discuss		i the IRS (se		Yes sonal ider		_	No
Designee		signee's me ▶		Phone no. ►			sonai ider iber (PIN)		>	
Sign		der penalties of perjury, I declare	that I have examined th		ompanying sch				of my knowledge and	belief,
Here		y are true, correct, and complete			ayer) is based	on all information of w				
Joint return? See		ur signature		Date	Your occupa	ation		Daytir	me phone number	
instructions.										
Keep a copy for	Sp	ouse's signature. If a joint retur	n, both must sign.	Date	Spouse's oc	cupation			RS sent you an Identity Pr	rotection
your records.	'							PIN, en here (se	nter it ee inst.)	
Daid	Pri	nt/Type preparer's name	Preparer's signatu	ıre		Date		,	PTIN	
Paid									< ∐ if ····· mployed	
Preparer	E:w	m'e name	1						s EIN ▶	
Use Only		m's name ►								
NAME OF THE OWNER O		m's address ►						Phone	e no. Form 104	0 (2015)
www.irs.gov/for	1111040								Form 104	· U (2015)

	U.S.	Individual Incor	evenue Service ne Tax	Return	 ZU13	OMB No. 15	45-0074	IRS Use C	nly-D	o not write or staple in this	space.
For the year Jan. 1-Dec.		or other tax year beginning			, 2015, ending		, 20		Sec	e separate instruction	ons.
Your first name and in		<u> </u>	Last name		, , , , , , , , ,		, -			ur social security num	
Total 1040 ONLY re	turns file	ed = 85,937,245									
If a joint return, spous	se's first r	name and initial	Last name						Spc	ouse's social security nu	ımber
Electronically filed for	orms 104	40 Only = 72,161,422									
Home address (numb	er and st	reet). If you have a P.O. be	l ox, see instru	ctions.			Α	pt. no.	_	Make sure the SSN(s)	above
`										and on line 6c are co	
City, town or post office	, state, an	nd ZIP code. If you have a for	eign address, a	also complete s	paces below (see ins	ructions).			Pı	residential Election Can	npaign
		,			•	,		· ·		2,302,908 Y = ** 4,7	
Foreign country name	•			Foreign pro	vince/state/county		Foreign po		JOHILIS	, want so to go to this iunu.	Onecking
g ,	-				,				a box	below will not change your td.	
32,023,4	108 a F	7 Oire Le				П., .					<u> </u>
·IIIng Status		☐ Single ☐ Manusia diffica si isiste	/ ! f l-		9,862,946					person). (See instruction	,
41,991,60		Married filing jointly	`		•	•			a but r	not your dependent, ent	ter this
Check only one ox. 2.004.833	3 L	Married filing separa and full name here.		spouse's SS	N above 54,398 ;		ame here. 🕽		lanan	dont obild	
OX. 2,004,833					<u> </u>	<u> </u>	ng widow(e	<u> </u>	. \		i. = 84,3 126,319
xemptions	6a	Yourself. If some		m you as a o	dependent, do n	ot check bo	x 6a . 84	314,685	. }	Boxes check Ret. = on 6a and 6 Exempt.	29.72
	b		005,303		· · · · ·	<u></u>			<u>.</u> '	No. of children	53.60
	С	Dependents:		(2) Deper cial securi Nur	mber of Returns	den Numbe	r chi	nder age 1° Id tax cred		on 6c who: • lived with you	
	(1) First n		30	:		10 Exemp	-	ctions)		 did not live with you due to di Ret. = 	262,366
more than four		CHILDREN AT HOME		29,72	29,391	53,607,11		,548,425		or separat Exempt.=	310,538
lependents, see		CHILDREN AWAY FROI	м номе	262,	366	310,538		,233,634		(see instructions)	
nstructions and		PARENTS		1,69	1,151	2,009,310	5,	196,202		Dependents on 6c not entered above	
heck here 🕨 🗌		OTHER DEPENDENTS		2,81	8,953	3,801,507	' [1,4	163,892		Add numbers on	
	d	Total number of exem	ptions claim	ned . Retur	ns = See 6a	Exemptions :	= 186,048,	463		lines above 🕨	Щ
ncome	7	Wages, salaries, tips,	etc. Attach	Form(s) W-2	Taxable Scho	larship = .	30,067		7	65,449,948	
11001110	8a	Taxable interest. Atta	ch Schedule	B if require	d				8a	35,238,971	
	b	Tax-exempt interest.	Do not incl	ude on line 8	8a 81	5,6	74,654				
ttach Form(s)	9a	Ordinary dividends. At	ttach Sched	ule B if requ	ired				9a	24,891,924	
V-2 here. Also ttach Forms	b	Qualified dividends			91	23,3	340,947				
/-2G and	10	Taxable refunds, cred	its, or offset	s of state an	d local income t	axes		٠. ا	10	20,256,512	
099-R if tax	11	Alimony received .								414,420	
as withheld	7							.	11	414,420	
		Business income - 10	oss. Attach	Schedule C	or C-EZ 13 Car	. Gain Dist.	= 3.394	.674		·	
	.3				or C-EZ 13 Cap Juired. If not requ		-	,674	12	24,726,925	
you aid not		Capital gair or (ICS).	Attach Sche	dule D if rec	_		-	_	12 13	24.726.925 19,954,554	
ла V-2	14	Capital gair or (ICSS). Other gains r (losses)	Attach Sche	edule D if rec rm 4797 .	uired. If not requ	ired, check	here ►	_	12 13 14	24.726.925 19.954,554 2.216.693	
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Make sum the Staligh above with the sum that Staligh above w	If a joint return, spou	se's first name and initial	Last name				Spouse's social security n	umber
Copy			Electronic	cally filed forms 104	0 Only = 72,161,4	122		
Foreign country name	Home address (numb	per and street). If you have a P.O. b	ox, see instructions.			Apt. no.		
Foreign country name Foreign province/state/county Foreign p								
Foreign routing name	City, town or post office	e, state, and ZIP code. If you have a for	eign address, also complete s	paces below (see instru	uctions).			
Filling Status 1	Familia a constant a constant	_	l et		I F			
Single 2	Foreign country nam	е	Foreign pro	vince/state/county	Foreig	n postal code		
Capation		4 Cinale		4 [
Check only one 3	Filing Status		(even if only one had in					
Semptions Sem	Check only one		•	•			but not your dependent, or	itor triis
Spouse C Dependents: C Depend	box.	5	· ·				ependent child	
Dependents C2 Dependents C3 Dependents C4 Dependents	Evenntions	6a Vourself. If some	one can claim you as a	dependent, do no t	t check box 6a .			
c Dependents: (1) First name Last name Social security number social security number relationship to you dependents, see instructions and check here ▶ □ ### Tranship interest. Attach Form(s) W.2 Taxable Scholarship = 188,787 7 5.518.081,236 ### Taxable Interest. Attach Schedule B if required ### Taxable Interest. Attach Schedule B if required ### Total number of exemptions claimed ### Total number of exemptions claimed ### Total number of exemptions claimed ### Taxable interest. Attach Schedule B if required ### Taxable interest. Attach Schedule B if required ### Total number on line 8a 8b 61,486,322 ### Total number on line 8a 92,871,755	Exemplions	b Spouse						
If more than four dependents, see instructions and check here		c Dependents:			qualifying fo	ld under age 17	on 6c who:	
If more than four dependents, see instructions and check here		(1) First name Last name	social security nun	nber relationship t			 did not live with 	
Compared parts Com	If more than four						or separation	
Income	dependents, see						•	
Total number of exemptions claimed Taxable sholarship = 188,787 7 5,518,081,236 8a 2,871,755 9a Taxable interest. Attach Schedule B if required 8a 2,871,755 9a 257,392,879 9a 257,392,879 9b Tax-exempt interest. Do not include on line 8a 8b 61,486,322 9a 257,392,879 9a 257,39	instructions and						not entered above	_
Attach Form(s) 7 Wages, salaries, tips, etc. Attach Form(s) W-2 Taxable Scholarship = 188,787 7 5,518,081,236 8a Taxable interest. Attach Schedule B if required 5 Tax-exempt interest. Do not include on line 8a 8b 61,486,322 9a Ordinary dividends. Attach Schedule B if required 9a 257,392,879 257,392,8	check here ► □	d Total number of evem	ntions claimed		l l			
Attach Form(s) Ba Taxable interest. Attach Schedule B if required Tax-exempt interest. Do not include on line 8a 8b 61,486,322			•					
Attach Form(s) W-2 here. Also attach forms w-20 and 1099- Bif fax was withheld 10 to 1099- Bif fax was withheld 11 to 1097- Bif fax was withheld 11 to 1097- Bif fax was withheld 11 to 1097- Bif fax was withheld 12 to 1097- Bif fax was withheld 13 to 1097- Bif fax was withheld 14 to 1097- Bif fax was withheld 14 to 1097- Bif fax was withheld 15 to 1097- Bif fax was was withheld 15 to 1097- Bif fax was was withheld 15 to 1097- Bif fax was withheld 15 to 1097- Bif fax was was withheld 15 to 1097- Bif fax was was withheld 15 to 1097- Bif fax was	Income		` '		. 100,71	_		
Attach Form(s) 9a Ordinary dividends. Attach Schedule B if required 9b 200,950,715			•	İ	61,486,322	1 -	02,011,100	
Description	Attach Form(s)	-					9a 257,392,879	
M-2G and 10 Taxable refunds, credits, or offsets of state and local income taxes 10 31,110,732		b Qualified dividends		9b	200,950,71	5		
Subject Sub	W-2G and	10 Taxable refunds, cred	its, or offsets of state ar	nd local income tax	kes		10 31,110,732	
1 Business income explose. Attach Schedule C or C-E2 13 tab. Gain Dist. ≠ 10,086,84 12 331,814,301	1099-R if tax	11 Alimony received .						
14	was withheld							
14	If you did not			quired. If not requir	red, check here			
16a Pensions a all annuities 16a 1.014.235.581 b Taxable amount 16b 568,366,213	Cara V-2					-		
1	e instructions.							 -
18 Famrincome or (loss). Attach Schedule F. 19						_		+
19 17.011,027 20a 35.138.901 21 Other inc me—let 1 pe and amount 21 Other inc me—let 1 pe and amount 22 Combine the mounts 23 Adjusted Gross 24 Itain rusiness expenses of reservists, performing artists, and fee—let 1 savings account deduction. Attach Form 8889 25 Itain rusiness expenses. Attach Form 3903 26 3.692.173 21. Taxable HSA = 21. Ta								+
20a Social security ben fits 20a 446,882,558 b Taxable amount 21 36,880,489 21 36,880,489 22 28,558,727,443 21 36,880,489 22 28,558,727,443 21 36,880,489 22 28,558,727,443 21 36,880,489 22 28,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36,880,489 21 36,880,489 22 38,558,727,443 21 36,880,489 21 36								
21 Other inc. me. ist. pe and amount 22 Combine the mounts. the far right column for lines 7 through 21. This is your total income 22 8,558,727,443 23 Educator experimes 23 755,731 24 579,419 21. Net open loss 21. Stock options								
Adjusted Gross Income 23 Educ; or e. pen, es		21 Other inc. me. ist i p	e and amount					
Adjusted Gross 24						me 🕨		
Caross Fee-b. sis g. Defining a rates, and fee-b. sis g. Defining a rates g. 2	Adjusted				755,731			
Healr savings account deduction. Attach Form 8889 26		dill sollious cripello			579 /19			
26						,	21. For. earn. inc. ex	׆ 29.340.38
27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 29 28,852,216 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ 31a 12,345,177 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income 27 30,106,835 28 24,378,156 29 28,852,216 30 76,848 31a 12,345,177 31a 11,862,693 31a 12,345,177 32 11,862,693 33 8,149,923 34 2,394,709 36 Archer MSA Ded. 36 36. Housing ded. = 123,874 36 Other adj. = 1,469,167 36 141,904,995 37 8,416,822,448								32,967,078
28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31 Alimony paid b Recipient's SSN ▶ 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income 28 24,378,156 29 28,852,216 30 76,848 31a 12,345,177 32 11,862,693 33 8,149,923 36. Archer MSA Ded.= 3,686 36. Housing ded.= 123,874 36. Other adj.= 1,469,167 36 141,904,995 37 8,416,822,448		<u> </u>					21. Taxable HSA =	327,192
29 Self-employed health insurance deduction 29 28.852,216 30 Penalty on early withdrawal of savings 30 76.848 31a Alimony paid b Recipient's SSN ▶ 31a 12,345,177 32 IRA deduction 32 11,862,693 33 Student loan interest deduction 33 8,149,923 36. Archer MSA Ded. ■ 3,686 34 Tuition and fees. Attach Form 8917 34 2,394,709 35 Domestic production activities deduction. Attach Form 8903 35 12,791,597 36. Other adj. ■ 1,469,167 36 Add lines 23 through 35			' '		1 1			
30 Penalty on early withdrawal of savings		• •			28,852,210	6		
32 IRA deduction		· ·			76,848			
33 Student loan interest deduction		31a Alimony paid b Recip	oient's SSN ▶	31a		_		
34 Tuition and fees. Attach Form 8917		32 IRA deduction		32				
35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35								·
36 Add lines 23 through 35								
37 Subtract line 36 from line 22. This is your adjusted gross income		· ·			-		444.004.005	,469,167
						_		+
	For Disclosure Br		· · · · · · · · · · · · · · · · · · ·			<u> </u>		(2015)

Cat. No. 11320B

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2015	i)	39a A = 17,632,885	B = 7,72	22,659	C = 1	53,80	4 D = 36,	945			Page 2
	38	Amount from line 37 (adju	sted gross income)					38		
Toward	39a		orn before January				Total boxes			Basic Stand. Ded. =	39,645,97
Tax and			s born before Janu				checked ▶ 39a			Add. Stand. Ded. =	8,124,50
Credits	b	If your spouse itemizes on						39b□		Stand. = 39,645,974	i i
Standard	40	Itemized deductions (fro		•			·		40	Itmzed = 44,567,263	
Deduction	41	Subtract line 40 from line							41	78,071,594	
for—	42	Exemptions. If line 38 is \$15							42	82,542,335	+
People who check any				' - '						70,544,551	+
box on line 39a or 39b or	43	Taxable income. Subtraction							43		
who can be	44	Tax (see instructions). Chec	, _	` '	_	_			44	69,673,229	
claimed as a dependent,	45	Alternative minimum tax	,						45	4,465,811	
see	46	Excess advance premium							46	2,025,926	
instructions. • All others:	47	Add lines 44, 45, and 46						. ▶	47	70,084,080	
Single or	48	Foreign tax credit. Attach	Form 1116 if requi	red		48	7,968,489			54a F3800= 334,152 54b F8801= 306,716	
Married filing	49	Credit for child and depend	ent care expenses.	Attach Form 24	141	49	4,509,814			54c other= 6,808	
separately, \$6,300	50	Education credits from Fo	rm 8863, line 19			50	5,708,773			54c AMV= 9,330 54c Sch R= 12,708	
Married filing	51	Retirement savings cont	ributions credit. A	ttach Form 88	380	51	3,341,258			54c F8911= 3,740	٠
jointly or Qualifying	52	Child tax credit. Attach S	chedule 8812, if re	equired		52	13,223,374			54c F8936= 42,868 54c F8396= 77,700	
widow(er),	53	Residential energy credits	Attach Form 569	5		53	2,592,967			54c F8839= 63,960	
\$12,600 Head of	54	Other credits from Form: a				54			-		
household,	55	Add lines 48 through 54.							55	30,041,590	+
\$9,250	56	Subtract line 55 from line							56	65,420,679	+
	57	Self-employment tax. Atta							57	19,632,701	
		· ·								a= 102,074 b=	21 440
Other	58	Unreported social security							58	•	31,440
Taxes	59	Additional tax on IRAs, oth	•	•			•		59	5,453,565	_
	60a	Household employment ta							60a	190,852	
	b	First-time homebuyer cred	it repayment. Attacl	n Form 5405 if	require	ed .	. <u>.</u>		60b	716,735	
	61	Health care: individual resp	• ,	•	•	•	_		61	3,145,059	
	62	Taxes from: a Form 8	959 b Form 8	960 c 🗌 In	struction	ons; e			62	Other Taxes = 970,	846
	63	Add lines 56 through 02.	3,828,6 11113 13 YUur waa t a	08 			Recapture Tax = 2,0)66 ▶	63	74,870,847	
Payments	64	Federal income tax withhe	eld from Forms W-	2 and 1099		64	71,510,817				
	65	2015 estimated tax paymen	ts and amount applie	ed from 2014 re	eturn	65	9,263,754				
If you have a	66a	Earned income credit (E	IC)			66a	11,010,084				
qualifying child, attach	b	Nontaxable combat pay e'-c	tion 66b	0							
Schedule FIC.	37	dditional child tax credit	Schedule 88	12		67	8,143,511				
	66	American opport inity re				68	5,488,198				
	39	Net premium .ax redit.				69	1,523,408				
	70	Amount paid ith request				70	1,820,281		-	2.702	
	71	Excess sock sec rity and				71	1,559,220			73a F2439= 2,793 73d Other Payments: 13,13	i i
	72	Credit or fed hal tax on fu				72	308,753		1	750 Other Payments. 13, 13	,0
	73	Credit from Form: a 2439 b		_		73	000,700		1		
		A d lines 64, 65, 66a, and			otal n		ato.	. •	74	70 500 400	
Defined	74	/ 4							74	79,503,130	+
Refund	75	If lir 2 74 is more than lin					•	_	75	58,572,349	
	76a	Amount of line 5 you wa	refunded to you	1. If Form 8888				▶ ∐	76a	55,581,666	_
Direct depo ? See	▶ b	Routing number	} 		► c Ty	/pe:	Checking Sa	vings			
instructions.	d	Account number	7								
	77	Amount lin. 75 you want				77	3,955,913				
Amount	78	/ nount y u o. e. Subtra				ow to p	oay, see instruction	ns ►	78	23.997.025	
You Owe	79	L timated Lx penalty (see				79	8.869.354				
Third Party		you and allow another	person to discuss	this return wit	h the II	RS (see		_		plete below.	No
Designee		signee's		Phone				onal iden oer (PIN)	tificatio	n	
0:		me der penalties of perjury, I declare	that I have exemined th	no.	ompony	ing oob			ho hoot	of my knowledge and	haliaf
Sign		y are true, correct, and complete.									Dellei,
Here	You	ur signature		Date	Your	occupat	tion		Daytii	me phone number	
Joint return? See											
instructions. Keep a copy for	Spo	ouse's signature. If a joint return	n, both must sign.	Date	Spous	se's occ	cupation		If the II	RS sent you an Identity P	rotection
your records.	, ,	,	,		,		·		PIN, er		
	Prir	nt/Type preparer's name	Preparer's signatu	re	1		Date			PTIN	
Paid		53,077,789		-					Chec	k if if mployed	
Preparer											
Use Only		m's name ▶								s EIN ▶	
		n's address ►							Phone		0 (22 : =:
www.irs.gov/fori	m1040									Form 104	U (2015)

Form 1040 (2015	5)										Page 2
	38	Amount from line 37 (adju	sted gross income	e)					38		
	39a	Check	orn before January	v 2. 1951.	Blind.	Tota	l hoyes			Basic Stand. Ded. =	367,785,016
Tax and		· · · · \ —	s born before Janu	• •		-	ked ► 39a		1	Add. Stand. Ded. =	15,500,957
Credits	b	If your spouse itemizes on			. —			201-		İ	1
		'	•	•		-		39b		Stand. = 383,285,974	
Standard Deduction	40	Itemized deductions (fro		your standard	deduction	(see le	ft margin) .		40	Itmzed = 1,257,437,01	0
for—	41	Subtract line 40 from line	38						41	7,021,169,936	
People who	42	Exemptions. If line 38 is \$15	54,950 or less, multiply	/ \$4,000 by the nur	mber on line 6	d. Other	wise, see instru	ctions	42	717,288,940	
check any box on line	43	Taxable income. Subtract	ct line 42 from line	41. If line 42 is	more than	line 41	, enter -0		43	6,391,236,174	
39a or 39b or	44	Tax (see instructions). Chec	k if any from: a	Form(s) 8814	b Forr	n 4972	c 🗌		44	1,352,744,760	
who can be claimed as a	45	Alternative minimum tax							45	31,164,284	
dependent,	46	Excess advance premium	,						46	2,077,819	+-
see instructions.		•	• •						47	1,386,050,795	+
All others:	47	Add lines 44, 45, and 46							41	54a F3800= 3,616,120	
Single or	48	Foreign tax credit. Attach	•				560,125	+		54b F8801= 972,621	'
Married filing separately,	49	Credit for child and depend	ent care expenses.	Attach Form 24	41 49		570,415			54c other= 21,751	
\$6,300	50	Education credits from Fo	rm 8863, line 19		. 50	6,8	330,669			54c AMV= 20,082 54c Sch R= 2,086	
Married filing	51	Retirement savings conti	ributions credit. A	ttach Form 88	80 51	6	54,289			54c F8911= 1,518	
jointly or Qualifying	52	Child tax credit. Attach S	chedule 8812, if re	equired	. 52	17,	522,285			54c F8936= 251,617 54c F8396= 99,211	
widow(er),	53	Residential energy credits	. Attach Form 569	5	. 53	2,0	087,749			54c F8839= 251,235	
\$12,600 Head of	54	Other credits from Form: a			54						
household,	55	Add lines 48 through 54.	_			-		-	55	57,461,779	_
\$9,250	56	Subtract line 55 from line							56	1,328,589,016	+-
										60,173,787	+-
	57	Self-employment tax. Atta						•	57		40.000
Other	58	Unreported social security			_		8919 .	•	58		18,926
Taxes	59	Additional tax on IRAs, oth		•				•	59	5,975,801	
	60a	Household employment tax							60a	1,134,672	
	b	First-time homebuyer cred	it repayment. Attacl	h Form 5405 if r	required .	٠		•	60b	422,385	
	61	Health care: individual resp	• •	•	•	-			61	1,788,853	
	62	Taxes from: a Form 8	1959 b Form 8	3960 c 🗌 Ins					62	Other Taxes: 809,)63
	63	Add lines 56 through 8,019,	763 11113 13 YOUI 10101 1 0	756 GA	Recapture Ta	ıx = 5,	555	•	63	1,428,999,873	
Payments	64	Federal income tax withhe	eld from Forms W-	2 and 1099 .	64	1,01	8,728,657				
	65	2015 estimated tax paymen	ts and amount appli	ed from 2014 ret	turn 65	371	,353,317				
If you have a	66a	Earned income credit (E	IC)		66a	27.	986,624				
qualifying child, attach	b	Nontaxable combat pay e'-c	tion 66b	0							
Schedule FIC.	37	dditional child tax credit.	stac Schedule 88	12	67	11.	295,829				
	66	American opport unity	eur from Form 88	63. line 8	68		111,225				
	39	Net premium .ax redit.					223,806				
OV	70	Amount paid ith request					,774,648				
1 1.	71						· · ·	+			
	72	Excess social security and					<u>079,513 </u>			73a F2439= 5,990 73d Other Payments: 89,80	
					72	<u> </u>	00,911	+		750 Other Payments. 09,00	12
	73	Credit from Form: a 2439 b	_		73						
Defend a	74	A d lines 64, 65, 66a, and						<u></u>	74	1,554,821,439	
Refund	75	If lir ≥ 74 is more than li					-		75	-281.213.392	
	76a	Amount of line 5 ye wa.	refunded to you		_	_		• <u> </u>	76a	202,404,042	
Direct depc ?	► b	Routing number	3		c Type: ∟	Ched	king Sav	rings			
See instructions.	d	Account nur iber	9					,			
	[*] 77	Amount of lin. 75 you want	<u> </u>				809,350				
Amount	78	/ mount y u o. e. Subtra	ct line 74 from line	e 63. For details	on how to	pay, s	ee instruction	ıs 🕨	78	156,627,012	
You Owe	79	L timated Lx penalty (see	e instructions) .		79	1,2	35,187				
Third Party	Do	you and allow another	person to discuss	this return with	the IRS (se	ee instr	uctions)? [Yes	. Com	plete below.	No
Designee		signee's		Phone				nal iden er (PIN)	tificatio	on	
0:		me ▶ der penalties of perjury, I declare	that I have examined th	no.	mpanying ook	andulan i		/	ho boot	of my knowledge and	boliof
Sign		y are true, correct, and complete.									Dellei,
Here		ur signature		Date	Your occupa	ation			Daytir	me phone number	
Joint return? See											
instructions. Keep a copy for	Sp	ouse's signature. If a joint return	n, both must sign.	Date	Spouse's or	ccupatio	n		If the If	RS sent you an Identity P	rotection
your records.	7		,						PIN, er		
	Pri	nt/Type preparer's name	Preparer's signatu	ıre			Date		,	PTIN	
Paid		. Yes espaid difficillo								k if if	
Preparer										. ,	
Use Only		m's name ►								s EIN ▶	
		m's address ▶							Phone	e no. Form 10 4	0 (004 =
www ire gov/for	m1()4()									Form 104	AU (2015)

		ent of the Treasury—Internal Re Individual Incor		(99) Return	2015	5	MB No. 154	15-007 <i>4</i>	IRS Use ∩	nlv—D	o not write or staple in this	space
		or other tax year beginning	IUA		, 2015, endin		140. 104	, 2			e separate instruction	
Your first name and in		o. other tax year beginning	Last name		, 2010, GIUII	·9		, 2			ır social security num	
Electronically Filed	Return	s = 131,279,367										
If a joint return, spouse		- , -,	Last name							Spc	use's social security nu	ımber
1040's E-fil		72,161,422								-		
Home address (number	er and st	treet). If you have a P.O. bo	ox, see instru	ctions.					Apt. no.		Make sure the SSN(s)	ahove
1040A's E-f	iled =	37,738,135									and on line 6c are co	
		nd ZIP code. If you have a fore	eign address, a	also complete sp	paces below (see in	nstruct	tions).			Pı	esidential Election Cam	npaign
1040EZ's E-	filed =	21,379,809									k here if you, or your spouse	
Foreign country name		,, ,,,,,,		Foreign prov	/ince/state/count	ty		Foreign p	ostal code		y, want \$3 to go to this fund.	
,						•		0 1			below will not change vour t * 2,712,224 Y = **	
61,185,7	141	Single			20,190,620 4	. [Head of h	ousehold	(with gual		person). (See instruction	
Filing Status 47,516,27		Married filing jointly	leven if only	one had inc			the qualify			ilyilig į	berson). (See instruction	15.) 11
Check only one	3	Married filing separa					child's nar					
DOX. 2,308,630		and full name here.	-	spouse s oo	78,133 5					epend	dent child Ret. = 1	23,300,381
	6a	☐ Yourself. If some		m vou ac a c							Exempt.= 1	170,831,26 42,752,47
Exemptions	b		30,883	iii you as a c	rependent, do	not (SHECK DOX	. ua		. }	on 6a and Exempt.=	75,601,532
	С	Dependents:		(2) Do		enc	Number of	child i	under age 17	<u>·</u>	No. of children on 6c who:	
	(1) First r	•	so	(2) De cial sec Numb	or of Doturno	hip	Exempt.=) for c	hild tax cred		 lived with you 	
7		CHILDREN AT HOME		42,752,	471	7!	5,601,532	<u> </u>	uctions) 579,769	_	• did not live \(\text{Ret.} = \)	340,805
f more than four		CHILDREN AWAY FROM	HOME	340,80			97,859		741,285	_	or separatic Exempt.= (see instructions)	- 397,859
dependents, see		PARENTS		2,526,8			,003,937		53,278	_	Dependents on 6c	
nstructions and -		OTHER DEPENDENTS		5,842,5			242,540		90.010	_	not entered above	
check here ►	d		otione claim	1 1 1	-		mptions =		,	_	Add numbers on	
		Total number of exem								-	lines above ►	
ncome	7	Wages, salaries, tips,		` '	Taxable Sci	holars	ship = ·	16,893		7	110,460,670	
	8a	Taxable interest. Attac		•						8a	36,535,069	
Attach Form(s)	b	Tax-exempt interest.				8b	5,11	1,622				
V-2 here. Also	9a	Ordinary divide. ds. 7.1				 				9a	23,962,118	
attach Forms	b	Qualified dividends	•			9b		0,374				
V-2G and 1099-R if tax	10	Taxable refunds, credi	ts, or off of	s of state an	d local income	taxe	es			10	18,177,335	<u> </u>
vas withheld.	11	Alimony relaired.								11	356,597	
	12	Busiless I Icome or (Ic							5,962	12	21.063.657	
f you did not	13	ap, al gain or (loss).			uired. If not red	quire	d, check h	nere >	┙╽	13	17,480,920	
get a W-2,	14	Other gains or (losses)								14	1,956,337	
see instructions.	15a	IRA distributions	15a	12,580,38			able amoun			15b	11,952,321	
~~	60	Pensions and an uities		26,058,30			able amoun		· . ·_	16b	23,767,284	
	17	Reptal re 1 sti te, roya								17	15,210,179	
()	18	Farm I come or (loss).								18	1,601,391	
	19	Un imployment compe								19	5,450,018	
V	20.	Social security benefits		23.421.93	6 b	Taxa	able amoun	nt .		20b	16.541.959	
	2	Other income. List typ			- 7 th 1 C t	TI. :		-1 :		21	5.494.469	
/ . (72	Combine the amounts in							e F	22	131.071.199	
Adjusted	2:	•			<u> </u>	23	3,36	5,033	+			983,48
Gross	24	Certain business expense					4=4	20.4			21. Stock options=	1,057
ncoi. e		fee-basis government off			<u> </u>	24		,394	+		21. Cancel. of debt=	
HOULE	25	Health savings accour			-	25		7,827	+		21. For. earn. inc. ex 21. Gambling inc.=	1,690,
▼	26	Moving expenses. Atta				26		8,034	+		21. Taxable HSA =	233,60
	27	Deductible part of self-er	. ,		 	27		21,265	+		Z. Tuxable Hox =	200,00
	28	Self-employed SEP, S				28		,593	\perp			
	29	Self-employed health				29		3,588	\perp			
	30	Penalty on early withd	rawal of sav	/ings		30		,561	\perp			
	31a	Alimony paid b Recip				31a		,055	\perp			
	32	IRA deduction				32	2,28	8,417	4			
		Student loan interest of	deduction .			33	11,53	3,414	\perp		36. Archer MSA Ded.= 3,	594
	33			17		34	1,46	7,702	1 1		36. Housing ded.= 2,	
	33 34	Tuition and fees. Attac	h Form 891								ou. Housing aca.	190
		Tuition and fees. Attac Domestic production ac				35		,125			36. Other adj.= 11	
	34		tivities dedu	ction. Attach F	Form 8903		641			36		
	34 35	Domestic production ac	tivities deduc	ction. Attach I	Form 8903		641			36 37	36. Other adj.= 11	

Zo Woving expenses. Attach Form 6000 Zo Gio I Gio I	1040		nt of the Treasury—Internal Re		(99) Return	201	5	OMB No. 15	i45-0074	IRS Use Or	ıly—Do ı	not write or staple in	this space.
Vour social security number Vou	For the year Jan, 1-Dec.	31, 2015.	or other tax year beginning			. 2015.	endina		. 2	0	See	separate instru	ctions.
Exercincially Filed Returns # 131 279,367 List name Spouse Social security number Spouse Social security number 12,454,422 Home address Europe address Europe address Europe Spouse S			<u></u>	Last name		, ====,			, -			<u> </u>	
High print return, agrouse % freint name and minist Last name	Flectronically F	iled Retu	ırns = 131 279 367										
Marie Sure the Stilligal will be province size of the country carrier 10406 x E-filted 37,738,135 Maries 38,738,135 Mari				Last name							Spou	se's social securit	v number
Home and mirror, if you have a PO. bips, see instructions. Apr. For Ap				Lastrianis							Open		,
140A0% E-filled = 377.38,138				ov see instru	rtione					Ant no			
College Col	,			JA, See Ilistiuc	Aloris.					Αρί. 110.			
Toreign province/state/county Toreign protein continue Toreign province/state/county Toreign protein code				oian addroce a	leo complete er	naces below (ega inetri	uctions)					
Foreign power/certate/county			•	eigii auuress, a	iso complete st	baces below (566 111211	uctions).					. •
Filing Status 1			21,379,809						Ι= .				
Filing Status Single	Foreign country name	3			Foreign pro	vince/state/c	ounty		Foreign	ostal code			
Check only one Check one Chec		_	_					_			reiuria.	∐ You	Spouse
Check only one box. Check only one box. Check only one had income) Check only one box. Check one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Check only one box. Ch	Filing Status	1 [_ ~				4	Head of I	nousehold	(with quality	ying pe	erson). (See instruc	ctions.) If
Sexemptions Sa	· ·	2	Married filing jointly	(even if only	one had inc	come)					but no	t your dependent,	enter this
The companies of the		3 L	• •		pouse's SS	N above							
Spouse	DOX.										epende		
Provided not perfect that shows the content of t	Exemptions	6a	Yourself. If some	one can clair	m you as a d	dependent,	do no	t check bo	x 6a .		. }		
If more than four dependents, see instructions and check here ▶		b	Spouse	<u> </u>		<u></u>					<u>.</u> J		
Important Company C		С	Dependents:					die die	if child i	under age 17			
If more than four dependents, see instructions and check here ▶		(1) First n	ame Last name	800	cial security num	iber rela	tionship t	o you			_	· did not live with	n
Common Common												or separation	
Income												•	
Income												Dependents on 6 not entered above	ic re
Total number of exemptions claimed	check here ▶□											Add numbers o	,
Attach Form(s) W-2 here. Also W-2 here. Also Horners W-2G and Hoge and Hog		d	Total number of exem	ptions claim	ed								<u>" </u>
Natach Forms	Income	7	Wages, salaries, tips,	etc. Attach F	orm(s) W-2	. Taxat	ole Sch	olarship =	143,62	24 .	7	6,322,022,65	3
Attach Form(s) W-2 here, Also attach Form Sobal attach Sobal attach Form Sobal attach	moonic	8a	Taxable interest. Attac	ch Schedule	B if require	d					8a	74,602,510	
## Adjusted Adjuste		b	Tax-exempt interest.	Po not inclu	ide on line 8	8a	8b	52,7	43,608				
b Qualified divide do. 9b 160,086,823 10 Taxable sturies, credits, or offsets of state and local income taxes 10 26,987,050 11 9,088,665 12 Business income or (loss Atta ch Schedule C or C-EZ .13 Cap. Gain Dist. = 9,549,398 12 281,821,818 13 aph all gain or (loss). Itads. Schedule D if required, the check here ▶ □ 13 577,003,683 13 aph all gain or (loss). Itads. Schedule D if required, the check here ▶ □ 14 6,745,378 14	• •	9a	Ordinary divide. ds. A	ch Sched	ule B if requ	ired		·			9a	206,415,564	
10		b	Qualified dividends	.)			9b	160,0	86,823				
The state of the properties		10	Taxable refunds, credi	ts, or offects	of state an	d local inco	ome ta	xes			10	26,987,050	
12 Bissi scome or (loss Attach Schedule C or C-EZ 13 Cap, Gain Dist. = 9,549,398 13 3 3 3 3 577,003,683 14 14 Other gains or (losse). Attach Form 4797 14 6,745,378 15 15 16 1,003,080,522 15 16 1,003,080,522 15 17 18 18 18 18 18 19 19 19		11	Alimony received .)					[11	9,088,665	
13	was withheld.	12	Busiless i Icome or (Ic	osc Atuch	Schedule C	or C-EZ .	13 Cap	. Gain Dis	t. = 9,54	9,398	12	281.821.818	
14 Other gains or (losses) 14 Stach Form 4797 15a Ir34 distributions 15a 247,176,634 b Taxable amount 15b 214,205,110 16b 575,734,641 176 16a 1,003,080,522 18 Farm norme or (loss) Attach Schedule F 18 Farm norme or (loss) Attach Schedule F 18 12,399,955 19 Un imployment compensation 19 23,445,496 20 233,513,719 21 21 22 23 2506,894,695 b Taxable amount 21 33,230,990 22 29,063,389,071 22 Educator expenses 23 858,449 22 9,063,389,071 23 Stock options 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-E 25 Health savings account deduction. Attach Form 889 26 3,349,618 27 26,515,550 28 Self-employed SEP, SIMPLE, and qualified plans 28 20,930,042 29 Self-employed Self-employed health insurance deduction 29 20,5616,126 30 Penalty on early withdrawal of savings 30 60,142 31a Alimony paid b Recipient's SSN 31a 10,793,627 32 IRA deduction 33 Student loan interest deduction 33 12,509,825 33 11,180,373 36 Add lines 23 through 35 36 131,285,944 311,285,944 312,525,279 36 Add lines 23 through 35 36 131,285,944 312,285,944 312,285,944 312,285,944 313,285,944 313,285,944 313,285,944 314		13	Capital gain or (loss).	ttac. Sche	dule D if req	uired. If no	t requi	red, check	here ►		13		
15a IrA distributions 15a 247.176.634 b Taxable amount 15b 214.205.110 16b 575,734,641 17 622.143.355 18 247.176.634 17 627.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 17 622.143.355 18 247.176.634 19 23.445.496 20 23.3513.719 21 33.230.990 22 25.633.89.071 21 33.230.990 22 25.633.89.071 21 33.230.990 22 25.646.499 22 24 524.748	•	14	Other gains or (losses)	. A ttach For	m 4797 .					[14	6.745.378	
Pensions and armutiles 16a 1.003.080.522 b Taxable amount 16b 575,734,641 17 Reptair re stite, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 622,143,355 18 Farm norme or (loss). Attach Schedule F 18 -12,390,955 19 Uh. mployment compensation 19 23,445,496 23,3513,719 21 Other income. List type and amount 20 233,513,719 21 Other income. List type and amount 22 23,858,449 22 3,063,389,071 23,230,990 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 524,748 21. Stock options 154,966 21. Cancel. of debt= 5,417,69 21. For. earn. inc. exi 16,275, 21. Gambling inc.= 27,201,2 22. Self-employed SEP, SIMPLE, and qualified plans 28 20,930,042 29. Self-employed health insurance deduction 29 25,616,126 30 Penalty on early withdrawal of savings 30 60,142 31a Alimony paid b Recipient's SSN 10,000,000,000,000,000,000,000,000,000,	,	15a	iRA distribut. Sis	15a	247.176.63	34	b Ta	xable amou	nt .	[15b		
17 Rept of refulst fe, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Parm iconie or (loss). Attach Schedule F 19 Ui, imployment compensation 20. Socian-security benefits 20a 506,894,695 b Taxable amount 21 Other income. List type and amount 22 Educator expenses 23 858,449 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8899 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31 Alimony paid b Recipient's SSN ▶ 31 Alimony paid b Recipient's SSN ▶ 31 Tuition and fees. Attach Form 8917 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 36 Cother adj. = 1,325,279 36 Add lines 23 through 35 36 Cother adj. = 1,325,279 36 Add lines 23 through 35 37 Taxable Rec. Attach Schedule SE 30 Part Part Part Part Part Part Part Part	See mondetions.	160	Pensions and an uities	16a 1	,003,080,5	522	b Ta	xable amou	nt .	🗔	16b		
18	X	17	Reptal re 1 st. te, roya				, trusts	s, etc. Attac	h Sched	ule E	17		
19 Un imployment compensation 20. Social security benefits 20a 506,894,695 b Taxable amount 21. Social security benefits 20a 506,894,695 b Taxable amount 22. Other income. List type and amount 23. 23. 33.230.990 24. Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 25. Educator expenses 26. Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 26. Moving expenses. Attach Form 3903 27. Deductible part of self-employment tax. Attach Schedule SE 28. Self-employed SEP, SIMPLE, and qualified plans 29. Self-employed health insurance deduction 29. Self-employed health insurance deduction 30. Penalty on early withdrawal of savings 31. Alimony paid b Recipient's SSN ▶ 31. Alimony paid b Recipient's SSN ▶ 31. Tuition and fees. Attach Form 8917 32. IRA deduction 33. Student loan interest deduction 34. Ald lines 23 through 35. 35. Archer MSA Ded.= 37,486 36. Other adj.= 1,325,279 36. Add lines 23 through 35. 36. Add lines 23 through 35.	\sim	18	Farm come or (loss).	Attach Sch	edule F .					[18		
20. Social-security benefits 20a 506,894,695 b Taxable amount 21 33,230,990 21 33,230,990 22 9,063,389,071 21 33,230,990 22 9,063,389,071 22 Educator expenses 23 858,449 22 9,063,389,071 23 858,449 21. Net oper. loss= 157,346, 366 32 1. Net oper. loss= 21. Net oper. los		19								[19		
21 33.230.990 22 9,063,389.071 Adjusted Gross Educator expenses Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ Health savings account deduction. Attach Form 8889 Moving expenses. Attach Form 3903 Penalty on early withdrawal of savings Self-employed health insurance deduction Penalty on early withdrawal of savings Radeduction Radeduction Student loan interest deduction Student loan interest deduction. Attach Form 8903 Add lines 23 through 35 Add lines 23 through 35 23 858,449 24 524,748 25 1. Net oper. loss= 157,346, 21. Stock options= 154,966 21. Cancel. of debt= 5,417,69 21. For. earn. inc. ext 16,275, 21. Gambling inc. = 27,201,2 22. Sp.515,550 23. 3,349,618 24. 524,748 25. 3,819,096 26. 3,349,618 27. 25,515,550 28. 20,930,042 29. Self-employed SEP, SIMPLE, and qualified plans 29. 25,616,126 30. Penalty on early withdrawal of savings 30. 60,142 31a. 10,793,627 32. IRA deduction 33. 11,275,281 34. Tuition and fees. Attach Form 8917 34. 3,486,665 35. Domestic production activities deduction. Attach Form 8903 36. Add lines 23 through 35 36. Other adj. = 1,325,279		20.								[:	20b		
Adjuster 2 Educator expenses 2 9,063,389,071 2 Educator expenses 2 1,000 2 Educator 2 1,000		2	Other income. List typ	e and amou	nt						21		
Adjusted Gross Incon e 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 524,748 25 3,819,096 21. Cancel. of debt= 5,417,69 21. For. earn. inc. ext 16,275, 16,275, 17,69 21. For. earn. inc. ext 16,275, 17,69 21. For.		72	Combine the amounts in	the far right of	column for lin	es 7 through	121. Th	is is your to t	tal incom	e ▶	22		71
Adjusted Gross Incon e 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 524,748 25 3,819,096 21. Cancel. of debt= 5,417,69 21. For. earn. inc. ext 16,275, 16,275, 17,69 21. For. earn. inc. ext 16,275, 17,69 21. For.	V	2:	Educator expenses				23	858	8,449				
Gro S Incon. e fee-basis government officials. Attach Form 2106 or 2106-EZ 24 524,748 21. Cancel. of debt= 5,417,69 25 Health savings account deduction. Attach Form 8889 25 3,819,096 21. For. earn. inc. ex‡ 16,275,5 26 Moving expenses. Attach Form 3903 26 3,349,618 21. Gambling inc. = 27,201,2 27 Deductible part of self-employment tax. Attach Schedule SE 27 25,515,550 21. Taxable HSA = 273,163 28 Self-employed SEP, SIMPLE, and qualified plans 28 20,930,042 21. Taxable HSA = 273,163 29 Self-employed health insurance deduction 29 25,616,126 25 30 Penalty on early withdrawal of savings 30 60,142 31a 10,793,627 31 IRA deduction 32 11,275,281 36. Archer MSA Ded.= 3,637 34 Tuition and fees. Attach Form 8917 34 3,486,665 36. Housing ded.= 37,486 35 Domestic production activities deduction. Attach Form 8903 35 11,180,373 36. Other adj.= 1,325,279 36 Add lines 23 through 35 36 Add lines 23 through 35 36 36 131,285,944													
Health savings account deduction. Attach Form 8889 . 25 3,819,096 . 26 Moving expenses. Attach Form 3903 . 26 3,349,618 . 27 Deductible part of self-employment tax. Attach Schedule SE . 27 25,515,550 . 28 Self-employed SEP, SIMPLE, and qualified plans . 28 20,930,042 . 29 Self-employed health insurance deduction . 29 25,616,126 . 30 Penalty on early withdrawal of savings			fee-basis government off	icials. Attach I	Form 2106 or	2106-EZ	24	524	4,7 <u>4</u> 8		2	21. Cancel. of de	bt= 5,417,695
26 MoVing expenses. Attach Form 3903	Incon e	25	Health savings accour	nt deduction	. Attach For	m 8889 .	25	3,81	9,096		2	21. For. earn. inc	· ex † 16,275,5
27 Deductible part of self-employment tax. Attach Schedule SE		26	Moving expenses. Atta	ach Form 39	03		26	3,34	19,618			_	,
28 Self-employed SEP, SIMPLE, and qualified plans		27	Deductible part of self-er	mployment ta	x. Attach Sch	nedule SE .	27				2	21. Taxable HSA	= 273,163
29 Self-employed health insurance deduction			· ·										
30 Penalty on early withdrawal of savings			• •										
31a Alimony paid b Recipient's SSN ► 31a 10,793,627 32 IRA deduction 32 11,275,281 33 Student loan interest deduction 33 12,509,825 34 Tuition and fees. Attach Form 8917 34 3,486,665 35 Domestic production activities deduction. Attach Form 8903 35 11,180,373 36 Add lines 23 through 35 36 131,285,944													
32 IRA deduction					:	:							
33 Student loan interest deduction										1 1			
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35 Domestic production activities deduction. Attach Form 8903 35 11,180,373 36. Other adj.= 1,325,279 36 Add lines 23 through 35													,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
36 Add lines 23 through 35													. ,
			•					_	20,070			=	
			· ·							. ▶	_		
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2015)	For Disclosure Pri												

Form 1040 (2015	5)	39a A = 20,105,634	B = 8,410),495 (C = 218,37	2 D = 73,7	727			Page 2
	38	Amount from line 37 (adju	sted gross income)					38		
Tay and	39a	Check ∫ A You were b	orn before January 2	2, 1951,	C Blind.	Total boxes			Basic Stand. Ded. =	90,513,66
Tax and			s born before Janua			checked ► 39a			Add. Stand. Ded. =	12,376,92
Credits	b	If your spouse itemizes on					 39b□		Stand. = 90,513,661	
Standard	40	Itemized deductions (fro				•		40	Itmzed = 39,306,331	
Deduction	41	Subtract line 40 from line						41	116,182,301	_
for—	42	Exemptions. If line 38 is \$1						42	121,754,579	
 People who check any 		-		-					101,122,370	+
box on line 39a or 39b or	43	Taxable income. Subtra						43		
who can be	44	Tax (see instructions). Chec						44	100,271,771	
claimed as a dependent,	45	Alternative minimum tax	` '					45	3,959,394	
see	46	Excess advance premium						46	2,888,123	
instructions. • All others:	47	Add lines 44, 45, and 46					. ▶	47	100,793,746	
Single or	48	Foreign tax credit. Attach	Form 1116 if require	ed	. 48	7,033,697			54a F3800= 298,475 54b F8801= 274,754	
Married filing	49	Credit for child and depend	lent care expenses. At	ttach Form 24	41 49	5,937,405			54c other= 3,326	
separately, \$6,300	50	Education credits from Fo	orm 8863, line 19 .		. 50	8,901,875			54c AMV= 9,288 54c Sch R= 44,074	
Married filing	51	Retirement savings cont	ributions credit. Atta	ach Form 88	80 51	7,567,115			54c F8911= 1,699	
jointly or Qualifying	52	Child tax credit. Attach S				20,506,290			54c F8936= 39,934 54c F8396= 68.673	
widow(er),	53	Residential energy credits				2,340,836			54c F8839= 61,352	
\$12,600	54	Other credits from Form: a			54					
Head of household,	55	Add lines 48 through 54.	_		_ —			55	41,981,397	+
\$9,250		Subtract line 55 from line	•					56	90,270,233	
	56								16.721.265	
	57	Self-employment tax. Atta						57	-, ,	00.000
Other	58	Unreported social security	•			_		58	a= 94,353 b=	23,026
Taxes	59	Additional tax on IRAs, oth	•	•		•		59	4,910,821	
Ida	60a	Household employment ta	xes from Schedule H					60a	164,252	
	b	First-time homebuyer cred	it repayment. Attach	Form 5405 if i	required .			60b	629,994	
	61	Health care: individual resp	oonsibility (see instruc	ctions) Full-	year coverag	ge 🔲		61	5,952,121	
	62	Taxes from: a ☐ Form 8	B959 b ☐ Form 896		structions;	enter code(s)		62	Other Taxes = 865	,375
	63	Add lines 56 through 62.	785 3.392.409 I rus is your total tax	Re	capture Tax =	2,014	. ▶	63	99,133,955	
Payments	64	Federal income tax w. hh			64	117,030,520				
	65	2015 estimated tax pa, mei				8,169,025				
If you have a	66a	Earned incom cr. Vit E	The state of the s			25,915,392				
qualifying	b	Nontaxable comba pry elec		996		20,010,002				
child, attach Schedule EIC.	67	Additional child that credit.			67	18,147,315				
Goricadic Elo:)					8,911,812				
	68	Ame can oportunity cr								
	69	Net premium tax credit.				2,065,806				
	70	Amount paid with request				1,476,424				
	71	Typess social security and				1,412,367			73a F2439= 2,531	
	72	Credit for feder that on for			72	285,332			73d Other Payments = 9,74	11
	73	Credits fr in Forr . a 2439 b			73					
	/4	Add line 34, 65, 66a, and	d 67 through 73. The	se are your to	otal paymer	nts	. ▶	74	125,053,707	
Refund	75	If the 74 is more than line	e 63, subtract line 63	3 from line 74	. This is the	amount you over	paid	75	104,100,941	
	76a	mount of line 75 you wa	nt refunded to you.	If Form 8888	is attached,	, check here .	▶ 🗌	76a	101,449,594	
Direct deposit?	>	Routing number			► c Type:	Checking Sa	vings			T
Se a	1	A count number				$\parallel \parallel \parallel \parallel \parallel \parallel \parallel$				
instructions.	7.	Amount of line 75 you want	applied to your 2010	6 estimated to	ax ▶ 77	3,456,747				
Amc int	13	Amount you owe. Subtra	<u> </u>			oay, see instruction	ns ▶	78	23,501,419	
You Ove	79	Estimated tax penalty (se				8,281,248				
Third Davis		you want to allow another					☐ Vac	Com	plete below.	No
Third Party		signee's	porcon to allocate ti	Phone	(00		onal iden			
Designee		me >		no.			er (PIN)		>	
Sign		der penalties of perjury, I declare								belief,
Here		y are true, correct, and complete					ich prepa			
Joint return? See	YO	ur signature		Date	Your occupa	tion		Daytii	me phone number	
instructions.										
Keep a copy for	Sp	ouse's signature. If a joint retur	n, both must sign.	Date	Spouse's occ	cupation		If the II PIN, er	RS sent you an Identity F	rotection
your records.									ee inst.)	
Paid	Pri	nt/Type preparer's name	Preparer's signature)		Date		Chec	k 🗆 if PTIN	
Preparer		74,806,355							mployed	
-	Fin	m's name ▶						Firm's	s EIN ▶	
Use Only		m's address ▶						Phon		
www.ire.gov/for		5 addi 555 F							-	40 (2015)

Form 1040 (2015	5)										Page 2
	38	Amount from line 37 (adju	sted gross income			٠.			38		
Tax and	39a	Check ∫ ☐ You were b	orn before January	/ 2, 1951,	□в	lind.) ·	Total boxes			Basic Stand. Ded. = 76	63,309,38
		if: Spouse wa	s born before Janu	uary 2, 1951,			checked ► 39a			Add. Stand. Ded. = 2	3,043,911
Credits	b	If your spouse itemizes on		•	ual-statu	s alien.	check here ▶ :	 39b□		Stand. = 786,353,293	
Standard	40	Itemized deductions (fro	•	•					40	Itmzed = 1,089,376,824	
Deduction								•		7,270,541,420	+-
for—	41	Subtract line 40 from line							41		_
People who check any	42	Exemptions. If line 38 is \$15	54,950 or less, multiply	\$4,000 by the nu	ımber on	line 6d. (Otherwise, see instru	ctions	42	1,008,950,098	_
box on line	43	Taxable income. Subtract	ct line 42 from line	41. If line 42 is	s more t	han line	e 41, enter -0		43	6,407,070,262	
39a or 39b or	44	Tax (see instructions). Chec	k if any from: a	Form(s) 8814	b 🗌	Form 4	1972 c		44	1,284,924,354	
who can be claimed as a	45	Alternative minimum tax	(see instructions)	. Attach Form	6251 .				45	27,080,278	
dependent,	46	Excess advance premium	,						46	2,369,410	
see instructions.	47	Add lines 44, 45, and 46							47	1,314,411,400	
All others:									4/	54a F3800= 3,088,477	1
Single or	48	Foreign tax credit. Attach	·				14,498,681			54b F8801= 834,644	
Married filing separately,	49	Credit for child and depend	ent care expenses.	Attach Form 24	141	49	3,354,803			54c other= 8,991	
\$6,300	50	Education credits from Fo	rm 8863, line 19			50	9,427,331			54c AMV= 19,769 54c Sch R= 5,535	
Married filing	51	Retirement savings conti	ributions credit. Af	ttach Form 88	380	51	1,338,837			54c F8911= 753	
jointly or Qualifying	52	Child tax credit. Attach S	chedule 8812, if re	eauired	. [52	24,910,678			54c F8936= 233,550 54c F8396= 86,819	
widow(er),	53	Residential energy credits	•	•		53	1,868,035			54c F8839= 241,313	
\$12,600		Other credits from Form: a		_	. +	54	1,000,000				
Head of household.	54				L					59,918,226	_
\$9,250	55	Add lines 48 through 54.	•						55		
	56	Subtract line 55 from line	47. If line 55 is mor	re than line 47,	, enter -	0		•	56	1,254,493,174	
	57	Self-employment tax. Atta	ch Schedule SE						57	51,022,294	
Other	58	Unreported social security	and Medicare tax	from Form:	a 4	137	b 8919 .		58	a= 17,827 b= 1	14,941
	59	Additional tax on IRAs, oth	er qualified retireme	ent plans, etc. A	— Attach F	orm 53	29 if required		59	5,255,937	
Taxes	60a	Household employment tax	•				•		60a	970.498	
		• •							60b	379,962	_
	b	First-time homebuyer cred	, ,		•		_				_
	61	Health care: individual resp	• •	•	•	_	· 🗆		61	2,767,667	
	62	Taxes from: a Form 8	8959 b Form 8 969 17,652,16						62	Other Taxes = 671,0)30
	63	Add lines 56 through 62.	in s is your total ta	ax	Recapture	Tax =	5,358	>	63	1,340,195,823	
Payments	64	Federal income tax w. hhe	om Forms W-	2 and 1099		64 1.	,061,527,200				
	65	2015 estimated tax pa, me.	ts an I amount applie	ed from 2014 re	eturn	65 3	312,032,637				
If you have a	66a	Earned incom crallityE	•			66a	64,483,244				
qualifying	b	Nontaxable comba przy elec		27,206			<u> </u>				
child, attach Schedule EIC.		A				67	24,391,086	T			
Scriedule Lio.	67	Additional child this credit.						-			
	68	Ame can oportunity cre				68	7,985,210				
	69	New premium tax credit.	+ tac Form 8962		· ·	69	1,356,632				
	70	Am um paid with request	for extension to fil	e		70	94,778,010				
	71	Typess social security and	tier 1 RRTA tax with	hheld		71	2,774,312			73a F2439= 4,881	
	72	Credit for feder 1 lax on fu	uels. Attach Form 4	1136		72	99,042			73d Other Payments: 48,583	5
	73	Credits from Form. a 2439 b	Reserved c 88	85 d		73					
	/4	Add line 34, 65, 66a, and			otal pay			•	74	1,569,530,639	
Dofferd								aid			_
Pefind	75 760	If the 74 is more than line	•						75	-365,058,732	
	76a	mount of line 75 you war	n resunaea to you	. II FORM 8888				· 📙	76a	300,682,998	
Direct deposit?		Routing number			▶ c Typ	e: (Checking	rings			
instructions.	Y	A count number									
instructions.	7.	Amount of line 75 you want	applied to your 20	16 estimated t	tax ►	77	64,375,735				
Amc √nt	13	Amount you owe. Subtra	ct line 74 from line	63. For details	s on hov	w to pa	y, see instruction	s ►	78	136,779,602	
You Ove	79	Estimated tax penalty (see	e instructions) .			79	1,055,686				
Third Party	Do	you want to allow another	person to discuss	this return with	h the IR	S (see i	instructions)?	Yes	Com	plete below.	No
Designee		signee's		Phone		•	, ,	nal iden			
Designee		me ►		no. >			numb	er (PIN)		>	
Sign		der penalties of perjury, I declare t									elief,
Here		y are true, correct, and complete.	Declaration of prepare		1 '			ch prepa			
Joint return? See		ur signature		Date	Your or	ccupatio	on		Daytır	ne phone number	
instructions.											
Keep a copy for	Sp	ouse's signature. If a joint return	n, both must sign.	Date	Spouse	's occu	pation			RS sent you an Identity Pro	tection
your records.	'		ļ						PIN, er here (s	iter it ee inst.)	
	Pri	nt/Type preparer's name	Preparer's signatu	re	1		Date		,	PTIN	
Paid		Miss in signature a secure		-			- 410			<	
Preparer										mployed	
Use Only	Firr	m's name ►							Firm's	EIN ▶	
	Firr	m's address ►							Phone		
www.irs.gov/for	m1040									Form 1040	(2015)

Form 1040A	Department of the Treasury—Ir				2015					
	U.S. Individual Ind		ax Keturn (99)		2015	IR	S Use Only-	_	write or staple in this	
Your first name and ini	uai	Last name						_	OMB No. 1545-007	
			Total Forms F	iled	= 40,701,10	0		Your	social security nun	nber
f a joint return, spouse	e's first name and initial	Last name						Spous	e's social security nu	ımber
. a joint rotain, opouot			otal Forms Filed E	Electr	onically = 37,	738,1	35	- Pour		
Home address (numbe	er and street). If you have a P.O. bo	ox, see instruct	tions.			Ť	Apt. no.	▲ M	lake sure the SSN(s)	ahove
()	, ,	,							and on line 6c are co	
City, town or post office,	state, and ZIP code. If you have a fore	eign address, als	so complete spaces belo	ow (see	instructions).			Pres	idential Election Can	npaign
									ere if you, or your spouse	
oreign country name			Foreign province/st	ate/co	unty	Foreig	n postal code		vant \$3 to go to this fund. Blow will not change your	
	Single = 16	6,476,896	Joint =	10,9	950,392			Y = * 5	69,896 Y = ** 5	13,958
Filing 16,476,89	6 1 Single		12,27	71,358	4 Head of	house	hold (with c	ualifying	g person). (See instr	uctions.)
status 10,950,39	2 Married filing join	itly (even if	only one had inc	ome)					but not your depe	endent,
Check only 972,359	3 Married filing separ	ately. Enter s	spouse's SSN abov	e and			l's name he			
one box.	full name here. ▶		30,09				_ , ,	epende	nt child (see instru	ctions)
Exemptions			an claim you a	s a d	lependent, d	o not	check)	Boxes Exem. = checked on	51,090,
			40,128,182					}	6a and 6b No. of children	
		0,962,370					/		on 6c who: Ret. =	17,462
	c Dependents:		(2) Dependent's s	ocial	(3) Depende	nt's	(4) √ if chi age 17 quali		• lived with Exem	. = 29,640
f more than six	(1) First name L	_ast name	security number	er	relationship to	you	child tax cre	dit (see	you	
dependents, see nstructions.	CHILDREN AT HOME	Last Harrie	17,462,647		29,640,184		15,013,		 did not live with you due to 	
	CHILDREN AWAY FROM HOM	IF	136,845		163,768		8,398,4		divorce or Ref	. = 136,
	PARENTS		1,188,070		1,421,118		3.085.6		instructions)	em. = 163,
	OTHER DEPENDENTS		3,696,190		5,551,636		865,053		Dependents	
	TOTAL DEPENDENTS		20,463,571		36,776,706				on 6c not entered above	
	lotai		Returns = See 6a		87,867,258					
									Add numbers on lines	
	d Total number of e	exemption	s claimed.						above ►	
ncome					Taxable Scholar	ship =	9,964			
	7 Wages, salaries,	tips, etc. A	Attach Form(s) \	W-2.				7	35,383,231	
Attach Form(s) W-2		A.I. I. O.						•	C 0C7 400	
nere. Also	8a Taxable interest.		.					8a	6,067,490	
attach	b Tax-exempt integrated 9a Ordinary dividend					52,384	4	- 00	2,715,121	
Form(s)	9a Ordinary dividendb Qualified dividend			equir		145.00	00	9a	2,7 10,121	_
1099-R if tax was	10 Capital gain distr	•		١	9D 2,2	415,02	9	10	928,576	
withheld.	11a IRA	ibutions (s	ice instructions,).	11b Taxab	le am	ount	10		
f you did not	distributions.	11a	2,493,401				tions).	11b	2,418,647	
jet a W-2, see	12a Pensions and				12b Taxab					
nstructions.	annuities.	12a	6,924,084		(see ir	struc	tions).	12b	6,527,226	
			•		Other Inco	me =	694,829			
	13 Unemployment c	ompensat	ion and Alaska	Perr				13	1,907,818	
	14a Social security				14b Taxab					
	benefits.	14a	8,392,909		(see ir	nstruc	tions).	_14b	4,416,943	
	45 Add lines 7 through	ah 14h (fa	r right column)	Thio	is vour tota	l inaa	.ma	4.5	40,402,181	
.	15 Add lines 7 throu	gri 14b (la	r right column).	. 11118	s is your tota	inico	ine. P	15	40,402,101	
Adjusted	16 Educator expens	os (soo inc	structions)		16 7	94,78 [,]				
gross	17 IRA deduction (se	•				95,359		_		
ncome	18 Student loan inter			tions		811,90		-		
	10 Stadont loan into	oor acaac	1011 (000 111011 40	7110110	5). 10 4.0	311,00		_		
	19 Tuition and fees.	Attach Fo	rm 8917.		19 5	76,682	2			
	20 Add lines 16 thro			otal a				_ 20	6,075,638	
	21 Subtract line 20 f	rom line 1	5. This is your a	adjus	sted gross in	ncom	e. ▶	21	40,431,076	
For Disclosure, F	Privacy Act, and Paperwo	rk Reducti	on Act Notice, s	see s	eparate instru	uction	S. Cat. No.	11327A	Form 1040A	(2015)

^{*} One election box checked ** Both election boxes checked (counts each box separately)

1040A		rtment of the Treasur 5. Individual	•		(00)	201	5	IDC Llos	Only	Do not	write or etenle in thi	0.0000
Your first name and ini		s. individual	Last nam		(99)	201	<u> </u>	IRS Use	Only—	Do not	write or staple in thi	
Tour mot harno and mi	cia:		Lactrian							Your	OMB No. 1545-007 social security nur	
				Total Form	ns Filed	= 40,70	01,100					
If a joint return, spouse	's first n	ame and initial	Last nam	ie						Spou	se's social security n	umber
				Total Forms Fi	led Electr	onically =	= 37,73	38,135				
Home address (numbe	r and str	reet). If you have a P.	O. box, see instr	ructions.				Apt	. no.		Make sure the SSN(s	
City, town or post office,	atata an	d ZID anda. If you have	a faucien adduses	alaa aammiata anaaa	a balaw (aaa	inatu ationa	<u> </u>				and on line 6c are c	
City, town or post office,	state, and	Single =	16,267,661	, also complete space Joint =	s below (see 11,035		·)-				sidential Election Car nere if you, or your spous	
Foreign country name				Foreign provin	•	•	F	oreign post	al code	jointly, v	want \$3 to go to this fund elow will not change your	. Checking
,						•				refund.	_ ~ ~ _	Spouse
Filing	1 [Single		1		4 🗌 H	lead of ho	ousehold (with q	ualifyin	g person). (See insti	ructions.)
status	2			if only one had	•						but not your dep	endent,
Check only	3 [er spouse's SSN a	above and			child's na				\
one box.		full name here.					<u> </u>			epende	ent child (see instru	ictions)
Exemptions	6a	Yourself.	box 6a.	e can claim yo	ou as a o	iepende	erit, do i	not che	CK	ļ	Boxes checked on 6a and 6b	
	b	□ Spouse	box oa.							J	No. of children	
		Dependents:		(0) 5		(O) D				d under	on 6c who: • lived with	
If more than six		•		(2) Depender security no			pendent's	19-	7 qualify		you	
dependents, see		(1) First name	Last name				- 1 7		structio		• did not live	
instructions.											with you due to divorce or	
											separation (see instructions)	
											Dependents	
											on 6c not entered above	
								•			Add numbers on lines	
	d	Total number	of exemption	ons claimed.							above ►	\perp
Income	7	Wages, salari	as tins ata	Attach Form		Taxable S	cholarshi	p = 92	,158	7	1,097,653,173	
Attach		wages, salan	es, lips, elc	. Attacil i oiiii	(3) ۷۷-2.						1,001,000,110	
Form(s) W-2	8a	Taxable inter	est. Attach	Schedule B if	required	d.				8a	2,872,441	
here. Also attach	b	Tax-exempt	interest. Do	not include o	n line 8a	a. 8b	38	5,133				
Form(s)	9a	Ordinary divid			if requir					9a	2,859,841	
1099-R if tax		Qualified divid				9b	2,23	7,074			1,476,356	
was withheld.	10 11a	Capital gain o	distributions	(see instruction	ons).	44b T	Toyoblo	amoun		10	1,476,336	
	па	distributions.	11a	27,088,861				truction		11b	23,881,066	
If you did not get a W-2, see	12a	Pensions and						amoun	,			
instructions.		annuities.	12a	154,831,566		(:	see inst	truction	s).	12b	121,625,785	
								ne = 2,2				
	13	Unemployme		ation and Ala	ska Perr					13	7,441,219	
	14a	Social securit benefits.	y 14a	158,269,535				amoun		14b	41,272,174	
		benents.	14a			(;	SEE 11151	liuctions	5).	140	41,272,114	
	15	Add lines 7 th	rough 14b	(far right colur	nn). This	is your	total i	ncome.	>	15	1,301,349,750	ס
Adjusted												
gross	16	Educator exp				16		,469				
income	17	IRA deduction	•		4	17	_	1,241		_		
	18	Student loan i	nterest dedi	uction (see ins	tructions	s). 18	5,28	8.454	-			
	19	Tuition and fe	es. Attach F	Form 8917.		19	1.52	3,792				
	20	Add lines 16 t			ur total a			-,		20	8,187,957	
	21	Subtract line							>	21	1,293,161,793	
For Disclosure, F	rivacy	Act, and Pape	rwork Redu	ction Act Notic	ce, see s	eparate	instruct	tions. C	at. No.	11327	Form 1040A	(2015)

Form 1040A (2015)								Page 2
Tax, credits,	22	Enter the amount from line 21 (adjusted gross incon	ne).				22		
and	23a	Check (A You were born before January 2, 1951, C Bli	lind) To	tal box	ces		A =	6,729,355	B= 2,430,57
payments		if: (B Spouse was born before January 2, 1951, D Bli	lind ∫ ch	ecked	▶ 23a		C=	102,753	D= 44,961
payments	b	If you are married filing separately and your spouse	itemize	es			=	•	
Standard		deductions, check here			▶ 23b	В	oxes (Checked=	996
Deduction for—	24	· · · · · · · · · · · · · · · · · · ·	Std. Dec	1.= 40	0,348,377	T	24	Add. Std. Ded	i= 6,972,699
People who	25	Subtract line 24 from line 22. If line 24 is more than			, , , 		25	36,132,18	
check any	26	Exemptions. Multiply \$4,000 by the number on line		O. I.C.	<u> </u>		26	40,131,1	
box on line 23a or 23b or	27	Subtract line 26 from line 25. If line 26 is more than		enter	-N-			10,101,11	-
who can be claimed as a	- '	This is your taxable income.	III IC 20,	Cittoi	0.	•	27	28,467,30	64
dependent,	28	Tax, including any alternative minimum tax (see instruction	ons). 28	2 28	,337,705			20,407,30	31
instructions.	29	Excess advance premium tax credit repayment. Atta		20	,007,700		-		
All others:	29	Form 8962.	.acm 29	. 4	266,827				
Single or Married filing	20			, ,	200,021			20 520 6	00
separately,	30	Add lines 28 and 29.	a b				30	28.539.6	23
\$6,300	31	Credit for child and dependent care expenses. Attac							
Married filing jointly or		Form 2441.	31	1,	834,510		_		
jointly or Qualifying	32	Credit for the elderly or the disabled. Attach							
widow(er), \$12,600		Schedule R.	32		37,862		_		
Head of household,	33	Education credits from Form 8863, line 19.	33		,897,238				
\$9,250	34	Retirement savings contributions credit. Attach Form 8			,767,471				
	35	Child tax credit. Attach Schedule 8812, if required.	35	9,	,153,515				
	36	Add lines 31 through 35. These are your total credi	its.				36	15,972,9	71
	37	Subtract line 36 from line 30. If line 36 is more than	line 30,	enter	-0		37	21,794,7	80
	38	Health care: individual responsibility (see instructions)). Full-y	year co	overage		38	2,153,86	39
	39	Add line 37 and line 38. This is your total tax.					39	22,717,7	44
	40	Federal income tax withheld from Forms W-2 and 10	099. 40	37	,516,812				
(.,	41	2015 estimated tax payments and amount applied					_		
If you have a qualifying		from 2014 return.	41	3	347,744				
child, attach	42a	Earned income credit (EIC).	42		,114,403		_		
Schedule EIC.	b	Nontaxable combat pay election. 42b 996	1		, ,		-		
EIC.	43	Additional child tax credit. Attach Schedule 8812.	43	11.	561,845				
	44	American opportunity credit from Form 8863, line 8.			141,747		_	xcess FICA wit	-,
	45	Net premium tax credit. Attach Form 8962.	45		19,848			xtension Requ Other Paymen	•
		· · · · · · · · · · · · · · · · · · ·					_16		
	46	Add lines 40, 41, 42a, 43, 44, and 45. These are you			ents.		40	38,997,293	,
Refund	47	If line 46 is more than line 39, subtract line 39 from I	line 46.				47	25 767 6	:60
	40	This is the amount you overpaid .	0: 11				47	35,767,6	·
Direct	48a	Amount of line 47 you want refunded to you. If Form 8888	8 is attac	cnea, c	neck nere	<u> </u>	48a	35,692,6	<u> </u>
deposit? See	▶ b	Routing C Type:	Checkir	na 🗆	Savings				
instructions		number Type.		J _	J				
and fill in 48b, 48c,	⊾ d	Account							
and 48d or		number					_		
Form 8888.	49	Amount of line 47 you want applied to your							
		2016 estimated tax.	49		9,102				
Amount	50	Amount you owe. Subtract line 46 from line 39. For	r details	s on h	ow to pay	′ ,			
you owe		see instructions.				•	50	3,619,33	7
	51	Estimated tax penalty (see instructions).	51	9	66,330				
Third party	Do	you want to allow another person to discuss this return with the II	IRS (see ii	nstructi	ons)? 🗌 Ye	s. Co	mplet	e the following	ng. No
	De	signee's Phone			Person	nal idei	ntificat	ion ——	
designee	na				numbe			.OII	
<u> </u>	Un	der penalties of perjury, I declare that I have examined this return and acco	ompanying	schedul	es and stater	nents,	and to	the best of m	y knowledge
Sign	an tha	I belief, they are true, correct, and accurately list all amounts and sources n the taxpayer) is based on all information of which the preparer has any kn	ot income nowledae.	l receive	ed during the	tax ye	ar. De	claration of pro	eparer (other
here			Your occup	oation		Da	aytime	phone number	r
Joint return?									
See instructions. Keep a copy	Sp	ouse's signature. If a joint return, both must sign. Date S	Spouse's o	occupatio	on			sent you an Identi	ty Protection
for your records.							N, enter re (see ii		
	<u>'</u>	nt/type preparer's name Preparer's signature			Date	\vdash	· –	DTINI	
Paid	· · · · · · · · · · · · · · · · · · ·	19,076,923					ck ▶ ∟ employ	J II	
preparer	F:	n's name ▶				_	's EIN		
use only	_					1			
	Fir	n's address ►				Pnor	ne no.		

Form 1040A (2	2015)								Р	age 2	
Tax, credits,	22	Enter the amount from line 21 (adjusted gros	s income	e).		2	22				
and	23a	Check (You were born before January 2, 1951	, Blin	nd) Total	boxes						
		if: Spouse was born before January 2, 195									
payments	b	If you are married filing separately and your s									
Standard		deductions, check here	•		▶ 23b						
Deduction for—	24	Enter your standard deduction .	Tot Sto	d. Ded.=	370,391,923		24 A	dd. Std. D	ed= 1	2.645.	362
• People who	25	Subtract line 24 from line 22. If line 24 is mor						939,401		,,,,,,	
check any	26	Exemptions. Multiply \$4,000 by the number			1101 0 .			351,393			
box on line 23a or 23b or	27	Subtract line 26 from line 25. If line 26 is mor			tor -N-			331,333	,103		
who can be claimed as a	21	This is your taxable income.	e man iii	116 23, 61	1161 -0		7	050 004	4.40		
dependent,	28	Tax, including any alternative minimum tax (see in	atruction	ns). 28	07.000.044	▶ 2	-1	658,061	,149		
see instructions.		Excess advance premium tax credit repayme			87,682,911						
All others:	29		ent. Attac								
Single or	-00	Form 8962.		29	621,683	Щ,	20				
Married filing separately,	30	Add lines 28 and 29.	A.I. I				30	88,305	,925		
\$6,300	31	Credit for child and dependent care expense	s. Attaci								
Married filing jointly or		Form 2441.		31	1,014,963						
jointly or Qualifying widow(er),	32	Credit for the elderly or the disabled. Attach									
\$12,600		Schedule R.		32	4,311						
Head of household,	33	Education credits from Form 8863, line 19.		33	3,403,440						
\$9,250	34	Retirement savings contributions credit. Attach			786,923						
	35	Child tax credit. Attach Schedule 8812, if req	juired.	35	9,577,690						
	36	Add lines 31 through 35. These are your total	I credits	s.		3	36	14,787	,328		
	37	Subtract line 36 from line 30. If line 36 is mor	e than li	ne 30, en	iter -0	3	37	73,518	,597		
	38	Health care: individual responsibility (see instru	ıctions).	Full-yea	r coverage		38	843,5	30		
	39	Add line 37 and line 38. This is your total tax	ζ.			3	39	74,362	,127		
	40	Federal income tax withheld from Forms W-2	and 109	9. 40	120,750,018			-			
If you have	41	2015 estimated tax payments and amount ap	oplied								
If you have a qualifying		from 2014 return.		41	932,769						
child, attach	42a	Earned income credit (EIC).		42a	39,634,333						
Schedule EIC.	b		206								
	43	Additional child tax credit. Attach Schedule 8		43	15,294,280		F.	FICA	المام ما ما الداري	- 207	C
	44	American opportunity credit from Form 8863		44	3,512,198			cess FICA values		= 2,07 42,47	
	45	Net premium tax credit. Attach Form 8962.	,	45	320,513			Other Paym	•	1,70	
	46	Add lines 40, 41, 42a, 43, 44, and 45. These	are vour			—		80,490,7			
	47	If line 46 is more than line 39, subtract line 39			J	-		,,.			
Refund		This is the amount you overpaid.				_	1 7	-110,42	1.982	ļ	
D:t	48a	• • •	rm 8888	is attache	d check here		18a	110,35		. ——	
Direct deposit?	_	Douting					iou	110,00	T, ZZ 1		
See	▶ b	Routing number ▶ c Typ	pe: 🗌 C	Checking	Savings						
instructions and fill in											
48b, 48c,	▶ d	Account number									
and 48d or Form 8888.	49	Amount of line 47 you want applied to your									
	49	2016 estimated tax.		49	67,760						
	50	Amount you owe. Subtract line 46 from line	30 For								
Amount	30	see instructions.	39.101	uetalis Ul	Thow to pay	, ▶ 5	-0	4,325,9	76		
you owe	E4			E 4	20.020)U	4,323,3	70		
	51	Estimated tax penalty (see instructions).		51	32,639						
Third party	D	you want to allow another person to discuss this return v	with the IR	S (see instr	uctions)? L Ye	s. Com	plete	the follow	ving.	No	
designee		signee's Phone	•			al identi	ficatio	on	1 1		
		me • no.	•		numbe	, ,		>	<u> </u>	البل	
Sign	U	der penalties of perjury, I declare that I have examined this return d belief, they are true, correct, and accurately list all amounts and	and accom	npanying sch of income I re	edules and staten ceived during the	nents, ar tax vear	nd to thr . Decl	he best of aration of	my kno prepare	wledge r (other	
here	th	an the taxpayer) is based on all information of which the preparer h	nas any kno	wledge.							
Joint return?	Y	ur signature Date	Yo	our occupation	n	Dayt	ime pl	hone numb	oer		
See instructions.											
Keep a copy	S	ouse's signature. If a joint return, both must sign.	Sp	oouse's occu	pation		IRS ser enter it	nt you an Ide	ntity Prot	ection	
for your records.							(see ins				
Paid	Pi	nt/type preparer's name Preparer's signatur	re		Date	Check	$\overline{\square}$	if PTIN			
						self-em		1			
preparer	Fi	m's name ▶			•	Firm's	EIN►				
use only	Fi	m's address ▶				Phone	no.				
									0404	_	

1545-0074
curity number
security number
are the SSN(s) are correct.
tion Campaign
your spouse if filing
to this fund. Checking
Y = ** 53,988
,249
236
96
136
)36
022.056
023,056
,936
,078
),200
,220
003 Excess FIC
,472 988
,081
,054
,059
046
,016
104
ow. No
JVV. LINU
ect, and
is based
ımber
Identity Protection
TIN
is

^{*} One election box checked ** Both election boxes checked (counts each box separately)

Form 1040EZ	ı	Inco	ome Tax Retu t Filers With I	rn for Sin	gle and	_	2015				OMB No. 1545-0074	
Your first name a	and initia	ı		Last name						Yo	ur social security num	nber
					Tota	I Forms File	d = 23,854	l,918				
If a joint return, s	oint return, spouse's first name and initial Last name									Spo	ouse's social security nu	ımber
Home address (n	number a	and st	reet). If you have a P.O.	box, see instru	uctions.				Apt. no.	A	Make sure the SSI above are correct	. ,
City, town or post	office, sta	ate, an	d ZIP code. If you have a	foreign address,	also complete	spaces below (se	e instructions).			Pre	sidential Election Camp	aign
			Single = 22,	586.643		Joint = 1,268	.275				ck here if you, or your spouse	
Foreign country i	name		- ,	,		rovince/state/co	<u> </u>	Fore	ign postal cod		ly, want \$3 to go to this fund. x below will not change your t	
										refun	w	Spouse
noomo		1	Wages, salaries, and	l tips. This sh	nould be sh	own in box 1	of your Forn	n(s) W-2.				
ncome			Attach your Form(s	-	iodia oc sii	Taxable Schol	-	44,170		1	496,488,551	
Attach	-			, =-			ш.о.п.р	,			,,	
Form(s) W-2 nere.		2	Taxable interest. If	the total is ov	er \$1,500,	you cannot us	e Form 1040	0EZ.		2	137,027	
						-	her Net Income		927,147			
Enclose, but do not attach, any	_	3	Unemployment con	npensation an	nd Alaska P					3	2,773,138	
payment.		4	Add lines 1, 2, and	3 This is you	ır adinsted	gross income	a _.			4	500,325,862	
		5	If someone can clai					dent che	ck	7	300,325,002	
		~	the applicable box(e									
			You	Spouse					.•			
			If no one can claim		spouse if a	ioint roturn)	antar \$10.20	nn if a in al	lo.			
			\$20,600 if married					JO II SIIIgi	ie;	_	440.004.550	
	-									5	146,931,550	
		6	Subtract line 5 from		e 5 is large	r than line 4, e	nter -0			_		
			This is your taxable							6	300,998,168	
Payments,	_	7	Federal income tax				•			7	57,604,481	
Credits,	_	8a	Earned income cre			ons)				8a	904,018	
and Tax	_	b	Nontaxable combat	pay election.	•		8b .	592	F486	8 payme	ent = 3.097	Excess F
	_	9	Add lines 7 and 8a.						<u> </u>	9	58,512,525	5
	1	0	Tax. Use the amoun			-		in the				
	_		instructions. Then,	enter the tax f	from the tal	ole on this line	2.			10	41,808,955	
	1	1	Health care: individ	ual responsib	oility (see ii	nstructions)	Full-year	r coverage		11	476,993	
	1	2	Add lines 10 and 11	. This is you	r total tax.					12	42,285,948	
Refund	1	3a	If line 9 is larger tha	an line 12, su	btract line	12 from line 9	. This is you	ır refund				
			If Form 8888 is atta	ched, check l	here 🕨					13a	17,072,135	
Iave it directly leposited! See	[b	Routing number				▶c Type:	Checl	zing S	vings		
nstructions and fill in 13b, 13c,		U	rtouting number				e i ypc.	Clicci	ding 3	ivings		
and 13d, or Form 8888.	•	d	Account number									
Amount	1	4	If line 12 is larger th	an line 9, sub	otract line 9	from line 12.	This is					
You Owe			the amount you ow	e. For details	on how to	pay, see instru	ctions.			14	845,557	
Third Party	Do	you	want to allow another	er person to d	discuss this	return with the	e IRS (see in	structions	s)? Y	es. Co	omplete below.	No
Designee	Des	signee	's			Phone			Personal ide	ntification	on	
	nan	ne	•			no.			number (PII		•	
Sign Here	acc	curate	enalties of perjury, I de ly lists all amounts and	sources of inc	ome I receive	ed during the tax						
	on all information of which the preparer has any knowledge. Your signature Date Your occupation Description								Davtii	me phone number		
oint return? See nstructions.	100	oigi					. 531 500up					
	Sn.	OUSS'	s signature. If a joint rot	ırn hoth must	sian	Date	Spouse's or	connation		If the !!	DC cont you as Identity De-	tootics
Keep a copy for our records.	Spi	Pi Pi							PIN, er		IECHON	
	, D::-							l n .			see inst.)	
Paid	Print/T	ype p	reparer's name	Preparer's si	ignature			Date		Chec		
Preparer								<u> </u>		self-e	employed	
Jse Only	Firm's	name	>					Firm's	EIN ▶			
	Firm's	addre	ess ►					Phone	no.			
or Disclosure, I	Privacy	Act,	and Paperwork Redu	ction Act Noti	ice, see instr	uctions.	C	Cat. No. 11.	329W		Form 1040EZ	(2015)

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

2015
Attachment

Internal Nevende Ge						Sequence No. UI	_
Name(s) shown on	Form	1040 Total schedules filed = 45,024,103			You	ur social security numbe	er
		Caution: Do not include expenses reimbursed or paid by others.					_
Medical	1	Medical and dental expenses (see instructions)	1	8,776,985			
and	2	Enter amount from Form 1040, line 38 2					
Dental	3	Multiply line 2 by 10% (.10). But if either you or your spouse was					
Expenses		born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	8,773,858			
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	8,776,985	
Taxes You	5	State and local (check only one box):	_				
Paid		a Income taxes, or Income Taxes =33,063,383	5	42,690,831	_		
	6	b General sales taxes General Sales Tax = 9,627,447	6	37,613,402			
	6 7	Real estate taxes (see instructions)	7	18,858,908	-		
	8	Other taxes. List type and amount	•	10,000,000			
	•		8	2,744,266			
	9	Add lines 5 through 8			9	44,191,436	
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	32,171,652			_
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid					
NI-4		to the person from whom you bought the home, see instructions					
Note: Your mortgage		and show that person's name, identifying no., and address ▶					
interest				4 470 074			
deduction may be limited (see			11	1,179,971			
instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12	2,242,975			
•	13	Mortgage insurance premiums (see instructions)	13	4,112,358			
		Investment interest. Attach Form 4952 if required. (See instructions.)	14	1,391,495	-		
		Add lines 10 through 14	\vdash		15	33,301,990	
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,					
Charity		see instructions	16	33,198,961			
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see					
gift and got a benefit for it,	40	instructions. You must attach Form 8283 if over \$500	17	22,541,991	_		
see instructions.		Carryover from prior year	18	457,237	10	26 622 657	
Casualty and	19	Add lines 16 through 18			19	36,623,657	_
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	72,323	
Job Expenses		Unreimbursed employee expenses—job travel, union dues,				-	_
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.					
Miscellaneous		(See instructions.) ▶	21	14,603,059			
Deductions		Tax preparation fees	22	20,635,111			
	23	Other expenses—investment, safe deposit box, etc. List type					
		and amount	00	7,954,247			
	24	Add lines 21 through 23	23 24	27,859,601	-		
		Enter amount from Form 1040, line 38 25	24	27,000,001	-		
	26	Multiply line 25 by 2% (.02)	26	27,856,772			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, ente			27	12,775,570	
Other	28						_
Miscellaneous	Ga	mbling Loss Deduction = 899,246 Other than gambling ded	uction =	334,021			
Deductions		Property income, casualty and theft deduction = 6,412			28	1,235,102	
Total	29	Is Form 1040, line 38, over \$154,950?					
Itemized		No. Your deduction is not limited. Add the amounts in the fa				44,567,263	
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040		}	29	7-1,001,200	
			ction	s J			
	30	If you elect to itemize deductions even though they are less t	han	vour standard			
		deduction, check here		> [

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment
Sequence No. 07

Name(s) shown on Form 1040 Your social security number Total schedules filed = 45,024,103 Caution: Do not include expenses reimbursed or paid by others. Medical 133,785,340 Medical and dental expenses (see instructions) and Enter amount from Form 1040, line 38 **Dental** 3 Multiply line 2 by 10% (.10). But if either you or your spouse was **Expenses** born before January 2, 1951, multiply line 2 by 7.5% (.075) instead 3 46,854,308 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-86,931,032 **Taxes You** 5 State and local (check only one box): **Paid** a Income taxes, or Income Taxes = 335,060,168 352,701,327 b ☐ General sales taxes ☐ General Sales Tax = 17,641,159 6 188,605,843 7 9,312,994 8 Other taxes. List type and amount ▶ 2,395,457 553,015,621 10 Home mortgage interest and points reported to you on Form 1098 Interest 10 276,728,389 11 Home mortgage interest not reported to you on Form 1098. If paid You Paid to the person from whom you bought the home, see instructions Note: and show that person's name, identifying no., and address ▶ Your mortgage interest deduction may 11 6,276,076 be limited (see 12 Points not reported to you on Form 1098. See instructions for instructions). 12 1,273,716 **13** Mortgage insurance premiums (see instructions) 13 6,287,486 **14** Investment interest. Attach Form 4952 if required. (See instructions.) 13,895,495 **15** Add lines 10 through 14 304,461,163 Gifts to 16 Gifts by cash or check. If you made any gift of \$250 or more, Charity 16 162,566,565 17 Other than by cash or check. If any gift of \$250 or more, see If you made a gift and got a instructions. You must attach Form 8283 if over \$500 . . . 70.869.799 benefit for it, **18** Carryover from prior year 34,023,305 see instructions. 19 Add lines 16 through 18 19 221,850,264 **Casualty and Theft Losses** 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 1,645,750 **Job Expenses** Unreimbursed employee expenses—job travel, union dues, and Certain job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ Miscellaneous 21 96,134,024 **Deductions** 7,935,268 23 Other expenses-investment, safe deposit box, etc. List type and amount ▶ 53,858,879 24 Add lines 21 through 23 24 157,928,171 25 Enter amount from Form 1040, line 38 25 26 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 113,175,476 Other 28 Other—from list in instructions. List type and amount ▶ Miscellaneous Gambling Loss Deduction = 21,513,019 **Deductions** 24,188,489 Property income, casualty and theft deduction = 402,471 28 Total **29** Is Form 1040, line 38, over \$154,950? **Itemized** ☐ No. Your deduction is not limited. Add the amounts in the far right column 1,257,437,010 **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 29 ☐ **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

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

201

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040A or 1040. ► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Attachment Sequence No. **08**

Name(s) shown on r		Total schedules filed = 21,243,738	Your	social secur	ity num	ber
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Am	ount	
Interest		buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶				
(See instructions on back and the						+
instructions for Form 1040A, or Form 1040, line 8a.)			1			_
Note: If you received a Form 1099-INT, Form 1099-OID, or						
substitute statement from a brokerage firm, list the firm's						
name as the	2	Add the amounts on line 1	2	17,968	728	
payer and enter the total interest shown on that	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	9,78		
form.	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4	0,10		
	Note:	If line 4 is over \$1,500, you must complete Part III.	<u> </u>	Am	ount	
Part II Ordinary Dividends	5	List name of payer				<u>+</u>
(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)			5			
Note: If you received a Form 1099-DIV or substitute						+
statement from a brokerage firm, list the firm's name as the payer and enter						
the ordinary dividends shown on that form.	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	15,570	759	
	-	If line 6 is over \$1,500, you must complete Part III.				
	foreigr	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (n account; or (c) received a distribution from, or were a grantor of, or a transferor to, a forei	gn tru	st.	Yes	No
Part III Foreign	7a	At any time during 2015, did you have a financial interest in or signature authority ov account (such as a bank account, securities account, or brokerage account) located country? See instructions				
Accounts and Trusts		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Fina Accounts (FBAR), to report that financial interest or signature authority? See FinCEN and its instructions for filing requirements and exceptions to those requirements.	N Forn	n 114 		
instructions on back.)	b	If you are required to file FinCEN Form 114, enter the name of the foreign country when the for				
	8	During 2015, did you receive a distribution from, or were you the grantor of, or trans foreign trust? If "Yes," you may have to file Form 3520. See instructions on back.				

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

20**15**Attachment

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040A or 1040.

► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Name(s) shown on r	eturn	Total schedules filed = 21,243,738	Your	social securi	ty numb	er
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶				
(See instructions on back and the						<u> </u>
instructions for						
Form 1040A, or Form 1040,			1			\vdash
line 8a.)			-			
Nata Ifva.						\vdash
Note: If you received a Form						
1099-INT, Form						
1099-OID, or substitute						<u> </u>
statement from						+
a brokerage firm, list the firm's						+
name as the	2	Add the amounts on line 1	2	91,661,8	105	
payer and enter the total interest	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.		01,001,0		
shown on that		Attach Form 8815	3	34,080)	
form.	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form				
	Nata	1040, line 8a	4	Am	ount	<u> </u>
Part II	Note:	If line 4 is over \$1,500, you must complete Part III. List name of payer ▶		Ame	Juni	$\overline{}$
raitii						
Ordinary						
Dividends						
(See instructions						
on back and the instructions for						
Form 1040A, or			_			\vdash
Form 1040, line 9a.)			5			
Note: If you						
received a Form						
1099-DIV or substitute						<u> </u>
statement from						-
a brokerage firm, list the firm's						-
name as the payer and enter						\vdash
the ordinary	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form				
dividends shown on that form.		1040, line 9a	6	255,569	,848	
		If line 6 is over \$1,500, you must complete Part III.				
		ust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (a) account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			Yes	No
Part III	7a	At any time during 2015, did you have a financial interest in or signature authority ov				
Foreign		account (such as a bank account, securities account, or brokerage account) located country? See instructions	in a f	oreign 		
Accounts		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Fina				
and Trusts (See		Accounts (FBAR), to report that financial interest or signature authority? See FinCEN and its instructions for filing requirements and exceptions to those requirements.				
instructions on back.)	b	If you are required to file FinCEN Form 114, enter the name of the foreign country when financial account is located ▶	nere th	ne		
	8	During 2015, did you receive a distribution from, or were you the grantor of, or trans	feror t	o, a		

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. 09

	f proprietor Total schedules filed	= 25,2	28,781 Include	es: 5,39	96,6	559 Schedule C-EZs	30	olal Sc	ecurity number (SSN)	
	Principal business or profession	B Enter code from instructions								
	Business name. If no separate	busine	ess name, leave blank.				D	Employ	yer ID number (EIN), (se	e insti
	Business address (including s	uite or	room no.) ►							
	City, town or post office, state	, and Z								
	Accounting method: (1)	Cash	(2) Accrual	(3)] 0	ther (specify) ▶				
	Did you "materially participate	" in the	operation of this busi	iness durir	ng 2	015? If "No," see instructions for lin	nit (on los	sses . 🗌 Yes	N
	Did you make any payments in	ո 2015	that would require you	u to file Fo	rm(s	s) 1099? (see instructions)			🗌 Yes	
	If "Yes," did you or will you file	e requir	ed Forms 1099? .			<u></u>			🗌 Yes	
ırt	Income									
	Gross receipts or sales. See in	nstructi	ons for line 1 and che	ck the box	k if t	his income was reported to you on				
	Form W-2 and the "Statutory of	employ	ee" box on that form v	was check	ced			1	23.947.127	
	Returns and allowances							2	686,976	
	Subtract line 2 from line 1 .							3	23,955,123	\perp
	Cost of goods sold (from line	42) .						4	4,157,490	\perp
	-							5	23,989,881	_
	-		-			fund (see instructions)		6	932,380	\perp
	Gross income. Add lines 5 a	nd 6 .	<u> </u>			<u> </u>		7	24,187,331	
rt	Expenses. Enter expe			f your ho	ome	e only on line 30.	_			_
	Advertising	8	6,233,213	18		Office expense (see instructions)	\vdash	18	7,410,210	
	Car and truck expenses (see			19		Pension and profit-sharing plans .	Н	19	98,950	
	instructions)	9	12,301,587	20		Rent or lease (see instructions):				
	Commissions and fees .	10	1,180,101			Vehicles, machinery, and equipment		20a	1,857,888	+
	Contract labor (see instructions)	11	2,213,612			Other business property	\vdash	20b	3,230,511	
	Depletion	12	60,213	21		Repairs and maintenance		21	4,567,270	-
	expense deduction (not			22		Supplies (not included in Part III) .	-	22	9,901,374	
	included in Part III) (see	40	5,340,038	23		Taxes and licenses	н	23	5,981,782	+
	instructions)	13	3,340,030	24		Travel, meals, and entertainment:		\4 -	4 702 022	ŀ
	Employee benefit programs	امدا	220,441			Travel	1	24a	4,783,032	+
	(other than on line 19) Insurance (other than health)	14	5,722,006	<u> </u>		Deductible meals and	١,		6,792,222	ŀ
	,	15	3,722,000			entertainment (see instructions) .		24b 25	11,805,996	
	Interest: Mortgage (paid to banks, etc.)	16a	453,273	25 26		Utilities	_	26 26	1,013,684	+
3	Other	16b	1.433.460	27		Wages (less employment credits) . Other expenses (from line 48)	\vdash	26 27a	11,896,906	+
)	Legal and professional services	17	7,590,678			Reserved for future use	_	27b	11,000,000	
	Total expenses before expen	-					\neg	28	21,654,089	+
	Tentative profit or (loss). Subtr			3. 7 taa 111 to		a modgit Zra i i i i i i i i i i i i i i i i i i i	\vdash	29	25,002,435	
	. , ,			these ex	nen	ses elsewhere. Attach Form 8829				
	unless using the simplified me	•	•	tilogo oxp	Pon	000 0.00 0.10.0.0.0.0.0.0.0.0.0.0.0.0.0.				
	Simplified method filers only	: enter	the total square foota	ge of: (a) y	your	home: 1,106,331				
	and (b) the part of your home	used fo	r business:	1,104,2	51	. Use the Simplified				
	Method Worksheet in the instr			to enter o	n lin	· ·		30	3,548,582	
	Net profit or (loss). Subtract	line 30	from line 29.							
	If a profit, enter on both Forr			NR, line 1	I 3) a	and on Schedule SE, line 2.				
	(If you checked the box on line		•		,	·	L	31	24,726,925	
	• If a loss, you must go to lin	e 32.				J				
	If you have a loss, check the b	ox that	describes your inves	tment in th	nis a	, , , , , , , , , , , , , , , , , , ,				
	If you checked 32a, enter t	he loss	on both Form 1040.	line 12, (c	or F	orm 1040NR, line 13) and		_	es Checked = 5,	
	on Schedule SE, line 2. (If yo	u chec	ked the box on line 1,	see the lin	ne 31	1 instructions). Estates and			All investment is a	
	trusts, enter on Form 1041, lin	_	nondeductible los	e /±\/eue			•	32b	☐ Some investment	is r

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 2015 Attachment Sequence No. 09

Name o	f proprietor Total schedules file	ed = 2	5,228,781 Inclu	ıdes:	5,39	6,659	Schedu	ıle C-EZs	Social s	ecurity	number (SS	N)
A	Principal business or profession	B Enter	code f	rom instructio	ns 							
С	Business name. If no separate	D Emplo	oyer ID	number (EIN),	(see instr.)							
E	Business address (including s											
	City, town or post office, state											
F	Accounting method: (1)											
G	Did you "materially participate				☐ No							
Н .	If you started or acquired this				□No							
	Did you make any payments in				□No							
Part	If "Yes," did you or will you file Income	requi	red Forms 1099! .	• •	• •	<u> </u>		<u> </u>	• •	• •	. 🗀 🚟	
1 2	Gross receipts or sales. See in Form W-2 and the "Statutory of Returns and allowances	emplo	yee" box on that form	was c	hecked			▶□	1		28,599,174),544,349	1
3									_		19,054,825	5
4	Cost of goods sold (from line	42) .							4		0,684,957	
5	Gross profit. Subtract line 4	from li	ne 3						5		88,369,868	
6	Other income, including federa	al and	state gasoline or fuel t	ax cre	edit or re	fund (se	e instructio	ons)	6	2	2,931,350	
7	Gross income. Add lines 5 at	nd 6 .	<u> </u>	<u></u>		<u></u>	<u> </u>		7	1,0	11,301,218	3
Part				f you						-		
8	Advertising	8	15,751,778		18			e instructions)	18		2,906,994	
9	Car and truck expenses (see		00 004 470		19			sharing plans .	19	1	,142,549	
40	instructions)	9	89,824,176		20			instructions):	00	4	0.504.040	
10 11	Commissions and fees .	10	16,851,436		1			, and equipment	20a 20b		0,591,010 7,500,044	
12	Contract labor (see instructions) Depletion	12	54,131,803 487,737		21		•	operty enance			7,538,844 P 664 464	
13	Depreciation and section 179		401,101		22			ded in Part III) .			8,661,161 8,415,882	
	expense deduction (not				23	• •	•	3			9,905,098	
	included in Part III) (see instructions)	13	38,222,864		24			entertainment:			<u> </u>	
14	Employee benefit programs				а	Travel .			24a	10	6,557,751	
	(other than on line 19)	14	2,958,782		b	Deducti	ble meals	and				
15	Insurance (other than health)	15	19,551,850			entertair	nment (see	instructions) .	24b	9	.948.876	
16	Interest:				25						1,368,217	
а	Mortgage (paid to banks, etc.)	16a	3,186,150		26		•	syment credits).			9,214,424	
b	Other	16b	5,988,583		1		. ,	om line 48)		11	9,730,281	
17	Legal and professional services	17	12,883,048	0 04-	b lines o		ed for futu	re use	27b	0	70.740.000	
28	Total expenses before expen Tentative profit or (loss). Subtr			e. Add	ines 8	tnrougn	27a		28		70,716,308	
29 30	Expenses for business use o			those			· · ·			34	<u>10,584,910</u>	
	unless using the simplified me Simplified method filers only and (b) the part of your home	thod (see instructions). r the total square foota	ige of:	·		2,3	39,712 the Simplified				
	Method Worksheet in the instr	uction	s to figure the amount	to en	ter on lir	ne 30 .			30	9	,801,620	
31	Net profit or (loss). Subtract	line 30	from line 29.									
	• If a profit, enter on both Forr (If you checked the box on line			•	,			′	31	33	1,814,301	
	• If a loss, you must go to lin	e 32.						J				
32	If you have a loss, check the b	ox tha	at describes your inves	tment	in this a	activity (s	see instruc	tions).				
	 If you checked 32a, enter to on Schedule SE, line 2. (If you trusts, enter on Form 1041, line) If you checked 32b, you mu 	u ched ne 3.	cked the box on line 1, nondeductible los	see th	ne line 3 /suspe	1 instruct	tions). Esta	ites and	32a 32b	Soi	investment i me investme risk.	

Jonean	ile 0 (1 01111 1040) 2013			rage z
Part	Cost of Goods Sold (see instructions)			
33 34	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att Was there any change in determining quantities, costs, or valuations between opening and closing inventors)	ry?		□ No
	If "Yes," attach explanation		. Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	1,258,863	
36	Purchases less cost of items withdrawn for personal use	36	2,330,214	
37	Cost of labor. Do not include any amounts paid to yourself	37	530,741	
38	Materials and supplies	38	1,749,353	
39	Other costs	39	951,437	
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	1,301,701	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		trucl		
43	When did you place your vehicle in service for business purposes? (month, day, year) /	/		
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your	vehicle	for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	_ No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes [_ No
47a	Do you have evidence to support your deduction?		Yes [_ No
b	If "Yes," is the evidence written?		Tyes	No
Part	Other Expenses. List below business expenses not included on lines 8–26 or lines 8–26	ne 30		
48	Total other expenses. Enter here and on line 27a	48		

Schedule C (Form 1040) 2015 Page 2 Cost of Goods Sold (see instructions) Part III 33 Method(s) used to value closing inventory: a Cost **b** Lower of cost or market **c** Other (attach explanation) 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes ☐ No 40,746,952 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 36 36 269,224,020 37 Cost of labor. Do not include any amounts paid to yourself 36,213,352 38 38 61,279,448 39 65,531,310 40 Add lines 35 through 39 41 42,310,125 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month, day, year) / / Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for: 44 Business b Commuting (see instructions) c Other 45 ☐ No ☐ No Do you (or your spouse) have another vehicle available for personal use?....... Yes No **b** If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30. Part V Total other expenses. Enter here and on line 27a . . . 48

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service (99)

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

2015
Attachment
Sequence No. 09A

Name of proprietor

Total schedules filed = 5,396,659

Data is tabulated with the Schedule C's

Social security number (SSN)

Part	General Information							_	
Sch Inst Sch	 • 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 em Do not decuse of you Do not have passive accommodate of the passive accommodate	duct extractions of the contraction of the contract	xpenses e, or year ur osses fro to file F o d Amortiz ee the ins	for busin nallowed om this orm 4562 zation, for structions	ess , for		
A	Principal business or profession, including product or service			В	Enter bus	iness code	(see page 2)	
C	Business name. If no separate business name, leave blank.			D	Enter yo	our EIN (s	see page 2	_ 	
E i	Business address (including suite or room no.). Address not require	ed if same as on page 1 of y	our tax return.					┙	
Ō	City, town or post office, state, and ZIP code							_	
		- CI - () (0000 (•			_	
	Did you make any payments in 2015 that would require you Schedule C)	* * * * * * * * * * * * * * * * * * * *				Yes	□No		
G	f "Yes," did you or will you file required Forms 1099?					Yes	□No	_	
Part	Figure Your Net Profit								
1 2	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 Statutory employees in the instructions for Schedule C, line 1, and check here								
3									
Part			•		•		line 2.		
4	When did you place your vehicle in service for business p	urposes? (month, day, y	ear) ►			··			
5	Of the total number of miles you drove your vehicle during	2015, enter the numbe	r of miles you	used	your ve	ehicle for	:		
а	Business b Commuting (see page	ge 2)	c Oth	er					
6	Was your vehicle available for personal use during off-dut	y 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		
h	If "Yes." is the evidence written?				[Yes	□No		

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service (99)

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

Name of proprietor

Social security number (SSN)

Attachment Sequence No. **09A**

	Data is tabulated with the Schedule CS		
Part	General Information		
School School	 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, Had business expenses of \$5,000 or less, Do not deduct expensuse of your home, Do not have prior year passive activity losses business, and Are not required to file Depreciation and Amounthis business. See the Schedule C, line 13, to must file. 	ses for busine ar unallowed s from this e Form 4562, ortization, for e instructions	for
A F	Principal business or profession, including product or service B Enter	business code	(see page 2)
C E	Business name. If no separate business name, leave blank. D Ente	r your EIN (se	ee page 2)
E E	Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.		
ō	City, town or post office, state, and ZIP code		
5	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 I	f "Yes," did you or will you file required Forms 1099?	☐ Yes	☐ No
Part	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		
2	Total expenses (see page 2). If more than \$5,000, you must use Schedule C		
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		
Part			ne 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 you	r vehicle for:	
а	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 D (Form 1040)

Capital Gains and Losses

2015

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or Form 1040NR.
 ► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
 ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

Total schedules filed = 20,576,380 Total Sales Reported with Form 1099 = 16,086,256

Your social security number

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Adjustment to gain or loss (or other basis) Form(s) 8949, F line 2, column		from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	2,055,997	2,046,160			1,970,372
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	7,685,326	7,645,002		7,438,052	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	2,355,875	2,009,345		2,141,600	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	2,355,875 2,009,345 239,981 503,813 498,413 68,919				498,714
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	.684, 6781, and 88	324 .	4	567,943
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5	1,209,313		
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	(2.000.156)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	•	· , •	, ,	7	11,721,263

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with		
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 2,255,551 2,217,049				n (g)	2,206,224		
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	7,605,116	7,541,602	1,414,99	7,460,901			
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	7,517,894	7,233,641	470,023		7,199,700		
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	1,924,690	1,724,154	702,497		1,471,137		
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	2439 and 6252;	and long-term ga	in or (loss)	11	2,473,699		
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	I trusts from Sche	dule(s) K-1	12	2,273,913		
13	Capital gain distributions. See the instructions				13	9,733,033		
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions							
15	Net long-term capital gain or (loss). Combine lines 8a the back	<u> </u>	umn (h). Then go t	o Part III on	15	18,110,552		

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number
Total schedules filed = 20,576,380 Total Sales Reported with Form 1099 = 5,260,464,959

Part I	Short-Term Capital Gains and Losses – Assets Held One Year or Less
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See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Adjustment: Cost to gain or loss (or other basis) Form(s) 8949, P line 2, column		from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	388,322,049	394,158,387			-5,836,338
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,549,641,231	2,685,631,323	100,623,855		-35,368,140
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	334,133,376	347,672,357	9,890,466		-3,648,515
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	100,231,881	101,550,927	-256,599		-1,581,279
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	.684, 6781, and 88	324 .	4	3,967,557
5	usts from	5	1,138,028			
6	Carryover	6	(71.105.171)			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	_	• •	e any long-	7	-212,428,017

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

9 (-1)		(g)		(h) Gain or (loss)			
(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmento gain or loss Form(s) 8949,	s from Part II,	Subtract column (e) from column (d) and combine the result with column (g)			
159,164,156	149,214,410			9,949,746			
632,615,294	608,763,782	8,190,922	2	32,041,421			
641,186,764	520,762,404	-2,167,15	7,152 118,235,387				
454,887,368	454,887,368 349,198,958 -45,766,125						
ns 2439 and 6252;	and long-term ga	in or (loss)	11	224,109,166			
ations, estates, and	trusts from Sche	dule(s) K-1	12	205,533,566			
			13	62,496,866			
Capital gain distributions. See the instructions							
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back							
- -	159,164,156 1 632,615,294 1 641,186,764 1 454,887,368 2439 and 6252; 24310ns, estates, and any, from line 13 of any, from line 14 of any, from line 15 of an	159,164,156 149,214,410 1 632,615,294 608,763,782 1 641,186,764 520,762,404 1 454,887,368 349,198,958 2439 and 6252; and long-term garations, estates, and trusts from Schemany, from line 13 of your Capital Loss	159,164,156	159,164,156			

Schedule D (Form 1040) 2015 Page **2**

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	19,954,555
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains?		
	■ No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	63,577
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	1,192,435
20	Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	• The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	☐ No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2015 Page **2**

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	208,161,501
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains?		
	■ No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	5,974,814
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	27,348,982
20	Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	• The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	☐ No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2015

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040NR, or Form 1041.

► Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

on return

Total cohodulas filed = 20

Sequence No. 13

Your social security number

	Total	schedules filed = $20,006,5$	573									
Part		From Rental Real Estate and										
		EZ (see instructions). If you are an	individ	lual, r	eport fa	rm renta	al income	or loss fron	n Form 4835	on page	2, line 4	10.
A Did	you make any payme	nts in 2015 that would require y	ou to	file F	orm(s)	1099? ((see inst	ructions)			′es 🗌	No
B If "	Yes," did you or will yo	ou file required Forms 1099?									′es 🗌	No
1a	Physical address of e	each property (street, city, state	e, ZIP	code)							
Α	Number of Returns	with Rental Properties = 10	0,643,	376	T	otal N	umber	of Rental F	roperties =	17,	754,963	3
В	Number of Retu	Returns with Royalties = 2,302,181 Total Number of Royalties = 3,515,166										
С												
1b	Type of Property (from list below)	above, report the number of fair rental and Days						Personal Days		QJ'	V	
Α		personal use days. Check the QJV box only if you meet the requirements to file as										
В		a qualified joint venture. S	see ins	truct	ions.	В						
С						С						
Туре	of Property:											
1 Sing	le Family Residence	3 Vacation/Short-Term Re	ntal 5	5 La	nd		7 Self-	Rental				
2 Mult	i-Family Residence	4 Commercial		3 Ro	yalties			r (describe				
Incor	ne:	Propert	ies:		REN	IT A	R	OYALTY	В		С	
				3	10,07	3,360						
4	Royalties received .	<u> </u>		4				2,240,05	7			
Expen												
				5								
	·	nstructions)	-	6								
	•	ance	⊢	7								
			⊢	8								
			-	9								
		ssional fees	-	10								
	•			11								
12		d to banks, etc. (see instruction	· -	12	5,49	7,852						
			-	13						591,9	902	
	•		-	14								
				15	0.00	4 007						
16				16	8,99	4,237						
			-	17	0.00	4.040			_			
		or depletion	.	18	8,26	1,040		848,80	6			
	Other (list) ►		}	19	40.4	20.045		4 454 24				
	•	lines 5 through 19		20	10,1	29,245		1,451,36	04			
		line 3 (rents) and/or 4 (royalties	, ,									
	, ,	instructions to find out if you n		04	10.4	U3 333		2 220 6	76			
	file Form 6198		- +	21	10,4	02,333		2,220,67		loco =	4.000	050
	on Form 8582 (see in	estate loss after limitation, if a structions)		22	5.33	6,388			ible rental		1,638,	
	•	eported on line 3 for all rental p			, 3,50	-,	23a	10,073,36	d loss carry	over =	878,4	104
		eported on line 3 for all rental peoper and in a sported on line 4 for all royalty	-				23a 23b	2,240,05				
		eported on line 12 for all prope					23c	5,497,85				
		eported on line 18 for all prope					23d	8,967,42				
e		eported on line 20 for all prope					23e	11,249,48				
		e amounts shown on line 21. D						11,245,40	24	7,522	084	
	•	e amounts shown on line 21. D esses from line 21 and rental real			•			otal losses		7,52 <u>2</u> (5,644		١
										· J,044	,700	+ '
		te and royalty income or (loss) ne 40 on page 2 do not apply to										
		ne 18. Otherwise, include this ar								10,992	2.592	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ► Attach to Form 1040, 1040NR, or Form 1041.

Department of the Treasury Internal Revenue Service (99)

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

Name(s) shown on return

Attachment Sequence No. **13**

	Total sche	edules filed = 20,006	,573										
Part	Income or Loss	s From Rental Real E	Estate and Rov	/altie	s Not	e: If vou	are in t	he business	of rentir	na pe	rsonal p	roperty, u	use
		EZ (see instructions). If											
A Did	l you make any payme											∕es □ t	
	Yes," did you or will y				(-)	(= '	res □ n	
		each property (street,		code	<u>-)</u>							C31	10
A	1 Hydrodi dddi ddd di c	odon property (otroot,	oity, otato, zii	0000	<u> </u>								
	Type of Property	2 For each rental	raal aatata araa	out a	iotod		Fair	Rental	Perso	nnal	llsa		
15	(from list below)	from list below) above, report the number of fair rental and Days)ays		QJV	1
	(morn not bolow)	personal use days. Check the QJV box only if you meet the requirements to file as A									+		
		a qualified joint	venture. See in:	struct	ions.	В					+		
C						С							
	of Property:												
	le Family Residence	3 Vacation/Short	· Torm Dontal	5 10	nd		7 Self-	Dontal					
_	•	4 Commercial							,				
Incor	ti-Family Residence	4 Commercial	Properties:		yalties	NT A		er (describe				С	
3			<u> </u>	3				OTALITI					
-3	Rents received			4	320,7	03,164		32,046,5	95				
	Royalties received .	<u> </u>		4				32,040,0	100				
Expen				_									
	Advertising			5 6					-				
	Auto and travel (see in			7									
7	Cleaning and mainter												
8	Commissions			8									
9	Insurance			9									
10	Legal and other profe			10									
11	Management fees .			11	54.00	24 000							
12	Mortgage interest pai			12	54,94	21,390					0.044	754	
13	Other interest			13							6,244	,/51	
14	Repairs			14									
15	Supplies			15	46.0	12 OE4							
16	Taxes			16	40,0	13,951							
17	Utilities			17	77.00	20.000							
18	Depreciation expense	·		18	11,20	08,203		3,566,71	4				
19	Other (list)			19	000.0	04.450		9 720 69	4				
20	Total expenses. Add I	_		20	296,9	31,156		8,730,68	1				
21	Subtract line 20 from												
	result is a (loss), see		•		22.7	72 000		00.045.0					
				21	23,1	72,008		23,315,9				45.050	400
22	Deductible rental real				47.7	67,620		nondeduc					
00-	on Form 8582 (see in	•		22	(4.,.		00-	suspende		carr	yover -	12,705	,816
23a	Total of all amounts re						23a	320,703,1					
b	Total of all amounts re						23b	32,046,5					
C	Total of all amounts re	•	•				23c	54,921,3					
d	Total of all amounts re	•	•				23d	80.774.9					
е	Total of all amounts re						23e	305,661,8		•	440.4		
24	Income. Add positive				-				<u> </u>	24	112,13		
25	Losses. Add royalty lo	osses from line 21 and	rental real estat	e loss	es from	line 22	. Enter t	otal losses	nere	25	59,77	3,568)
26	Total rental real estat												
	If Parts II, III, IV, and li 17, or Form 1040NR, li									26	52,36	0,577	

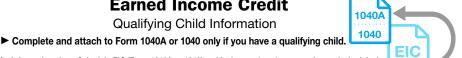
Schedu	lle E (Form 1040) 2015							Attachme	ent Sequence N	o. 13			Page 2
Name(s)) shown on return. Do not ente	er name and social :	security number i	f shown (on other sid	e.			,	Your so	cial se	curity number	
Cautio	on. The IRS compares												
Part	I Income or Los	s From Partr	erships an	d S C	orporati	ons	Note:	If you re	port a loss fro	m an a	at-risk	activity for wh	nich
	any amount is not	at risk, you must	check the box	in colu	mn (e) on	line 28	and att	ach For ı	m 6198. See i	nstruct	ions.		
27	Are you reporting a	ny loss not allo	wed in a pric	r year	due to th	ne at-r	risk, ex	cess fa	rm loss, or	basis	limita	tions, a prio	r year
	unallowed loss from												
	you answered "Yes,							,		·		Yes 🗌	No
28		(a) Name			(b) Enter			neck if	(d) Em			(e) Check	
20		(a) Name			partnersh for S corp		partn	eign ership	identifi num			any amoun not at ris	
Α		Number of P	ARTNERSHII	PS	6,480,2	89	2	2,847				9,919	,844
В													
С		Number o	f S-CORPS		5,012,9	36						291,	486
D													
	Passive Inc	ome and Loss					No	npassi	ve Income a	and L	oss		
	(f) Passive loss allowed		Passive income		(h) Nonpa				ection 179 expe			Nonpassive inc	
	(attach Form 8582 if require	ed) from	Schedule K-1		from Sch	edule K	(-1	deduc	tion from Form	from Schedule			i-1
Α	PARTNERSHIPS	PARTI	IERSHIPS	P	ARTNER		3	PARTNERSHIPS			PAI	RTNERSHIP	S
В	1,372,869	1,933,	325		1,696,2	32		43	31,437		2	,380,369	
С	S-CORPS	S-COF			S-COR			_	CORPS		S	-CORPS	
D	189,916	582,5	01		1.368.0	35		1,1	71,000		3	,178,957	
29a	Totals	2,377.	261								5	,194,338	
b	Totals 1,499,485				2,901,59)1		1,5	66,111				
30	Add columns (g) and (••								30	6	,690,019	
31	Add columns (f), (h), a	. ,								31	(5	,079,434)
32	Total partnership an												
	result here and include									32	8	,744,225	
Part	Income or Los	ss From Esta	es and Tru	sts									
33			(a) Nam	e) Employer	
											Identii	fication number	
_A													
В	D							NI -					
		sive Income a			Nonpassiv					come			
	(c) Passive deduction of (attach Form 8582 if				sive income chedule K-1			(e) Deduction or loss from Schedule K-1			(f) Other income fr Schedule K-1		
_	(attaon i om oooz ii	- Toquilou)		- Conouc									
A													
B 240	Totalo			10.101		_					40	4.754	-
34a	Totals 50.0	50	3	10,491							40	1,751	
b 35	Totals 59,6 Add columns (d) and (,	53,493		25		644.075	
	` '	•								35		641,275	+-
36 27	Add columns (c) and (•	 Iona) Ormalai	no lles			ntor H		t hara sizi	36	(105,300	
37	Total estate and true include in the total on		iossj. Combi	пе ппе	ะง งว and	ად. E	inter tr	ie resul	it riere and	37		COO 050	
Part			Fstate Mor	taaae	Investr	nent	Condi	iits (D	FMICs)			<u>688,058</u> older	
		(b) Employer id			cess inclusion				ncome (net loss)			Income from	
38	(a) Name	(b) Employer it		Sch	edules Q, linee instruction	ne 2c	(u)	m Sched	ules Q, line 1b			dules Q, line 3b	
				(30	1,644	113)		16.	,615				Т
39	Combine columns (d)	and (e) only. Fr	ter the result	here a		e in th	e total			39		26,417	
Part	. ,	and (o) only: Er	101 1110 100011	11010 41	114 1110144	<u> </u>	io total	011 11110	11 50.011			20,411	
40	Net farm rental income	e or (loss) from	Form 4835. A	Also, co	omplete li	ne 42	below			40		495,314	
41	Total income or (loss). Combi	, ,			•				40NR. line 18 ▶	41		7,522,047	
							,, 0		,			,022,0	
42	Reconciliation of far farming and fishing inco	-	-										
	(Form 1065), box 14, co	•											
	V; and Schedule K-1 (F		•				42	677,43	37				
12	•	•	•		,			, .					
43	Reconciliation for real professional (see instruc												
	anywhere on Form 1040												
	in which you materially p						43	428,53	37				

Schedu	ıle E (Form 1040) 2015						Attachm	ent Sequence I	No. 13		1	Page 2		
Name(s	s) shown on return. Do not enter	name and social se	ecurity number i	f shown	on other side.					ocial se	curity number			
Cauti	on. The IRS compares a	amounts report	ed on your ta	ax retur	n with amount	ts shov	vn on So	chedule(s) K	-1.					
Part	-	•								at-risk	activity for wh	ich		
·	any amount is not a		-		-		-	•			donvity for with	11011		
											i			
27	Are you reporting an													
	unallowed loss from					n Form	1 8582),	or unreimbl	irsed p	artne				
	you answered "Yes,"	see instruction	s before con	npietin	ĭ	(-)	Ol I - 14	(8.5				No		
28		(a) Name			(b) Enter P for partnership; S		Check if reign	(d) Er identi	nployer		(e) Check any amount			
					for S corporation	n part	nership	nur	nber		not at risk	<u> </u>		
<u> </u>							<u> </u>							
В							<u> </u>							
С														
D														
	Passive Inco	ome and Loss				N	onpass	ive Income	and L	oss				
	(f) Passive loss allowed		assive income		(h) Nonpassive			ection 179 exp			Nonpassive inco			
	(attach Form 8582 if require	d) from	Schedule K-1		from Schedule	K-1	deduc	tion from Form	4562	fr	om Schedule K	-1		
Α	PARTNERSHIPS	PARTNI	ERSHIPS	P	ARTNERSHIP	S	PART	NERSHIPS		PA	RTNERSHIP	S		
В	30,136,098	70,932,	198		100,354,992		8,3	51,184		30	2,390,404			
С	S-CORPS	S-COR			S-CORPS		S-C	CORPS		5	-CORPS			
D	4,900,271	38,856,			63,920,585		36.	617,899		_	1,106,371			
29a	Totals	109,788								1	3,496,775			
b	Totals 35,036,369	100,700	.020		164,275,577		44.9	969,083			,,			
30	Add columns (g) and (j)	of line 20a		_	104,273,377		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30	97	3,285,604			
31	Add columns (f), (h), an					• • •			31			<u> </u>		
									31	(24	4,281,029	 '		
32	Total partnership and										0004 575			
Dout	result here and include				<u> </u>	• •			32	62	9,004,575	<u> </u>		
Part	Income or Loss	s From Estat	es and Tru	SIS										
33			(a) Nam	ie) Employer fication number			
										identi				
<u> </u>														
В														
	Pass	sive Income an	d Loss				No	npassive li	ncome	and	Loss			
	(c) Passive deduction or							eduction or loss			ner income from			
	(attach Form 8582 if	required)	from	Schedu	ule K-1	fı	from Schedule K-1			Sc	chedule K-1			
Α														
В														
34a	Totals		13,	948,20	2					19,9	47,574			
b	Totals 1,390,3	340				į	5,085,63	3						
35	Add columns (d) and (f						,,,,,,,		35	3	3,895,776			
36	Add columns (c) and (e								36		6,475,973			
37	Total estate and trus	•	nes) Combi	ine line	s 35 and 36	Enter	the resu	It here and			,,-,,0,0,0			
0.	include in the total on l	•	oooji oombi		o oo ana oo.	Lintoi		it flore and	37	2.	7,419,803			
Part			Estate Mor	tgage	Investment	Conc	luits (R	EMICs)—						
		(b) Employer ide			cess inclusion from		•	ncome (net los			Income from			
38	(a) Name	numbe			edules Q, line 2c ee instructions)			lules Q, line 1b			dules Q, line 3b			
				(30	212		2.	323						
39	Combine columns (d) a	and (e) only. Ent	er the result	here a		he tota			39		-41,631			
Part		ind (e) only. En	or the result	nore a	na moidae in t	ווט נטנצ	u on inte	TI DEIUW	09			Ь		
40	Net farm rental income	or (loss) from	orm 4925	Also, or	omplete line 40	2 halas	V		40	A	194 277			
		` '							41		,494,377			
41	Total income or (loss). Combin					J, III IC 17,	or Fulli 10	HUNN, IIIIE 10	41	/1	3,237,701			
42	Reconciliation of farm		•											
	farming and fishing income	•												
	(Form 1065), box 14, co		•											
	V; and Schedule K-1 (Fo	rm 1041), box 1	4, code F (see	e instru	ctions)	42	114,627	453						
43	Reconciliation for real	estate professi	onals. If you	were a	real estate									
	professional (see instruct	ions), enter the r	net income or	(loss)	ou reported									
	anywhere on Form 1040 of	or Form 1040NR	from all rental	real est	ate activities									
	in which you materially na	rticinated under	the passive ac	tivity lo	ss rules	43	45 837	624	24					

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

Sequence No. 43

Your social security number

Name(s) shown on return

Total schedules filed = 20,815,442

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



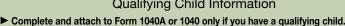
- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information		Ch	ild 1	C	hild 2	Child 3			
1	Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name	Last name	First name	Last name	First name	Last name		
2	Child's SSN								
	The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2015. If your child was born and died in 2015 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	20,	812,445	10,	551,856	3	,440,083		
3	Child's year of birth	Year 20.81	5.442	Year 10.5	53.856	Year 3.44	0.083		
		younger than you	6 and the child is u (or your spouse, if ip lines 4a and 4b;	younger than y	96 and the child is ou (or your spouse, if kip lines 4a and 4b;	younger than y	996 and the child is you (or your spouse, if skip lines 4a and 4b;		
4 a	Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?	Yes. 1,454,528 line 5.	No. o line 4b.	Yes. 509,400 line 5.	No.	Yes. 6137,620 line 5.	Noe 4b.		
b	Was the child permanently and totally disabled during any part of 2015?		No. The child is not a qualifying child.	149.3 Yes. Go to line 5.	No. The child is not a qualifying child.	50,17 Yes. Go to line 5.	No. The child is not a qualifying child.		
5	Child's relationship to you								
	(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	20,815,442		10,553,856		3,440,083			
6	Number of months child lived with you in the United States during 2015								
	 • If the child lived with you for more than half of 2015 but less than 7 months, enter "7." • If the child was born or died in 2015 and your home was the child's home for more 	20,813,449 Do not enter n	months	10,552,860 Do not enter	months	3,438,090	months		
	than half the time he or she was alive during 2015, enter "12."	months.		months.		months.			

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

Sequence No. 43 Your social security number

Name(s) shown on return

Total schedules filed = 20,815,442

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information		Child 1	Child 2	Child 3			
1	Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last nar	me First name Last name	First name Last name			
2	Child's SSN						
	The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2015. If your child was born and died in 2015 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
3	Child's year of birth	Year If born after 1996 and the child younger than you (or your spou filing jointly), skip lines 4a and go to line 5.	se, if vounger than you (or your spouse, i	Year If born after 1996 and the child is fyounger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.			
4 8	Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?	Yes. No. Go to Go to line line 5.	Yes. No. 4b. Go to Go to line 4b. line 5.	Yes. No. Go to Go to line 4b. line 5.			
·	Was the child permanently and totally disabled during any part of 2015?	Yes. No. Go to The child is no qualifying chi		Yes. No. Go to The child is not a qualifying child.			
5	Child's relationship to you						
	(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)						
6	Number of months child lived with you in the United States during 2015						
	• If the child lived with you for more than half of 2015 but less than 7 months, enter "7."						
	• If the child was born or died in 2015 and your home was the child's home for more than half the time he or she was alive during 2015, enter "12."	Do not enter more than 12 months.	Do not enter more than 12 months.	Do not enter more than 12 months.			

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

Information about Schedule F and its separate instructions is at www.irs.gov/schedulef.

OMB No. 1545-0074

2015

Attachment
Sequence No. 14

varne 0	Total schedules file	d = 1	,888,177								Socia	ı se	curity number (SSN)		
Pri	ncipal crop or activity	B Enter	code	e from l	Part IV		C A	ccoun	ting method:	D Em	D Employer ID number (EIN), (see instr				
									Cash	Accrual					
	you "materially participate" in the op-													lo	
	you make any payments in 2015 that													lo	
	es," did you or will you file required I	Forms	1099?										. LYes LN	lo	
Part	Farm Income—Cash Met	hod.	Complete F	Parts	I and	II (Accr	ual m	etho	d. Co	mplete Parts I	l and II	II, a	nd Part I, line 9.)		
1a	Sales of livestock and other resale	items	(see instructi	ons)				1a		359,141	_				
b	Cost or other basis of livestock or	other i	tems reporte	d on	line 1a			1b	2	215,836					
С	Subtract line 1b from line 1a										1	С	375,595		
2	Sales of livestock, produce, grains	s, and c	ther product	s you	u raised	Ι	٠,					2	1,043,251		
3a	Cooperative distributions (Form(s)	1099-I	PATR) .	3a	t	75,404				Taxable amoun		b	** 467,267		
4a	Agricultural program payments (see	e instrud	ctions) .	4a	** 4:	32,246			4b	Taxable amour	ıt 4	b	** 428,131		
5a	Commodity Credit Corporation (Co			unde	r electio	on	٠,				. 5	а	** 4,843		
b	CCC loans forfeited			5b	-	3,878			5c	Taxable amour	t <u>5</u>	С	** 3,868		
6	Crop insurance proceeds and fede	eral cro	· · · · · · · · · · · · · · · · · · ·	-			tions)								
а	Amount received in 2015			6a	1	65,690				Taxable amour	ıt <u>6</u>	b	** 155,690		
С	If election to defer to 2016 is attac	hed, cl	neck here ►				6d /	mou	nt defe	erred from 2014	6	d	15,460		
7	Custom hire (machine work) incom	ne .									. _7	7	** 175,075		
8	Other income, including federal an	d state	gasoline or	fuel t	tax cred	lit or refu	und (se	e ins	tructio	ons)	. [8	3	** 498,739		
9	Gross income. Add amounts in t	_	,							, .	he				
	accrual method, enter the amount										> 9		1,562,127		
art	Farm Expenses—Cash a	nd Ac	crual Meth	od.	Do not	include	e pers	sonal	or liv	ing expenses	(see in	str	uctions).		
10	Car and truck expenses (see					23	Pens	ion a	nd pro	fit-sharing plans	2	3	3,916		
	instructions). Also attach Form 4562	10	546,87			24	Rent	or lea	ase (se	ee instructions):					
11	Chemicals	11	497,96			а	Vehic	cles, r	machir	nery, equipment	24	4a			
12	Conservation expenses (see instructions)	12	32,155			b	Othe	r (land	d, anin	nals, etc.)	24	4b			
13	Custom hire (machine work) .	13	456,55	0		25	Repa	irs ar	nd mai	ntenance	_ 2	5	1,242,976		
14	Depreciation and section 179					26	Seed	s and	plant	s	_ 2	6	611,535		
	expense (see instructions) .	14	1,382,44	46		27	Stora	ige ar	nd war	rehousing	_ 2	7			
15	Employee benefit programs					28	Supp	lies			. 2	8	1,147,358		
	other than on line 23	15	25,130			29	Taxe	s.			. 2	9	1,034,366		
16	Feed	16	976,01	3		30	Utiliti	es.			. 3	0			
17	Fertilizers and lime	17	699,72	4		31	Veter	inary,	breed	ing, and medicin	e 3	1			
18	Freight and trucking	18				32	Othe	r exp	enses	(specify):					
19	Gasoline, fuel, and oil	19	1,131,4			а					32	2a			
20	Insurance (other than health)	20	938,97	9		b					32	2b			
21	Interest:			_		С					32	2c			
а	Mortgage (paid to banks, etc.)	21a	338,93			d					0.0	2d			
b	Other	21b	448,34			е					32	2e			
22	Labor hired (less employment credits)	22	312,67	4		f						2f			
33	Total expenses. Add lines 10 thro											3	1,797,470		
34	Net farm profit or (loss). Subtract	t line 3	3 from line 9	Ţο	tal of a	all unm	arke	d exp	oense	s 1,561,56	3 3	4	1,799,627		
	If a profit, stop here and see instru	ictions	for where to	repo	rt. If a lo	oss, con	nplete	lines	35 and	d 36. Nondedu	ictible I	Los	s (+) / Suspended (Carry	
35	Did you receive an applicable subs										24,3	332	. 🗌 Yes 🗌 N		
36	Check the box that describes your	r invest	ment in this a	activi	ity and s	see instr	uction	s for	where	to report your l	oss.				
а	All investment is at risk.	I	Some	inve	stment	is not at	risk.								

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

Information about Schedule F and its separate instructions is at www.irs.gov/schedulef.

OMB No. 1545-0074

2015

Attachment
Sequence No. 14

ine c	f proprietor Total schedules file	ed =	1,888,177						Social se	curity number (SSN)	
Prir	ncipal crop or activity		B Enter code fr	om Par	t IV		_	ting method:	D Employ	yer ID number (EIN), (s	ee instr)
			>				Cash	Accrual			
Did	you "materially participate" in the op- you make any payments in 2015 that 'es," did you or will you file required I	would	require you to file Fo	rm(s) 10	99 (se	e instr	uctions)?			. 🗌 Yes 🔲	No No No
ırt											
1a	Sales of livestock and other resale		•					1,430,441		,,	
b	Cost or other basis of livestock or							,759,804			
С	Subtract line 1b from line 1a								1c	16,670,637	
2	Sales of livestock, produce, grains								2	102,403,464	
За	Cooperative distributions (Form(s)			22,168		1	1	Taxable amoun	t 3b	** 16,349,584	
1 a	Agricultural program payments (see			* 5.576	1		4b	Taxable amoun		** 5,521,952	
Ба	Commodity Credit Corporation (Co				•		<u> </u>		5a	** 665,929	
b	CCC loans forfeited		1 1	** 48.8			5c	Taxable amoun	t 5c	** 47,109	
3	Crop insurance proceeds and fede			,.	•	ons)				,	
а	Amount received in 2015		6a	5,445	.655		6b	Taxable amoun	t 6b	** 4,818,674	
С	If election to defer to 2016 is attac	hed, ch	eck here ►]	60	d Am	ount defe	erred from 2014	6d	808,429	
7	Custom hire (machine work) incom	ne .							7	** 5,068,702	
3	Other income, including federal an	d state	gasoline or fuel tax	credit o	r refun	d (see	instructio	ons)	8	** 9,898,156	
)	Gross income. Add amounts in the	he right	column (lines 1c, 2	, 3b, 4b,	5a, 5	c, 6b,	3d, 7, and	d 8). If you use the	he		
	accrual method, enter the amount	from P	art III, line 50 (see in	struction	าร) .			<u>)</u>	▶ 9	156,237,231	
rt	Farm Expenses—Cash a	nd Ac	crual Method. Do	not inc	lude	perso	nal or liv	ing expenses	(see instr	uctions).	
)	Car and truck expenses (see			2	3 F	Pensio	n and pro	fit-sharing plans	23	17,204	
	instructions). Also attach Form 4562	10	2,003,838	2	4 F	Rent or	lease (se	ee instructions):			
	Chemicals	11	7,687,064		a \	ehicle/	s, machir	nery, equipment	24a		
2	Conservation expenses (see instructions)	12	151,079		b (Other (and, anin	nals, etc.)	24b		
3	Custom hire (machine work) .	13	5,079,983	2	5 F	Repairs	and mai	ntenance	25	10,417,789	
ŀ	Depreciation and section 179			2				s		10,311,212	
	expense (see instructions) .	14	29,990,338	2		Ŭ		rehousing			
5	Employee benefit programs			2	8 8	Supplie	s			5,256,248	
	other than on line 23	15	363,552	2						3,878,524	
3	Feed	16	17,921,839	3							
7	Fertilizers and lime	17	14,863,385					ing, and medicin	e 31		
3	Freight and trucking	18		3	2 (Other e	xpenses	(specify):			
)	Gasoline, fuel, and oil	19	6,155,583		а ₋						
)	Insurance (other than health)	20	5,965,911		b _				32b		
1	Interest:				C _						
а	Mortgage (paid to banks, etc.)	21a	3,970,995		d _						
b	Other	21b	3,698,548		е_						
<u>: </u>	Labor hired (less employment credits)	22	6,888,486		f				32f	450 4 4 4 4 4 4 4	
3	Total expenses. Add lines 10 thro	_	~						33	172,141,164	
1	Net farm profit or (loss). Subtract									-13,963,784	
	If a profit, stop here and see instru		•								
5	Did you receive an applicable subs								232,423	3	No
6	Check the box that describes your		•				for where	to report your l	oss.		
а		b	Some investm	nent is n	ot at ri	sk.					

Schedule F (Form 1040) 2015 Page 2

Part	Farm Income – Accrual Method (see instructions).		
37	Sales of livestock, produce, grains, and other products (see instructions)	37	1,043,251
38a	Cooperative distributions (Form(s) 1099-PATR) . 28a ** 475,404 38bTaxable amount	38b	** 467,267
39a	Agricultural program payments	39b	** 428,131
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election	40a	** 4,843
b	CCC loans forfeited	40c	** 3,868
41	Crop insurance proceeds	41	** 155,690
42	Custom hire (machine work) income	42	** 175,075
43	Other income (see instructions)	43	** 498,739
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44	10,262
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797		
46	Cost of livestock, produce, grains, and other products purchased during the year		
47	Add lines 45 and 46	-	
48	Inventory of livestock, produce, grains, and other products at end of year . 48		
49	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49	
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9 ▶	50	10,262

Part IV Principal Agricultural Activity Codes



Do not file Schedule F (Form 1040) to report the following.

• Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or

management for a fee or on a contract basis. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).

- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300 I	ruit	and	tree	nut	tarming
----------	------	-----	------	-----	---------

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

^{*}If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

Schedule F (Form 1040) 2015 Page 2

Part	Farm Income – Accrual Method (see instructions).		
37	Sales of livestock, produce, grains, and other products (see instructions)	37	102,403,464
38a	Cooperative distributions (Form(s) 1099-PATR) . 38a ** 22,168,523 38bTaxable amount	38b	** 16,349,584
39a	Agricultural program payments	39b	** 5,521,952
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election	40a	** 665,929
b	CCC loans forfeited	40c	** 47,109
41	Crop insurance proceeds	41	** 4,818,674
42	Custom hire (machine work) income	42	** 5,068,702
43	Other income (see instructions)	43	** 9,898,156
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44	6,015,407
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797		
46	Cost of livestock, produce, grains, and other products purchased during the year		
47	Add lines 45 and 46		
48	Inventory of livestock, produce, grains, and other products at end of year . 48		
49	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49	
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9	50	1,707,726

Part IV Principal Agricultural Activity Codes



Do not file Schedule F (Form 1040) to report the following.

• Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or

management for a fee or on a contract basis. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).

- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300 I	ruit and	tree nut	tarming
----------	----------	----------	---------

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

^{*}If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

8?

2015 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Schedule R (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Credit for the Elderly or the Disabled

► Complete and attach to Form 1040A or 1040. ▶ Information about Schedule R and its separate instructions is at www.irs.gov/scheduler.



Name(s) shown on Form 1040A or 1040 Total schedules filed = 58,626

You may be able to take this credit and reduce your tax if by the end of 2015:

- You were age 65 or older
- or
- You were under age 65, you retired on permanent and total disability, and you received taxable disability income.

But you must also meet other tests. See instructions.

Part I Check the B If your filing status is:	ox for Your Filing Status and Age And by the end of 2015: Che	eck only	one box
Single, Head of household, or	1 You were 65 or older	. 1	
Qualifying widow(er)	2 You were under 65 and you retired on permanent and total disability .	. 2	
	3 Both spouses were 65 or older	. 3	
	4 Both spouses were under 65, but only one spouse retired on permanen total disability	_	
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and disability	_	
	6 One spouse was 65 or older, and the other spouse was under 65 and re on permanent and total disability	_	
	7 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability		
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2015	5. 8	
separately	9 You were under 65, you retired on permanent and total disability, and lived apart from your spouse for all of 2015		

Part II Statement of Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9 above.)

Complete Parts II and III.

- You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, and
 - 2 Due to your continued disabled condition, you were unable to engage in any substantial gainful activity
 - If you checked this box, you do not have to get another statement for 2015.
 - If you did not check this box, have your physician complete the statement in the instructions. You must keep the statement for your records.

No -

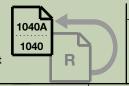
you received taxable disability income.

Schedule R (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Credit for the Elderly or the Disabled

▶ Complete and attach to Form 1040A or 1040.
 ▶ Information about Schedule R and its separate instructions is at www.irs.gov/scheduler.



• You were under age 65, you retired on permanent and total disability, and

OMB No. 1545-0074

2015

Attachment
Sequence No. 16

Name(s) shown on Form 1040A or 1040

• You were age 65 or older

Total schedules filed = 58,626

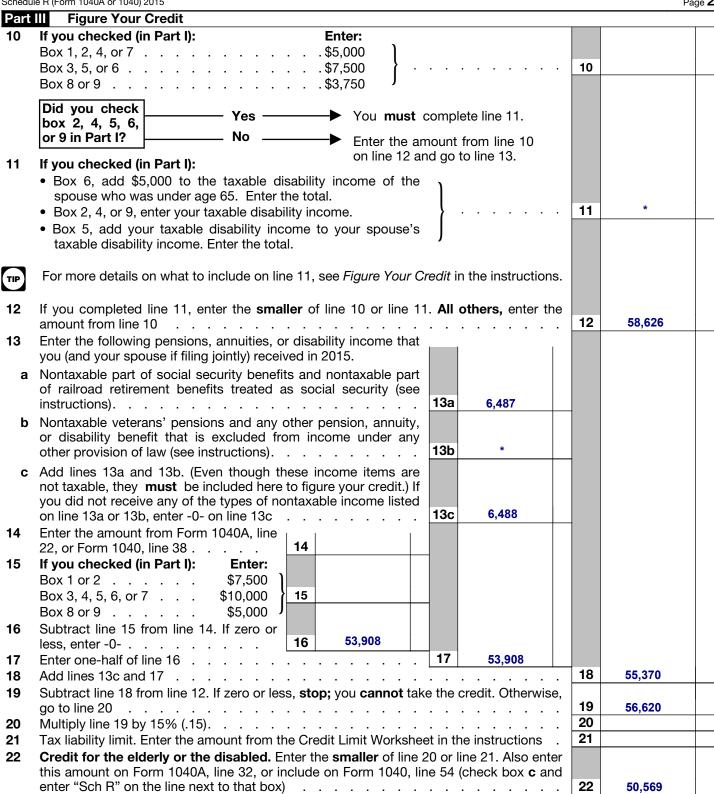
or

You may be able to take this credit and reduce your tax if by the end of 2015:

Your social security number

Part I Check the B If your filing status is:	ox for Your Filing Status and Age And by the end of 2015: Check	k only	one box:
Single, Head of household, or	1 You were 65 or older	. 1	
Qualifying widow(er)	2 You were under 65 and you retired on permanent and total disability .	. 2	
	3 Both spouses were 65 or older	. 3	
	4 Both spouses were under 65, but only one spouse retired on permanent total disability		
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and t disability	_	
	6 One spouse was 65 or older, and the other spouse was under 65 and ret on permanent and total disability		
	7 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability		
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2015	. 8	
separately	9 You were under 65, you retired on permanent and total disability, and lived apart from your spouse for all of 2015		
Did you check box 1, 3, 7, or 8?	— Yes — ➤ Skip Part II and complete Part III on the back. — No — ➤ Complete Parts II and III.		
	f Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9		
statement for tax 2 Due to your cont	ician's statement for this disability for 1983 or an earlier year, or you filed years after 1983 and your physician signed line B on the statement, and inued disabled condition, you were unable to engage in any substantial gainfus box	ul activit	y
	this box, you do not have to get another statement for 2015.		

Schedule R (Form 1040A or 1040) 2015 Page 2



Schedule R (Form 1040A or 1040) 2015

^{*} Data not shown because of the small number of sample returns on which it is based.

	le K (Form 1040A or 1040) 2015		Paç	ge ∠
Part				
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7	10		
	Did you check box 2, 4, 5, 6, or 9 in Part I? Yes → You must complete line 11. Enter the amount from line 10			
11	If you checked (in Part I): on line 12 and go to line 13.			
••	Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.	11	*	
	 Box 2, 4, or 9, enter your taxable disability income. Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. 			
TIP	For more details on what to include on line 11, see Figure Your Credit in the instructions.			
12	If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the amount from line 10	12	298,353	
13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing jointly) received in 2015.			
а	Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions)			
b	Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions)			
С	Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c			
14	Enter the amount from Form 1040A, line 22, or Form 1040, line 38			
15	If you checked (in Part I): Enter: Box 1 or 2			
16	Subtract line 15 from line 14. If zero or less, enter -0			
17 18	Enter one-half of line 16	18	221,768	
19	Subtract line 18 from line 12. If zero or less, stop ; you cannot take the credit. Otherwise, go to line 20	19	100,784	
20	Multiply line 19 by 15% (.15)	20		
21	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions .	21		
22	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. Also enter this amount on Form 1040A, line 32, or include on Form 1040, line 54 (check box c and enter "Sch B" on the line payt to that box)	22	6 207	

Schedule R (Form 1040A or 1040) 2015

^{*} Data not shown because of the small number of sample returns on which it is based.

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

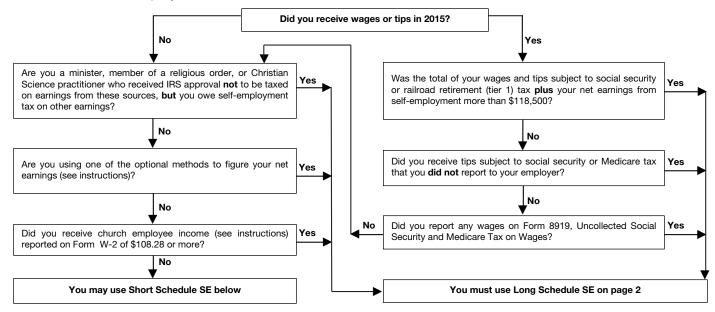
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR) **Total schedules filed = 20,868,009**

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

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	606,789	
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	₍ 16,425)
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	19,310,595	
3	Combine lines 1a, 1b, and 2	3		
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	19,676,614	
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
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	19,632,701	
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			

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)

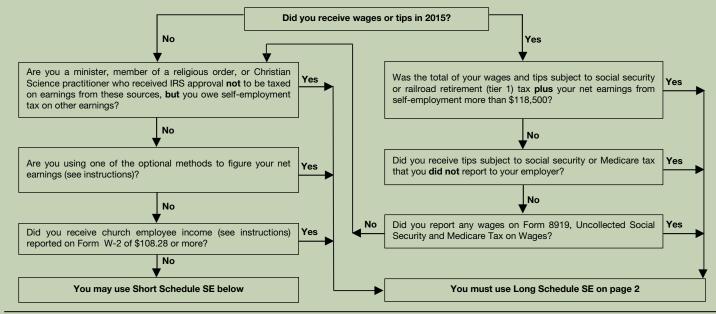
Total schedules filed = 20,868,009

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

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	14,005,703	
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	(143,068)
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	603,422,366	
3	Combine lines 1a, 1b, and 2	3		
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	569,958,235	
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
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	60,173,787	
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			

Schedu	le SE (Form 1040) 2015	Attachment Sequence No. 1	7		Page 2
Name o	f person with self-employment income (as shown on Form 1040 or Form 1040NR)	Social security number of	•		
Sooti	on B-Long Schedule SE	with self-employment inc	ome -		
Part					
Note.	If your only income subject to self-employment tax is church employee income on of church employee income.	me, see instructions. Also	see in	structions for the	
A	If you are a minister, member of a religious order, or Christian Science	practitioner and you fil	ed For	m 4361 but voi	ı
	had \$400 or more of other net earnings from self-employment, check he	ere and continue with Par			
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Sch box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional methods.	nod (see instructions)	1a	606,789	
b	If you received social security retirement or disability benefits, enter the amount Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (For		1b	16,425)
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule X-1, code A (other than farming); and Schedule X-1 (Form 1065 Ministers and members of religious orders, see instructions for types of this line. See instructions for other income to report. Note. Skip this line optional method (see instructions)	5-B), box 9, code J1. of income to report on if you use the nonfarm	2	19.310.595	
3	Combine lines 1a, 1b, and 2		3	1010101000	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, ent		4a	19,676,614	
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on	line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 1	5 and 17 here	4b		
С	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-em Exception . If less than \$400 and you had church employee income , ent		4c	19,619,121	
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income 5a	30,565			
b			5b		
6			6	19,632,701	
7	Maximum amount of combined wages and self-employment earnings su tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 20		7		
8a b	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11 Unreported tips subject to social security tax (from Form 4137, line 10) 8b	2,027,586 8,236			
c	Wages subject to social security tax (from Form 8919, line 10) 8c	1,535			
d	Add lines 8a, 8b, and 8c		8d	2,028,761	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 a		9	10.010.010	
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)		10	18,910,943	
11	Multiply line 6 by 2.9% (.029)		11	19,632,701 19,632,701	
12 13	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, Deduction for one-half of self-employment tax.	or Form 1040NK, line 55	12	13,032,701	
13	Multiply line 12 by 50% (.50). Enter the result here and on Form				
	1040, line 27, or Form 1040NR, line 27				
Part		s)			
	Optional Method. You may use this method only if (a) your gross farm	income¹ was not more			
	7,320, or (b) your net farm profits² were less than \$5,284.				
14	Maximum income for optional methods		14		
15	Enter the smaller of: two-thirds $(^2/_3)$ of gross farm income ¹ (not less than include this amount on line 4b above	<u> </u>	15	16.070	
	rm Optional Method. You may use this method only if (a) your net nonfarm profit				
	so less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earning ast \$400 in 2 of the prior 3 years. Caution. You may use this method no more tha				
01 at 16	Subtract line 15 from line 14	ภา ก ข อ นเกเ ฮอ.	16		
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less the	han zero) or the	10		
• • •	amount on line 16. Also include this amount on line 4b above		17	10,055	
	Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.	C, line 31; Sch. C-EZ, line 3; . K-1 (Form 1065-B), box 9, c			4, code
² From	Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A-minus the	. N-1 (FOIIII 1065-B), BOX 9, C	oue J1.		

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Schedul	e SE (Form 1040) 2015	Attachment Sequence No. 17	1		Page 2
Name o	person with self-employment income (as shown on Form 1040 or Form 1040NR)	Social security number of p with self-employment inco			
	on B-Long Schedule SE				
Part					
	f your only income subject to self-employment tax is church employee incor on of church employee income.	me, see instructions. Also s	see in	structions for the	
A	If you are a minister, member of a religious order, or Christian Science had \$400 or more of other net earnings from self-employment, check he	re and continue with Part			
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Sch box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional meth		1a	14,005,703	
b	If you received social security retirement or disability benefits, enter the amount Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (For		1b	143,068)
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule X 14, code A (other than farming); and Schedule K-1 (Form 1065 Ministers and members of religious orders, see instructions for types of this line. See instructions for other income to report. Note. Skip this line	5-B), box 9, code J1. If income to report on if you use the nonfarm			
	optional method (see instructions)	-	2	603,422,366	
3 4a	Combine lines 1a, 1b, and 2	-	3 4a	569,958,235	
4a	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on	-	4 a	309,930,233	_
b	If you elect one or both of the optional methods, enter the total of lines 19		4b		
С	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-em Exception . If less than \$400 and you had church employee income , ent		4c	571,415,331	
5a b	Enter your church employee income from W-2. See instructions for definition of church employee income 5a Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	957,601	5b		
6	Add lines 4c and 5b	[6	572,299,674	
7	Maximum amount of combined wages and self-employment earnings sultax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 20		7		
8a b c	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11 Unreported tips subject to social security tax (from Form 4137, line 10) Wages subject to social security tax (from Form 8919, line 10) Add lines 8a, 8b, and 8c	143,620,374 25.628 24,254	8d	143,670,256	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 a	and go to line 11 \cdot . $ ightharpoons$	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)		10	43,576,324	
11	Multiply line 6 by 2.9% (.029)		11	16,596,433 60,173,787	
12 13	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, Deduction for one-half of self-employment tax.	or Form 1040NK, line 55	12	00,173,707	
	Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27				
	Optional Methods To Figure Net Earnings (see instructions	,			
	Optional Method. You may use this method only if (a) your gross farm 7,320, or (b) your net farm profits² were less than \$5,284. Maximum income for optional methods	income¹ was not more	14		
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than		14		
	include this amount on line 4b above		15	72.534	
and als	m Optional Method. You may use this method only if (a) your net nonfarm profit o less than 72.189% of your gross nonfarm income, and (b) you had net earning ast \$400 in 2 of the prior 3 years. Caution. You may use this method no more that	gs from self-employment			
16	Subtract line 15 from line 14		16		
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less the amount on line 16. Also include this amount on line 4b above		17	35,062	20212

From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

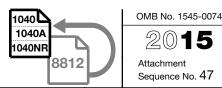
³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

 $^{^4}$ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

SCHEDULE 8812 (Form 1040A or 1040)

Child Tax Credit

► Attach to Form 1040, Form 1040A, or Form 1040NR.
► Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.



Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total schedules filed = 20,029,117

Your social security number

Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number) Part I Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit. Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions. ☐ Yes В For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions. ☐ No For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions. ☐ Yes ☐ No D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions. ☐ Yes □ No Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions **Additional Child Tax Credit Filers** Part II If you file Form 2555 or 2555-EZ stop here, you cannot claim the additional child tax credit. If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise: 20,017,331 Enter the amount from line 6 of your Child Tax Credit Worksheet (see the **1040 filers:** Instructions for Form 1040, line 52). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). Enter the amount from line 6 of your Child Tax Credit Worksheet (see the 1040NR filers: Instructions for Form 1040NR, line 49). 7,426,746 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 2 3 Subtract line 2 from line 1. If zero, **stop**; you cannot take this credit . . . 3 19,795,226 4a Earned income (see separate instructions) 19.862.808 Nontaxable combat pay (see separate instructions) Is the amount on line 4a more than \$3,000? **No.** Leave line 5 blank and enter -0- on line 6. Yes. Subtract \$3,000 from the amount on line 4a. Enter the result . 19,810,309 Multiply the amount on line 5 by 15% (.15) and enter the result . . 6 **Next.** Do you have three or more qualifying children?

No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of

☐ Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13.

line 3 or line 6 on line 13.

Otherwise, go to line 7.

SCHEDULE 8812 (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Child Tax Credit

► Attach to Form 1040, Form 1040A, or Form 1040NR.
► Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.



OMB No. 1545-0074

2015

Attachment
Sequence No. 47

Name(s) shown on return

Total schedules filed = 20,029,117

Your social security number

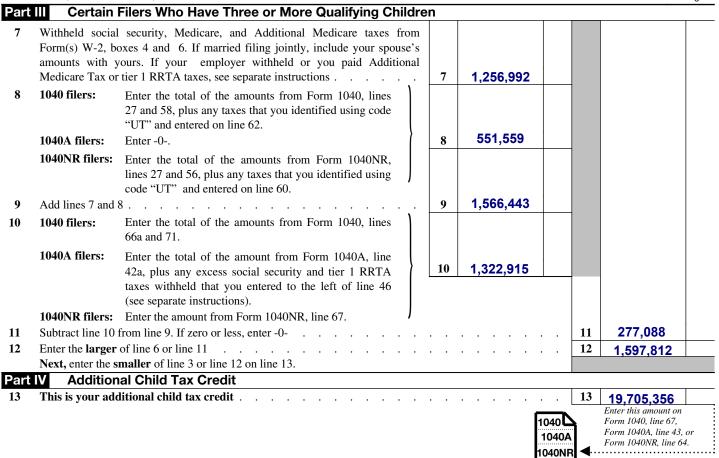
Pa	rt I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Ide	entification Number)
CAU	Complete this part only for each dependent who has an ITIN and for whom you are claiming the If your dependent is not a qualifying child for the credit, you cannot include that dependent in the	
(Indi	wer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040N ividual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checendent.	
A	For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this chi presence test? See separate instructions.	ld meet the substantial
	☐ Yes ☐ No	
В	For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this opersence test? See separate instructions.	child meet the substantial
	☐ Yes ☐ No	
C	For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this chipresence test? See separate instructions.	ild meet the substantial
	☐ Yes ☐ No	
D	For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this c presence test? See separate instructions.	hild meet the substantial
	☐ Yes ☐ No	
Note	e: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax or	redit, see separate instructions
	and check here	▶ □
Do	Manual Child Toy Credit Filers	
Fa 1	rt II Additional Child Tax Credit Filers If you file Form 2555 or 2555-EZ stop here, you cannot claim the additional child tax credit.	
1		
	If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:	
	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).	1 36,722,241
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).	
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the	
2	 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). 	2 6,007,847
2 3	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2 6,007,847 3 30,714,394
3 4a	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 Subtract line 2 from line 1. If zero, stop; you cannot take this credit	
3 4a	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 Subtract line 2 from line 1. If zero, stop; you cannot take this credit Earned income (see separate instructions)	
3 4a	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 Subtract line 2 from line 1. If zero, stop; you cannot take this credit	
3 4a 1	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 Subtract line 2 from line 1. If zero, stop; you cannot take this credit	
3 4a It	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 Subtract line 2 from line 1. If zero, stop; you cannot take this credit Earned income (see separate instructions) Nontaxable combat pay (see separate instructions) Nontaxable combat pay (see separate instructions) Is the amount on line 4a more than \$3,000? No. Leave line 5 blank and enter -0- on line 6. Yes. Subtract \$3,000 from the amount on line 4a. Enter the result 5 421,666,417	3 30,714,394
3 4a 1	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 Subtract line 2 from line 1. If zero, stop; you cannot take this credit Earned income (see separate instructions) Nontaxable combat pay (see separate instructions) Nontaxable combat pay (see separate instructions) Is the amount on line 4a more than \$3,000? No. Leave line 5 blank and enter -0- on line 6. Yes. Subtract \$3,000 from the amount on line 4a. Enter the result 5 421,666,417	

☐ Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13.

line 3 or line 6 on line 13.

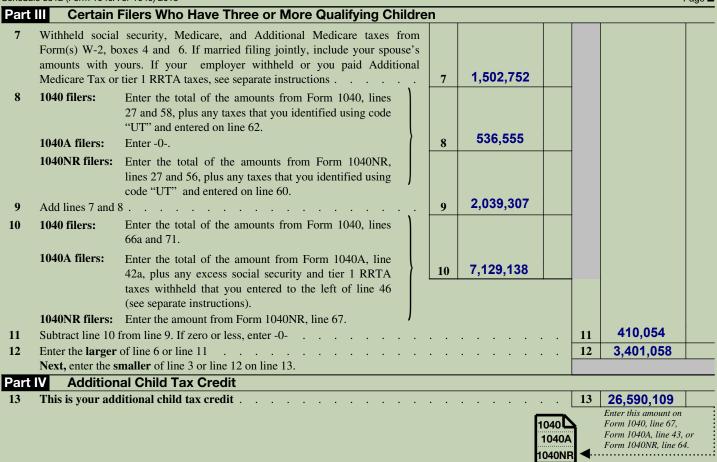
Otherwise, go to line 7.

Schedule 8812 (Form 1040A or 1040) 2015 Page **2**



Schedule 8812 (Form 1040A or 1040) 2015

Schedule 8812 (Form 1040A or 1040) 2015 Page **2**



Schedule 8812 (Form 1040A or 1040) 2015

Form **982**

(Rev. July 2013)
Department of the Treasury
Internal Revenue Service
Name shown on return

Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment)

► Attach this form to your income tax return.

► Information about Form 982 and its instructions is at www.irs.gov/form982.

OMB No. 1545-0046

Attachment Sequence No. **94**

	10tal Forms Filed = 279,085		
Part	General Information (see instructions)		
1	Amount excluded is due to (check applicable box(es)):		
а	Discharge of indebtedness in a title 11 case		🗆
b	Discharge of indebtedness to the extent insolvent (not in a title 11 case)		🗆
С	Discharge of qualified farm indebtedness		\square
d	Discharge of qualified real property business indebtedness		
е	Discharge of qualified principal residence indebtedness		
2	Total amount of discharged indebtedness excluded from gross income	2	279,085
3	Do you elect to treat all real property described in section 1221(a)(1), relating to property held for customers in the ordinary course of a trade or business, as if it were depreciable property?		
Part			
	basis under section 1017. See Regulations section 1.1017-1 for basis reduction orderin required partnership consent statements. (For additional information, see the instruction	g rules	s, and, if applicable,
	amount excluded from gross income:		
4	For a discharge of qualified real property business indebtedness applied to reduce the basis of		
_	depreciable real property	4	19,405
5	That you elect under section 108(b)(5) to apply first to reduce the basis (under section 1017) of depreciable property	5	1,345
6	Applied to reduce any net operating loss that occurred in the tax year of the discharge or carried		
	over to the tax year of the discharge	6	614
7	Applied to reduce any general business credit carryover to or from the tax year of the discharge .	7	*
8	Applied to reduce any minimum tax credit as of the beginning of the tax year immediately after the		
	tax year of the discharge	8	*
9	Applied to reduce any net capital loss for the tax year of the discharge, including any capital loss		
	carryovers to the tax year of the discharge	9	1,591
10a	Applied to reduce the basis of nondepreciable and depreciable property if not reduced on line 5. DO NOT use in the case of discharge of qualified farm indebtedness	10a	17,997
b	Applied to reduce the basis of your principal residence. Enter amount here ONLY if line 1e is		
	checked	10b	49,264
11	For a discharge of qualified farm indebtedness applied to reduce the basis of:		
а	Depreciable property used or held for use in a trade or business or for the production of income if		
	not reduced on line 5	11a	*
			*
b	Land used or held for use in a trade or business of farming	11b	
c	Other property used or held for use in a trade or business or for the production of income	11c	0
C	Other property used or held for use in a trade or business or for the production of income	110	
12	Applied to reduce any passive activity loss and credit carryovers from the tax year of the discharge	12	*
13	Applied to reduce any foreign tax credit carryover to or from the tax year of the discharge	13	*
Part		'	
rait	Consent of Corporation to Adjustment of Basis of its Property Orider Section 10	02(a)(
Under	section 1081(b), the corporation named above has excluded \$	fro	om its gross income
for the	tax year beginning and ending that section, the corporation consents to have the basis of its property adjusted in accordance with		
Under	that section, the corporation consents to have the basis of its property adjusted in accordance with	the re	egulations prescribed
	section 1082(a)(2) in effect at the time of filing its income tax return for that year. The corporation is o	rganize	ed under the laws
of			
	(State of incorporation)		
Note	You must attach a description of the transactions resulting in the nonrecognition of gain up	der se	ection 1081

Note. You must attach a description of the transactions resulting in the nonrecognition of gain under section 1081.

Form **982**

(Rev. July 2013)
Department of the Treasury
Internal Revenue Service
Name shown on return

Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment)

► Attach this form to your income tax return.

▶ Information about Form 982 and its instructions is at www.irs.gov/form982.

OMB No. 1545-0046

Attachment Sequence No. **94**

Identifying number

	10tai F011115 Filed - 279,065		
Part	General Information (see instructions)		
1	Amount excluded is due to (check applicable box(es)): Discharge of indebtedness in a title 11 case		
a	Discharge of indebtedness to the extent insolvent (not in a title 11 case)		
b			
С	Discharge of qualified farm indebtedness		
d	Discharge of qualified real property business indebtedness		
e	Discharge of qualified principal residence indebtedness		
2 3	Total amount of discharged indebtedness excluded from gross income		
3	Do you elect to treat all real property described in section 1221(a)(1), relating to property held for customers in the ordinary course of a trade or business, as if it were depreciable property?		
Part	Reduction of Tax Attributes. You must attach a description of any transactions rebasis under section 1017. See Regulations section 1.1017-1 for basis reduction ordering required partnership consent statements. (For additional information, see the instruction)	ng rule	s, and, if applicable,
Enter 4	amount excluded from gross income: For a discharge of qualified real property business indebtedness applied to reduce the basis of		
7	depreciable real property		1,861,850
_		•	1,001,000
5	That you elect under section 108(b)(5) to apply first to reduce the basis (under section 1017) of depreciable property		93,341
6	Applied to reduce any net operating loss that occurred in the tax year of the discharge or carried		00,041
	over to the tax year of the discharge		400,905
	,		400,903
7	Applied to reduce any general business credit carryover to or from the tax year of the discharge .	7	*
8	Applied to reduce any minimum tax credit as of the beginning of the tax year immediately after the		
	tax year of the discharge		*
9	Applied to reduce any net capital loss for the tax year of the discharge, including any capital loss		
	carryovers to the tax year of the discharge		98,941
10a	Applied to reduce the basis of nondepreciable and depreciable property if not reduced on line 5.		
	DO NOT use in the case of discharge of qualified farm indebtedness		892,100
b	Applied to reduce the basis of your principal residence. Enter amount here ONLY if line 1e is		
	checked	10b	3,559,094
11	For a discharge of qualified farm indebtedness applied to reduce the basis of:	102	.,,.
a	Depreciable property used or held for use in a trade or business or for the production of income if	:	
	not reduced on line 5	11a	*
		Ha	
b	Land used or held for use in a trade or business of farming	11b	*
	Land doct of field for doc in a flade of basiness of farming	115	
С	Other property used or held for use in a trade or business or for the production of income	11c	0
C	other property used or held for use in a trade or business or for the production or income	110	
12	Applied to reduce any passive activity loss and credit carryovers from the tax year of the discharge	12	*
	The price to reduce any passive assivity rese and create sarry ever ment the tax year of the also harge		
13	Applied to reduce any foreign tax credit carryover to or from the tax year of the discharge	13	*
Part	Consent of Corporation to Adjustment of Basis of Its Property Under Section 1	N82(a)((2)
I al t	The Consent of Corporation to Adjustment of Basis of its 1 roperty officer decition is	002(a)(
	r section 1081(b), the corporation named above has excluded \$	fro	om its gross income
tor the	e tax year beginning and ending r that section, the corporation consents to have the basis of its property adjusted in accordance wi		
_	section 1082(a)(2) in effect at the time of filing its income tax return for that year. The corporation is	organiz	ed under the laws
of	·		
	(State of incorporation)		
Note	. You must attach a description of the transactions resulting in the nonrecognition of gain u	ınder s	ection 1081.

Form **2106**

Department of the Treasury Internal Revenue Service (99)

Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

OMB No. 1545-0074

2015

Attachment
Sequence No. 129

Your		Occupation	in v	vhich you incurred exp	enses	Socia	al security number	
	Total Forms Filed = 9,220,449							
Pa	rt I Employee Business Expenses and Reimburseme	ents						
Ste	o 1 Enter Your Expenses			Column A Other Than Meals and Entertainmen			Column B Meals and Entertainment	
	Vehicle expense from line 22 or line 29. (Rural mail carriers: instructions.)	. 1		4,896,478				
2	Parking fees, tolls, and transportation, including train, bus, etc., did not involve overnight travel or commuting to and from work	that	!	2,174,390				
3	Travel expense while away from home overnight, including lodging airplane, car rental, etc. Do not include meals and entertainment		,	1,999,057				
4	Business expenses not included on lines 1 through 3. Do not included and entertainment	lude 4	,]	5,911,016				
5	Meals and entertainment expenses (see instructions)		;				3,091,172	
6	Total expenses. In Column A, add lines 1 through 4 and enter result. In Column B, enter the amount from line 5		j	8,192,118				
	Note. If you were not reimbursed for any expenses in Step 1, skip	o line 7 an	d e	enter the amount	from I	ine 6	on line 8.	
	Enter Reimbursements Received From Your Employer Enter reimbursements received from your employer that were reported to you in box 1 of Form W-2. Include any reimbursement reported under code "L" in box 12 of your Form W-2 (instructions)	not ents (see	тре	enses Listed in 360,789	Step	1	208,633	
Ste	o 3 Figure Expenses To Deduct on Schedule A (Form 104	40 or Fo	rm	1040NR)				
8	Subtract line 7 from line 6. If zero or less, enter -0 However, if li is greater than line 6 in Column A, report the excess as income Form 1040, line 7 (or on Form 1040NR, line 8)	e on		8,163,700			3,069,126	
	Note. If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.							
9	In Column A, enter the amount from line 8. In Column B, multiply 8 by 50% (.50). (Employees subject to Department of Transporta (DOT) hours of service limits: Multiply meal expenses incurred vaway from home on business by 80% (.80) instead of 50%. details, see instructions.)	ation vhile					3,069,126	
10	Add the amounts on line 9 of both columns and enter the tota Schedule A (Form 1040), line 21 (or on Schedule A (Form 1 reservists, qualified performing artists, fee-basis state or local government.	l here. Al	lso lin	e 7). (Armed For	ces			

with disabilities: See the instructions for special rules on where to enter the total.)

8,310,637

Form **2106**

Department of the Treasury Internal Revenue Service (99)

Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

OMB No. 1545-0074

2015

Attachment
Sequence No. 129

Yourr	Total Forms Filed = 9,220,449	Occupation	in wnich you incurred expenses	Social security number	
Pa	t I Employee Business Expenses and Reimburseme	ents			
Step	o 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment	t
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: instructions.)		36,397,551		
2	Parking fees, tolls, and transportation, including train, bus, etc., did not involve overnight travel or commuting to and from work				
	Travel expense while away from home overnight, including lodgin airplane, car rental, etc. $\bf Do\ not$ include meals and entertainment	. 3	6,420,076		
4	Business expenses not included on lines 1 through 3. Do not included and entertainment	· 4	21,124,916		
	Meals and entertainment expenses (see instructions)			11,218,799	
	result. In Column B, enter the amount from line 5		66,259,250		
	Note. If you were not reimbursed for any expenses in Step 1, skip	p line 7 an	d enter the amount from	line 6 on line 8.	
7	Enter reimbursements received from your employer that were reported to you in box 1 of Form W-2. Include any reimburseme reported under code "L" in box 12 of your Form W-2 instructions)	ents (see	2,012,793	795,703	
Step	3 Figure Expenses To Deduct on Schedule A (Form 10	40 or Fo	rm 1040NR)		
8	Subtract line 7 from line 6. If zero or less, enter -0 However, if lis greater than line 6 in Column A, report the excess as incom Form 1040, line 7 (or on Form 1040NR, line 8)	ne on	64,310,010	10,519,695	
	Note. If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9	In Column A, enter the amount from line 8. In Column B, multiply 8 by 50% (.50). (Employees subject to Department of Transports (DOT) hours of service limits: Multiply meal expenses incurred away from home on business by 80% (.80) instead of 50%. details, see instructions.)	ation while . For		6,166,263	
10	Add the amounts on line 9 of both columns and enter the total Schedule A (Form 1040), line 21 (or on Schedule A (Form reservists, qualified performing artists, fee-basis state or local go	al here. Al 1040NR),	line 7). (Armed Forces		

with disabilities: See the instructions for special rules on where to enter the total.)

10

70,476,273

Form 2106 (2015) Page **2**

	Part II Vehicle Expenses											
	Section A—General Information (You must complete this section if you (a) Vehicle 1 (b) Vehicle 2											
are cla	iiming vehicle expenses.)						(a) Vernole 1		(D) VCI	noic 2		
11	Enter the date the vehicle was place	ed in s	service			11	/ /		/	/		
12	Total miles the vehicle was driven d	uring:	2015			12	mi	les	•	n	niles	
13	Business miles included on line 12					13	mi	les		n	niles	
14	Percent of business use. Divide line 13 by line 12										%	
15	Average daily roundtrip commuting	distar	nce			15	mi	les		n	niles	
16	Commuting miles included on line 1	2.				16	mi	les		n	niles	
17	Other miles. Add lines 13 and 16 an	d sub	tract the total from	ı line	e 12	17	mi	les		n	niles	
18	Was your vehicle available for person	nal us	se during off-duty h	hour	s?				☐ Yes	□ No	<u> </u>	
19	Do you (or your spouse) have anoth	er veh	nicle available for p	erso	onal use?				☐ Yes	□ No	0	
20	Do you have evidence to support yo	our de	duction?						☐ Yes	□ No	0	
21	If "Yes," is the evidence written? .								☐ Yes	□ No	0	
Section	on B-Standard Mileage Rate (See	e the	instructions for Pa	art II	to find out w	vhethe	er to complete this	sec	ction or Sec	ction C	.)	
22	Multiply line 13 by 57.5¢ (.575). Enter	r the	result here and on	line	1			22	3,875,1	15		
Secti	on C-Actual Expenses				nicle 1) Ve	hicle 2			
23	Gasoline, oil, repairs, vehicle											
	insurance, etc	23										
24a	Vehicle rentals	24a										
b	Inclusion amount (see instructions) .	24b										
С	Subtract line 24b from line 24a .	24c										
25	Value of employer-provided vehicle											
	(applies only if 100% of annual											
	lease value was included on Form											
	W-2—see instructions)	25										
26	Add lines 23, 24c, and 25	26										
27	Multiply line 26 by the percentage											
	on line 14	27										
28	Depreciation (see instructions) .	28										
29	Add lines 27 and 28. Enter total											
	here and on line 1	29			475,682							
Section	on D-Depreciation of Vehicles (Us	e this				le and				vehicle	9.)	
			(a) Ve	ehic	le 1		(b) Ve	ehicle 2			
30	Enter cost or other basis (see											
	instructions)	30										
31	Enter section 179 deduction and											
	special allowance (see instructions)	31									$oxed{oxed}$	
32	Multiply line 30 by line 14 (see											
	instructions if you claimed the											
	section 179 deduction or special											
	allowance)	32		Ш								
33	Enter depreciation method and											
	percentage (see instructions) .	33										
34	Multiply line 32 by the percentage											
	on line 33 (see instructions)	34										
35	Add lines 31 and 34	35									$oxed{oxed}$	
36	Enter the applicable limit explained											
	in the line 36 instructions	36										
37	Multiply line 36 by the percentage									_		
	on line 14	37										
38	Enter the smaller of line 35 or line]										
	37. If you skipped lines 36 and 37,											
	enter the amount from line 35.											
	Also enter this amount on line 28 above											
	above	38							I			

Form 2106 (2015) Page **2**

I OIIII Z	100 (2010)								
Part II Vehicle Expenses									
	on A-General Information (You mu	st cor	mplete this section	if y	ou/ou		(a) Vehicle 1	(b) \/e	hicle 2
are cla	aiming vehicle expenses.)						(a) Vollidio 1	(5) 10	
11	Enter the date the vehicle was place	ed in s	service			11	/ /	/	/
12	Total miles the vehicle was driven d	uring	2015			12	miles		miles
13	Business miles included on line 12					13	miles		miles
14	Percent of business use. Divide line	13 by	/ line 12			14	%		 %
15	Average daily roundtrip commuting	distar	nce			15	miles		miles
16	Commuting miles included on line 1	2 .				16	miles		miles
17	Other miles. Add lines 13 and 16 an	d sub	tract the total from	lin	ie 12	17	miles		miles
18	Was your vehicle available for person	nal u	se durina off-dutv l	าดเ	ırs?			☐ Yes	□No
19	Do you (or your spouse) have anoth		-						☐ No
20	Do you have evidence to support yo		•						□No
21									□ No
	on B-Standard Mileage Rate (Se								
22	Multiply line 13 by 57.5¢ (.575). Enter								
	on C—Actual Expenses	1 1110			hicle 1	•		/ehicle 2	
23	Gasoline, oil, repairs, vehicle		(a)	VC			(6)	Verlicie 2	
20	insurance, etc	23							
240	Vehicle rentals	24a							
24a		24a 24b							
b	Inclusion amount (see instructions) . Subtract line 24b from line 24a .								
С		24c					_		
25	Value of employer-provided vehicle (applies only if 100% of annual								
	lease value was included on Form								
	W-2—see instructions)								
	,	25							
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage								
	on line 14	27							
28	Depreciation (see instructions) .	28							
29	Add lines 27 and 28. Enter total								
	here and on line 1	29			3,223,196				
Section	on D-Depreciation of Vehicles (Us	e this				le and			e vehicle.)
			(a) Ve	ehic	cle 1		(b) \	/ehicle 2	
30	Enter cost or other basis (see								
	instructions)	30							
31	Enter section 179 deduction and								
	special allowance (see instructions)	31							
32	Multiply line 30 by line 14 (see								
	instructions if you claimed the								
	section 179 deduction or special								
	allowance)	32							
33	Enter depreciation method and								
	percentage (see instructions) .	33							
34	Multiply line 32 by the percentage								
	on line 33 (see instructions)	34							
35	Add lines 31 and 34	35							
36	Enter the applicable limit explained								
	in the line 36 instructions	36							
37	Multiply line 36 by the percentage								
	on line 14	37							
20		J.							
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37,								
	enter the amount from line 35.								
	Also enter this amount on line 28								
	above	38							
		-							

Form 2106-EZ

Unreimbursed Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment Sequence No. 129A

Department of the Treasury Internal Revenue Service (99)

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

Social security number Occupation in which you incurred expenses Your name Total Forms Filed = 4,711,769

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2015.

Caution: You can use the standard mileage rate for 2015 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Par	Figure Your Expenses			
1	Complete Part II. Multiply line 8a by 57.5¢ (.575). Enter the result here	1	4,896,478	
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	2,174,390	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	1,999,057	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	5,911,016	
5	Meals and entertainment expenses: $$\frac{3,091,172}{50\%} \times 50\%$ (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	3,069,126	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	8,310,637	
Part				
7	When did you place your vehicle in service for business use? (month, day, year) ▶ /	/		
8	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you use	ed you	ır vehicle for:	
а	Business b Commuting (see instructions) c C	Other		
9	Was your vehicle available for personal use during off-duty hours?		. 🗌 Yes 🗆] No
10	Do you (or your spouse) have another vehicle available for personal use?		. 🗌 Yes 🗆] No
11a	Do you have evidence to support your deduction?		. 🗌 Yes 🗆] No
	If "Yes," is the evidence written?		· Yes	□ No
or Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 20604Q		Form 2106-E 2	4 (2015)

Form 2106-EZ

Unreimbursed Employee Business Expenses

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074
2015
Attachment
Sequence No. 129A

Department of the Treasury Internal Revenue Service (99)

Part I

Occupation in which you incurred expenses

Social security number

Your name Total Forms Filed = 4,711,769

You Can Use This Form Only if All of the Following Apply.

Figure Your Expenses

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2015.

Caution: You can use the standard mileage rate for 2015 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

1	Complete Part II. Multiply line 8a by 57.5¢ (.575). Enter the result here	1	36,397,551				
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	2,316,708				
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	6,420,076				
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	21,124,916				
5	Meals and entertainment expenses: $$11,218,799 \times 50\%$ (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	6,166,263				
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	70,476,273				
Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.							
7	When did you place your vehicle in service for business use? (month, day, year) ▶ /	/					
8	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you use	ed you	r vehicle for:				
а	Business b Commuting (see instructions) c O	ther _					
9	Was your vehicle available for personal use during off-duty hours?		. 🗌 Yes	□ No			
10	Do you (or your spouse) have another vehicle available for personal use?		. 🗌 Yes	□ No			
11a	Do you have evidence to support your deduction?		. 🗌 Yes	□ No			
	If "Yes," is the evidence written?		. Yes	_			
or Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 20604Q		Form 2106-E	2 (2015			

Name, address, and ZIP code of RIC or REIT OMB No. 1545-0145 Notice to Shareholder of Undistributed Long-Term Capital Gains For calendar year 2015, or other tax year of the regulated investment company (RIC) or the real estate investment trust (REIT) beginning		□ VOID		RECTED					
Total Forms Filed = 2,402 Form 2439 Identification number of RIC or REIT Ia Total undistributed long-term capital gains 2,337 Shareholder's identifying number of the regulated investment company (RIC) or the real estate investment trust (REIT) beginning , 2015, and ending , 20 Copy A Attach to Form 1120-RIC	Name, address, and ZIP code of RIC or REIT			OMB No. 1545-0145					
Form 2439 beginning	Total Forms Filed =	: 2 402		2015	of the regulated investment company (RIC) or the			pany (RIC) or the ust (REIT)	
Identification number of RIC or REIT 1a Total undistributed long-term capital gains 2,337 Shareholder's identifying number 1b Unrecaptured section 1250 gain Total undistributed long-term capital gains 2,337 Attach to Form 1120-RIC	Total Totallo Tillo	2, 102				beginning	·,	2015, and	
2,337 Copy A Shareholder's identifying number 1b Unrecaptured section 1250 gain Shareholder's identifying number 1round 1250 gain Form 1120-RIC				Form 2439		ending	······································	20	
Shareholder's identifying number 1b Unrecaptured section 1250 gain Form 1120-RIC	Identification number of RIC or REIT		18					Attach to	
or Form 1120-REIT	Shareholder's identifying number		1k	1b Unrecaptured section 1250 gain 282					
Shareholder's name, address, and ZIP code 1c Section 1202 gain 1d Collectibles (28%) gain	Shareholder's name, address, and ZIP	code	10	c Section 1202 gain		1d Collectibles (28%) gair	ı		
0 0 For Instructions				0		0		For Instructions	
2 Tax paid by the RIC or REIT on the box 1a gains and Paperwork Reduction Act Notice, see back of				2 Tax paid by the RIC or REIT on the box 1a gains				Reduction Act	
2.196 Copies A and D.				2.196					

Form **2439**

Cat. No. 11858E

www.irs.gov/form2439

Department of the Treasury - Internal Revenue Service

	RRECTED			
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Notice to Shareholder of Undistr Long-Term Capital Gains		
Total Forms Filed = 2.402	2015	For calendar year 2015, or coordinates of the regulated investment come real estate investment tro	pany (RIC) or the	
10tai i 0iiiis i iled – 2,402		beginning ,	2015, and	
	Form 2439	ending ,	20	
Identification number of RIC or REIT	1a Total undistributed long-ter 9,378	rm capital gains	Сору А	
Shareholder's identifying number	1b Unrecaptured section 1250 529) gain	Attach to Form 1120-RIC or Form 1120-REIT	
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectibles (28%) gain		
	0	0	For Instructions	
	2 Tax paid by the RIC or REI 3.349	T on the box 1a gains	and Paperwork Reduction Act Notice, see back of Copies A and D.	

Form **2439**

Cat. No. 11858E

www.irs.gov/form2439

Department of the Treasury - Internal Revenue Service

Form **2441**

Child and Dependent Care Expenses

► Attach to Form 1040, Form 1040A, or Form 1040NR.

1040 OMB No. 1545-0074

1040NR
2441

Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99) ► Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Name(s) shown on return

Total Forms Filed = 7,106,690

Your social security number

			Total Forms	31 lica – 7,10	0,090				
Par				rovided the Care—` oviders, see the instr			nis part.		
1	(a) Care provider's			(b) Address			fying number	(d) Amount p	
	name		(number, street,	apt. no., city, state, and ZIP o	code)	(SSN	l or EIN)	(see instruction	ns)
								7,022,884	
		Dio	d you receive	No		Complete on	ly Part II be	elow.	
			ent care benefits?	Yes		Complete Pa	rt III on the	back next.	
				i may owe employmer	nt taxes	. If you do, you d	annot file l	Form 1040A. For o	letails,
				n 1040NR, line 59a.					
Part			nd Dependent Ca	.					
2	Information abo			. If you have more thar				nstructions. (c) Qualified expense	e vou
	- .	(a) Qua	lifying person's name	Last	(b)	Qualifying person's s security number	ocial ir	curred and paid in 201	5 for the
	First			Lasi				person listed in colum	in (a)
								6,676,914	
								2,446,318	
3			` '	not enter more than \$3	-	, , ,			
	person or \$6,00 from line 31 .		•	If you completed Par	rt III, er	iter the amount			
							3	6,533,359	
4 5				earned income (if you		r spouse was a	4	7,067,477	
•	_			s); all others , enter the	-	•	5	4,396,579	
6	Enter the small			,, , , , , , , , , , , , , , , , , , ,			6	6,499,755	
7			Form 1040, line	38; Form				-,,	_
	1040A, line 22;	or Form 1	040NR, line 37	7					
8	Enter on line 8 t	he decima	al amount shown be	elow that applies to the	e amoui	nt on line 7			
	If line 7 is:			If line 7 is:					
	_	ut not	Decimal	_	t not	Decimal			
	Over o	ver	amount is .35	Over over \$29,000—31,		amount is .27			
	40—15 15,000—1		.34	31,000-31,		.26			
	17,000—1	-	.33	33,000—35,		.25	8	7,106,690 X	_
	19,000-2		.32	35,000-37,		.24		,,	
	21,000-2		.31	37,000—39,	000	.23			
	23,000-2	5,000	.30	39,000-41,	000	.22			
	25,000-2		.29	41,000—43,		.21			
_	27,000—29		.28	43,000—No		.20			
9	the instructions	-		ne 8. If you paid 2014	expens	es in 2015, see		6,497,771	
10			the amount from				9	0,701,111	
	•		structions			1			
11				enses. Enter the small	ller of I	ine 9 or line 10			
				, line 31; or Form 1040			11	6,344,325	

Form **2441**

Child and Dependent Care Expenses

► Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074 1040 1040A 1040NR 2441

Attachment Sequence No. **21**

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Your social security number Name(s) shown on return Total Forms Filed = 7,106,690

art I Persons	or Organ	izations Who Prov	vided the Care—Y	ou mus t	complete thi	s nart		
			ders, see the instru		complete till	o part.		
(a) Care provider's name		(b) Address (c) Ident				ing numbe or EIN)	er (d) Amount i	
							37,274,242	
		you receive	No		Complete only			
ution If the care w	_	nt care benefits?	——— Yes —— nay owe employment		Complete Part			dotoilo
		0, line 60a, or Form 1		taxes. If y	70u uo, you ca	u ii iot iiie	FOIII 1040A. FOI	uetaiis
		d Dependent Care	<u> </u>					
			you have more than	two qualif	ying persons,	see the	instructions.	
First	(a) Quali	fying person's name	Last		ifying person's so ecurity number	cial	(c) Qualified expense incurred and paid in 201 person listed in colum	15 for th
							24,214,264	
							8,919,009	
			t enter more than \$3 you completed Part			3	18,541,777	
•		e. See instructions				4	504,095,801	
			rned income (if you all others, enter the			5	254,429,393	
Enter the sma						6	18,242,504	
		Form 1040, line 3 040NR, line 37						
Enter on line 8	the decima	l amount shown belo	w that applies to the	amount o	n line 7			
If line 7 is			If line 7 is:					
_	But not over	Decimal amount is	But Over ove		ecimal mount is			
	15,000	.35	\$29,000-31,0		.27			
15,000—		.34	31,000-33,0		.26			
17,000—		.33	33,000—35,0		.25	8	155,366 X	
19,000—	21,000	.32	35,000-37,0	00	.24			
21,000—	23,000	.31	37,000-39,0	00	.23			
23,000—	25,000	.30	39,000-41,0	00	.22			
25,000—	27,000	.29	41,000-43,0	00	.21			
27,000—	,	.28	43,000—No li		.20			
Multiply line 6 the instruction	-		8. If you paid 2014 e	xpenses i	n 2015, see	9	3,955,836	
Tax liability li Limit Workshe		the amount from th	1 1					
			ses. Enter the small					
here and on E	orm 1040 lie	10. Form 10/04 I	ine 31: or Form 10/0	VIR line 47	7	44	0.505.070	

Form 2441 (2015) Page **2**

Par	t 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	1,341,767	
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the grace period. See instructions	13	6,882	
14	Enter the amount, if any, you forfeited or carried forward to 2016. See instructions	14	(80,912)
15	Combine lines 12 through 14. See instructions	15		
17	Enter the smaller of line 15 or 16			
	Enter your earned income. See instructions Enter the amount shown below that applies to you. 18 7,067,477			
	• 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. 19 4,396,579 4,396,579			
	All others, enter the amount from line 18.			
	Enter the smallest of line 17, 18, or 19 20			
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)			
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)			
	No. Enter -0	00	0.45	
22	☐ Yes. Enter the amount here	22	845	
	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	*	
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	1,155,605	
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	280,013	
	To claim the child and dependent care credit, complete lines 27 through 31 below.			
	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27		
	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	1,156,437	
	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		
	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	6,533,359	
			_ ^44	4

Form 2441 (2015) Page **2**

Par	t III Dependent Care Benefits			
12	Enter the total amount of dependent care benefits you received in 2015. Amounts y received as an employee should be shown in box 10 of your Form(s) W-2. Do not inclu amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	de a om	4,619,225	
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the graperiod. See instructions	ce	4,289	
14	Enter the amount, if any, you forfeited or carried forward to 2016. See instructions)
15	Combine lines 12 through 14. See instructions	. 15	01,002	,
10	Enter the total amount of qualified expenses incurred in 2015 for the care of the qualifying person(s) 16 10,873,999			
17	Enter the smaller of line 15 or 16			
	Enter your earned income. See instructions 18 504,095,801			
19	Enter the amount shown below that applies to you.			
	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.			
	Enter the smallest of line 17, 18, or 19 20			
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned			
	income on line 19)			
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)	5		
	No. Enter -0			
	Yes. Enter the amount here	. 22	2,471	
	Subtract line 22 from line 15			
	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount the appropriate line(s) of your return. See instructions	. 24	*	
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, en the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or li			
	21. If zero or less, enter -0 Form 1040A filers: Enter the smaller of line 20 or line 21.		4,030,070	
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCI Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040 line 7. In the space to the left of line 7, enter "DCB"	On 3." 0A,	523,311	
		· 26	020,011	
	To claim the child and dependent care credit, complete lines 27 through 31 below.			
	Enter \$3,000 (\$6,000 if two or more qualifying persons)			
	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	. 28	4,032,492	
29	Subtract line 28 from line 27. If zero or less, stop. You cannot take the cred Exception. If you paid 2014 expenses in 2015, see the instructions for line 9			
	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 fo and complete lines 4 through 11		18,541,777	

Department of the Treasury Internal Revenue Service (99) **Investment Credit**

► Attach to your tax return.

▶ Information about Form 3468 and its separate instructions is at www.irs.gov/form3468.

OMB No. 1545-0155

Attachment Sequence No. **174**

Name(s) shown on return Total Forms Filed = 21,822 Identifying number

Part	Information Regarding the Election To Treat the Lessee as the Purchaser of Inves	tment	Credit Property
If you	are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4,	1990)	election, provide the
followi	ng information. If you acquired more than one property as a lessee, attach a statement showing the i	nforma	tion below.
1	Name of lessor		
2	Address of lessor		
3	Description of property		
4	Amount for which you were treated as having acquired the property	▶ \$	
Part		and Q	ualifying
	Advanced Energy Project Credit		
5	Qualifying advanced coal project credit (see instructions):		
а	Qualified investment in integrated gasification combined cycle property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(i)		
b	Qualified investment in advanced coal-based generation technology		
	property placed in service during the tax year for projects described in		
	section 48A(d)(3)(B)(ii) \$ × 15% (.15) 5b		
С	Qualified investment in advanced coal-based generation technology		
	property placed in service during the tax year for projects described in		
	section 48A(d)(3)(B)(iii) \$ × 30% (.30) 5c		
d	Total. Add lines 5a, 5b, and 5c	5d	1,652
6	Qualifying gasification project credit (see instructions):		
а	Qualified investment in qualified gasification property placed in service		
	during the tax year for which credits were allocated or reallocated after		
	October 3, 2008, and that includes equipment that separates and		
	sequesters at least 75% of the project's carbon dioxide		
	emissions		
b	Qualified investment in property other than in a above placed in service		
	during the tax year \$ × 20% (.20) 6b		
С	Total. Add lines 6a and 6b	6c	1,104
7	Qualifying advanced energy project credit (see instructions):		
	Qualified investment in advanced energy project property placed in		
	service during the tax year	7	1,302
_			
8	Reserved	8	
9	Enter the applicable unused investment credit from cooperatives (see instructions)	9	*
_10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, line 1a	10	1,975
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 12276E		Form 3468 (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **3468**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Investment Credit

► Attach to your tax return.

▶ Information about Form 3468 and its separate instructions is at www.irs.gov/form3468.

OMB No. 1545-0155

2015

Attachment
Sequence No. 174

ne(s) snown on return		
	Total Forms Filed =	21,822

Identifying number

Part	Information Regarding the Election To Treat the Lessee as the Purchaser of Invest	tment	Credit Proper	ty
	are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4,			the
follow	ing information. If you acquired more than one property as a lessee, attach a statement showing the in	nforma	tion below.	
1	Name of lessor			
2	Address of lessor			
3	Description of property			
4	Amount for which you were treated as having acquired the property	▶ \$		
Part	II Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit,	and Q	ualifying	
	Advanced Energy Project Credit			
5	Qualifying advanced coal project credit (see instructions):			
а	Qualified investment in integrated gasification combined cycle property			
	placed in service during the tax year for projects described in section			
	48A(d)(3)(B)(i) \$ × 20% (.20) 5a			
b	Qualified investment in advanced coal-based generation technology			
	property placed in service during the tax year for projects described in			
	section 48A(d)(3)(B)(ii) \$ × 15% (.15) 5b			
С	Qualified investment in advanced coal-based generation technology			
	property placed in service during the tax year for projects described in			
	section 48A(d)(3)(B)(iii) \$ × 30% (.30) 5c			
d	Total. Add lines 5a, 5b, and 5c	5d	441	
6	Qualifying gasification project credit (see instructions):			
а	Qualified investment in qualified gasification property placed in service			
	during the tax year for which credits were allocated or reallocated after			
	October 3, 2008, and that includes equipment that separates and			
	sequesters at least 75% of the project's carbon dioxide			
	emissions			
b	Qualified investment in property other than in a above placed in service			
	during the tax year \$ × 20% (.20)			
С	Total. Add lines 6a and 6b	6c	572	
7	Qualifying advanced energy project credit (see instructions):			
	Qualified investment in advanced energy project property placed in			
	service during the tax year	7	4,546	
8	Reserved	8	*	
9	Enter the applicable unused investment credit from cooperatives (see instructions)	9		
10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, line 1a	10	5,771	
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 12276E		Form 3468 ((2015)

* Data not shown because of the small number of sample returns on which it is based.

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Part	III Rehabilitation Credit and Energy Credit			
11	Rehabilitation credit (see instructions for requirements that must be met):			
а	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note. This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent			
b	Enter the dates on which the 24- or 60-month measuring period beginsand ends			
С	Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later)			
d	Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 11b above \$			
е	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown: Pre-1936 buildings located in the Gulf Opportunity Zone (only enter amounts paid or incurred before 2012) \$ × 13% (.13)	11e	0	
f	Pre-1936 buildings affected by a Midwestern disaster (only enter amounts paid or incurred before 2012) \$ × 13% (.13)	11f	0	
g	Other pre-1936 buildings	11g	411	
h	Certified historic structures located in the Gulf Opportunity Zone (only enter amounts paid or incurred before 2012) \$ × 26% (.26)	11h	*	
i	Certified historic structures affected by a Midwestern disaster	11i	*	
	(only enter amounts paid or incurred before 2012) \$ $\times 26\%$ (.26) Other certified historic structures \$ $\times 20\%$ (.20)	11j	3,443	
,	For properties identified on lines 11h, 11i, or 11j, complete lines 11k and 11l.	,	3,443	
k	Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions)			
I	Enter the date that the NPS approved the Request for Certification of Completed Work (see instructions)			
m 12	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) Energy credit:	11m	*	
а	Basis of property using geothermal energy or solar energy (acquired before January 1, 2006, and the basis attributable to construction, reconstruction, or erection by the taxpayer before January 1, 2006) placed in service during the tax year (see instructions) \$ × 10% (.10)	12a	788	
b	Basis of property using solar illumination or solar energy placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 (see instructions) \$ \$\times 30\% (.30)\$	12b	12,768	
	Qualified fuel cell property (see instructions):	120	12,700	
С	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005, and before October 4, 2008 \$ ×30% (.30)	12c		
d	Applicable kilowatt capacity of property on line 12c (see instructions) ► ×\$1,000	12d		
е	Enter the lesser of line 12c or line 12d	12e	*	
f	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 $\dots \dots	12f		
g	Applicable kilowatt capacity of property on line 12f (see instructions) ► × \$3,000	12g		
h	Enter the lesser of line 12f or line 12g	12h	20	
i	Basis of property placed in service during the tax year that was acquired after December 31, 2005,			
•	and the basis attributable to construction, reconstruction, or erection by the taxpayer after			
	December 31, 2005	12i		
j	Kilowatt capacity of property on line 12i	12j		
k	Enter the lesser of line 12i or line 12j	12k	46	
	·			

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art	III Rehabilitation Credit and Energy Credit			
11	Rehabilitation credit (see instructions for requirements that must be met):			
а	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note. This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent			
b	Enter the dates on which the 24- or 60-month measuring period begins and ends			
С	Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later)			
d	Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 11b above \$			
е	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown: Pre-1936 buildings located in the Gulf Opportunity Zone (only enter amounts paid or incurred before 2012) \$ x 13% (.13)	11e	0	
f	Pre-1936 buildings affected by a Midwestern disaster (only			
	enter amounts paid or incurred before 2012) \$ × 13% (.13)	11f	0	
g	Other pre-1936 buildings	11g	9,576	
h	Certified historic structures located in the Gulf Opportunity Zone (only enter amounts paid or incurred before 2012)	11h	*	
i	Certified historic structures affected by a Midwestern disaster (only enter amounts paid or incurred before 2012) \$ × 26% (.26)	11i	*	
j	Other certified historic structures	11j	261,349	
k	For properties identified on lines 11h, 11i, or 11j, complete lines 11k and 11l. Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions)			
ı	Enter the date that the NPS approved the Request for Certification of Completed Work (see instructions)			
m 12	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) Energy credit:	11m	*	
а	Basis of property using geothermal energy or solar energy (acquired before January 1, 2006, and the basis attributable to construction, reconstruction, or erection by the taxpayer before January 1, 2006) placed in service during the tax year (see instructions) $$$ $\times 10\%$ (.10)	12a	914	
b	Basis of property using solar illumination or solar energy placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 (see instructions) \$ \$\times 30\% (.30)\$	12b	438,179	
С	Qualified fuel cell property (see instructions): Basis of property placed in service during the tax year that was acquired after December 31, 2005, and	120	400,170	
	before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005, and before October 4, 2008 \$ × 30% (.30)	12c		
d	Applicable kilowatt capacity of property on line 12c (see instructions) ► × \$1,000	12d		
е	Enter the lesser of line 12c or line 12d	12e	*	
f	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 $\dots \dots	12f		
g	October 3, 2008	12g		
h	Enter the lesser of line 12f or line 12g	12h	2,809	
i	Qualified microturbine property (see instructions): Basis of property placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after			
	December 31, 2005	12i		
j	Kilowatt capacity of property on line 12i	12j	042	
k	Enter the lesser of line 12i or line 12i	12k	216	

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Part	Rehabilitation Credit and Energy Credit (continued)			
	Combined heat and power system property (see instructions):			
	Caution. You cannot claim this credit if the electrical capacity of the property is more than 50 megawatts or 67,000 horsepower.			
I	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008	121		
m	If the electrical capacity of the property is measured in: • Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less.			
	• Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or			
	less	12m		
n	Multiply line 12l by line 12m	12n	69	
	Qualified small wind energy property (see instructions):			
0	Basis of property placed in service during the tax year that was acquired after October 3, 2008,			
Ū	and before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection by the taxpayer after October 3, 2008, and before January 1, 2009			
	· · · · · · · · · · · · · · · · · · ·	120		
р	Enter the smaller of line 12o or \$4,000	12p	0	
q	Basis of property placed in service during the tax year that was acquired after December 31, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2008 $\dots \dots	12q	*	
	Geothermal heat pump systems (see instructions):			
r	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer			
	after October 3, 2008	12r	52	
	· · · · · · · · · · · · · · · · · · ·			
	Qualified investment credit facility property (see instructions):			
s	Basis of property placed in service during the tax year $\$$ × 30% (.30)	12s	2,436	
13	Enter the applicable unused investment credit from cooperatives (see instructions)	13	*	
14	Add lines 11e through 11j, 11m, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, and 13. Report		10.000	
	this amount on Form 3800, line 4a	14	19,900	(00:=:
			Form 3468	(2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **3468** (2015)

2015 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 3468 (2015) Page **3**

Part	Rehabilitation Credit and Energy Credit (continued)			
	Combined heat and power system property (see instructions):			
	Caution. You cannot claim this credit if the electrical capacity of the property is more than 50 megawatts or 67,000 horsepower.			
ı	Basis of property placed in service during the tax year that was acquired after October 3, 2008,			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after			
	October 3, 2008	121		
m	If the electrical capacity of the property is measured in:			
	• Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less.			
	• Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or			
	less	12m		
n	Multiply line 12l by line 12m	12n	4,626	
	Qualified small wind energy property (see instructions):			
0	Basis of property placed in service during the tax year that was acquired after October 3, 2008,			
	and before January 1, 2009, and the basis attributable to the construction, reconstruction, or			
	erection by the taxpayer after October 3, 2008, and before January 1, 2009	.		
	× 30% (.30)	12 o		
_	Enter the ameliar of line 12e or \$4,000	12p	0	
р	Enter the smaller of line 12o or \$4,000	120		
q	Basis of property placed in service during the tax year that was acquired after December 31, 2008,			
٩	and the basis attributable to construction, reconstruction, or erection by the taxpayer after			
	December 31, 2008	12q	*	
	Geothermal heat pump systems (see instructions):			
r	Basis of property placed in service during the tax year that was acquired after October 3, 2008,			
	and the basis attributable to construction, reconstruction, or erection by the taxpayer			
	after October 3, 2008	12r	608	
	Qualified investment credit facility property (see instructions):			
S	Basis of property placed in service during the tax year \$ × 30% (.30)	12s	71,337	
13	Enter the applicable unused investment credit from cooperatives (see instructions)	13	*	
11	Add lines 110 through 11i 11m 10c 10h 10c 10h 10k 10c 10c 10c 10c 10c 10c 10c 10c			
14	Add lines 11e through 11j, 11m, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, and 13. Report this amount on Form 3800, line 4a	44	791,763	
	this amount on Form 3800, line 4a	14	191,100	

* Data not shown because of the small number of sample returns on which it is based.

Form **3800**

Department of the Treasury Internal Revenue Service (99)

General Business Credit

▶ Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895
2015
Attachment

Form **3800** (2015)

Name(s) shown on return Identifying number 559,936 Total Forms Filed = Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II) General business credit from line 2 of all Parts III with box A checked . . . 120,485 1 2 Passive activity credits from line 2 of all Parts III with box B checked 3 Enter the applicable passive activity credits allowed for 2015 (see instructions) 3 56,197 Carryforward of general business credit to 2015. Enter the amount from line 2 of Part III with 151,568 Carryback of general business credit from 2016. Enter the amount from line 2 of Part III with 5 5 280,239 Add lines 1, 3, 4, and 5 6 Part II **Allowable Credit** Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 7 • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G. lines 1a and 1b; or the amount from the applicable line of your return Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 . . • Corporations. Enter the amount from Form 4626, line 14 8 181,489 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . . . Add lines 7 and 8 . . 9 10a **10a** Foreign tax credit b Certain allowable credits (see instructions) 10b Add lines 10a and 10b 10c 285,349 11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 494,973 12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-490,541 13 Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see 13 315,667 14 Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12. 14 425.052 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 Enter the greater of line 13 or line 14 15 15 425,327 16 Subtract line 15 from line 11. If zero or less, enter -0-16 311,849 140,947 17 17

C corporations: See the line 17 instructions if there has been an ownership change, acquisition,

or reorganization.

Department of the Treasury Internal Revenue Service (99)

General Business Credit

▶ Information about Form 3800 and its separate instructions is at www.irs.gov/form3800. ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895 Attachment Sequence No. 22

Form **3800** (2015)

Identifying number Name(s) shown on return

559,936

Total Forms Filed =

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II) General business credit from line 2 of all Parts III with box A checked . . . 1,302,702 2 2 Passive activity credits from line 2 of all Parts III with box B checked 3 Enter the applicable passive activity credits allowed for 2015 (see instructions) 3 176,896 Carryforward of general business credit to 2015. Enter the amount from line 2 of Part III with 3,700,597 Carryback of general business credit from 2016. Enter the amount from line 2 of Part III with 5 5 Add lines 1, 3, 4, and 5 6 5,180,196 Part II **Allowable Credit** Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 7 • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G. lines 1a and 1b; or the amount from the applicable line of your return Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 . . • Corporations. Enter the amount from Form 4626, line 14 8 5,704,254 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . . . Add lines 7 and 8 . . 9 10a Certain allowable credits (see instructions) 10b b **c** Add lines 10a and 10b 10c 5,008,544 11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 149,121,877 12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-143,420,060 13 Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see 13 33,460,304 14 Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 . . . 14 129.665.175 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 15 129,694,341 16 Subtract line 15 from line 11. If zero or less, enter -0- . . . 16 19,495,646 1,281,722 17 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

Form 3800 (2015) Page **2**

	Part II Allowable Credit (Continued)				
Note.	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and 6	enter	-0- on line 26.		
18	Multiply line 14 by 75% (.75) (see instructions)	18	30,773		
19	Enter the greater of line 13 or line 18	19	30,821		
20	Subtract line 19 from line 11. If zero or less, enter -0	20	34,051		
21	Subtract line 17 from line 20. If zero or less, enter -0	21	34,004		
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	17.044		
23	Passive activity credit from line 3 of all Parts III with box B checked 23 5.028				
24	Enter the applicable passive activity credit allowed for 2015 (see instructions)	24	2,970		
25	Add lines 22 and 24	25	19,718		
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	16,714		
27	Subtract line 13 from line 11. If zero or less, enter -0	27	494,973		
28	Add lines 17 and 26	28	150,842		
29	Subtract line 28 from line 27. If zero or less, enter -0	29	489,436		
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	158,283		
31	Reserved	31	0		
32	Passive activity credits from line 5 of all Parts III with box B checked 29,824				
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)	33	60.289		
34	Carryforward of business credit to 2015. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	47,574		
35	Carryback of business credit from 2016. Enter the amount from line 5 of Part III with box D checked (see instructions)	35			
36	Add lines 30, 33, 34, and 35	36	243.459		
37	Enter the smaller of line 29 or line 36	37	210,520		
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: Individuals. Form 1040, line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	334,152		

Form 3800 (2015) Page **2**

Part	Allowable Credit (Continued)			
	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and 6	enter	-0- on line 26.	
18	Multiply line 14 by 75% (.75) (see instructions)	18	11,418,601	
19	Enter the greater of line 13 or line 18	19	11,432,226	
20	Subtract line 19 from line 11. If zero or less, enter -0	20	6,304,872	
21	Subtract line 17 from line 20. If zero or less, enter -0	21	6,118,950	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	99.460	
23	Passive activity credit from line 3 of all Parts III with box B checked 23 4.845			
24	Enter the applicable passive activity credit allowed for 2015 (see instructions)	24	4,412	
25	Add lines 22 and 24	25	103,872	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	52,446	
27	Subtract line 13 from line 11. If zero or less, enter -0	27	115,661,573	
28	Add lines 17 and 26	28	1,334,168	
29	Subtract line 28 from line 27. If zero or less, enter -0	29	114,327,405	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	2,238,878	
31	Reserved	31	0	
32	Passive activity credits from line 5 of all Parts III with box B checked 388,033			
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)	33	335,792	
34	Carryforward of business credit to 2015. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	1,546,238	
35	Carryback of business credit from 2016. Enter the amount from line 5 of Part III with box D checked (see instructions)	35		
36	Add lines 30, 33, 34, and 35	36	4.120.908	
37	Enter the smaller of line 29 or line 36	37	2,281,952	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b	38	3,616,120	

Form 3800 (2015)

Name(s) shown on return

ivame(s) s	mown on return		ldentily	ying number
Part II	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)	
	ete a separate Part III for each box checked below. (see instructions)			
	General Business Credit From a Non-Passive Activity E Reserved			
В 🗌 (General Business Credit From a Passive Activity F Reserved			
C 🗌 (General Business Credit Carryforwards G 🗌 Eligible Small	Busin	ess Credit Carryfo	orwards
D 🗌 (General Business Credit Carrybacks H 🔲 Reserved			
	u are filing more than one Part III with box A or B checked, complete and attach first an a			
III wi	th box A or B checked. Check here if this is the consolidated Part III			> 🗀
	(a) Description of credit		(b)	(c)
	n any line where the credit is from more than one source, a separate Part III is needed for e	each	If claiming the credit from a pass-through	Enter the appropriate
pass-thr	ough entity.		entity, enter the EIN	amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	2,170	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c	110,452	
d	Low-income housing (Form 8586, Part I only)	1d	22,338	
e	Disabled access (Form 8826) (see instructions for limitation)	1e	5,691	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	3,006	
g	Indian employment (Form 8845)	1g	8,170 370	
h :	Orphan drug (Form 8820)	1h 1i	873	
	New markets (Form 8874)	1 <u>j</u>	5,973	
J k	Employer-provided child care facilities and services (Form 8882) (see	٠,	3,373	
ĸ	instructions for limitation)	1k	15,530	
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	6,468	
m	Low sulfur diesel fuel production (Form 8896)	1m	118	
n	Distilled spirits (Form 8906)	1n	208	
0	Nonconventional source fuel	10	250	
р	Energy efficient home (Form 8908)	1p	4,650	
q	Energy efficient appliance	1q	35	
r	Alternative motor vehicle (Form 8910)	1r	2,503	
s	Alternative fuel vehicle refueling property (Form 8911)	1s	1,008	
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u	31	
V	Agricultural chemicals security (carryforward only)	1v	0	
w	Employer differential wage payments (Form 8932)	1w	737	
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	5,561	
Z	Qualified plug-in electric vehicle (carryforward only)	1z	2	
aa	New hire retention (carryforward only)	1aa	203	
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	1,483	
ZZ	Other	1zz 2	358	
2 3	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II.	3	18,354	
3 4а	Investment (Form 3468, Part III) (attach Form 3468)	4a	20,024	
b	Work opportunity (Form 5884)	4b	67,604	
C	Biofuel producer (Form 6478)	4c	1,935	
d	Low-income housing (Form 8586, Part II)	4d	9,504	
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	1,491	
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	134,959	
g	Qualified railroad track maintenance (Form 8900)	4g	120	
h	Small employer health insurance premiums (Form 8941)	4h	23,170	
i	Reserved	4i		
j	Reserved	4j		
Z	Other	4z	144	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II.	5		
6	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	6		1

Form 3800 (2015) Page **3**

Name(s) s	hown on return		Ider	ntifying number	
Part II	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)		
	te a separate Part III for each box checked below. (see instructions)		,		
A 🗀 (General Business Credit From a Non-Passive Activity E Reserved				
в 🗌 (General Business Credit From a Passive Activity F Reserved				
c 🗆 (General Business Credit Carryforwards G	Busin	ess Credit Carr	ryforwards	
D 🗌 (General Business Credit Carrybacks H Reserved				
	u are filing more than one Part III with box A or B checked, complete and attach first an a				
III wi	th box A or B checked. Check here if this is the consolidated Part III				▶ □
	(a) Description of credit		(b)	odit (c)	
Note. Or	n any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the crefrom a pass-throu	Enter the approp	riate
pass-thro	ough entity.		entity, enter the E		
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	8,390		
b	Reserved	1b			
С	Increasing research activities (Form 6765)	1c	1,123,230		
d	Low-income housing (Form 8586, Part I only)	1d	51,501		
е	Disabled access (Form 8826) (see instructions for limitation)	1e	13,507		1
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	9,338		
g	Indian employment (Form 8845)	1g	82,914		
h	Orphan drug (Form 8820)	1h	30,318		
i	New markets (Form 8874)	1i	6,478		
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	2,143		
k	Employer-provided child care facilities and services (Form 8882) (see	4.	5 404		
	instructions for limitation)	1k	5,481 16,787		+-
l 	Biodiesel and renewable diesel fuels (attach Form 8864)	11	10,767		-
m	Low sulfur diesel fuel production (Form 8896)	1m	6,102		+
n	Distilled spirits (Form 8906)	1n 1o	172		+-
0	Nonconventional source fuel	10 1p	70,681		
p	Energy efficient home (Form 8908)	1q	171		
q r	Energy efficient appliance	1r	3,748		
S	Alternative fuel vehicle refueling property (Form 8911)	1s	5,726		
t	Reserved	1t	0,:20		
u	Mine rescue team training (Form 8923)	1u	90		
v	Agricultural chemicals security (carryforward only)	1v	0		
w	Employer differential wage payments (Form 8932)	1w	1,341		
х	Carbon dioxide sequestration (Form 8933)	1x	*		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	18,061		
z	Qualified plug-in electric vehicle (carryforward only)	1z	0		
aa	New hire retention (carryforward only)	1aa	133		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	746		
ZZ	Other	1zz	2,823		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			
3	Enter the amount from Form 8844 here and on the applicable line of Part II.	3	46,995		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	796,530		
b	Work opportunity (Form 5884)	4b	503,416		
С	Biofuel producer (Form 6478)	4c	2,540		
d	Low-income housing (Form 8586, Part II)	4d	96,446		+
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	56,314		+
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	1,030,088		
g	Qualified railroad track maintenance (Form 8900)	4g	46,576		
h :	Small employer health insurance premiums (Form 8941)	4h	49,239		
;	Reserved	4i			
J	Reserved	4j	222		
Z 5	Other	4z 5	222		
5 6	Add lines 2. 3. and 5 and enter here and on the applicable line of Part II.	6			
	The state of the s				

Moving Expenses

▶ Information about Form 3903 and its instructions is available at www.irs.gov/form3903.

OMB No. 1545-0074

5

Cat. No. 12490K

1,118,427

Form **3903** (2015)

Department of the Treasury Internal Revenue Service (99) Attachment Sequence No. **170** ▶ Attach to Form 1040 or Form 1040NR. Your social security number Name(s) shown on return Total Forms Filed = 1.159.329 Before you begin: ✓ See the Distance Test and Time Test in the instructions to find out if you can deduct your moving expenses. ✓ See Members of the Armed Forces in the instructions, if applicable. Transportation and storage of household goods and personal effects (see instructions) . . . 1 979.794 1 2 Travel (including lodging) from your old home to your new home (see instructions). Do not 2 893,801 3 Add lines 1 and 2 . . 3 1,135,791 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P 4 142,123 Is line 3 more than line 4? You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. ☐ Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form

1040NR, line 26. This is your moving expense deduction

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

Form **3903**

Moving Expenses

OMB No. 1545-0074

2015

Attachment

Form **3903** (2015)

Cat. No. 12490K

▶ Information about Form 3903 and its instructions is available at www.irs.gov/form3903. Department of the Treasury Internal Revenue Service (99) Attachment Sequence No. **170** ▶ Attach to Form 1040 or Form 1040NR. Name(s) shown on return Your social security number Total Forms Filed = 1,159,329 Before you begin: ✓ See the Distance Test and Time Test in the instructions to find out if you can deduct your moving expenses. ✓ See Members of the Armed Forces in the instructions, if applicable. Transportation and storage of household goods and personal effects (see instructions) . . . 2,840,097 1 1 2 Travel (including lodging) from your old home to your new home (see instructions). Do not 1,081,792 2 3 Add lines 1 and 2 3,921,889 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P 317,014 Is line 3 more than line 4? You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 5 3,651,516

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

Credit for Federal Tax Paid on Fuels

•	Revenue Service (99)	u its separate instru	cuons is ai	. www.irs.gov/iorr	114 130.		ence l	No. 23
Name (as shown on your income tax return) Total Forms Filed	= 308,753		Taxpayer identifica	tion number			
	Caution: Claimant has the name and address of the claims on lines 1c and 2b (type of use 13 For claims on lines 1c and 2b (type of use credit card issuer.	or 14), 3d, 4c, and	5, claima	nt has not waive	d the right	to make	e the	claim.
1	Nontaxable Use of Gasoline Note: CRN is c	redit reference nun	nber.					
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amou	nt of cre	edit	(e) CRN
а	Off-highway business use)				
b	Use on a farm for farming purposes							
C	Other nontaxable use (see Caution above line 1)			,	\$ 270,0	51		
d	Exported				*			
2	Nontaxable Use of Aviation Gasoline							
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amou	nt of cre	edit	(e) CRN
а	Use in commercial aviation (other than foreign trade)				\$ 35	8		
b	Other nontaxable use (see Caution above line 1)				1,95	59		
С	Exported				0			
d	LUST tax on aviation fuels used in foreign trade				*			
3	Nontaxable Use of Undyed Diesel Fuel Claimant certifies that the diesel fuel did not contain visib	· · · · · · · · · · · · · · · · · · ·	idanaa af a	live ettech en evele	anation and	ahaali bi		
	Exception. If any of the diesel fuel included in this claim			(c) Gallons	(d) Amou			
•	Nentovahlavia	(a) Type of use	(b) Rate	(c) Gallons	(d) Amou	nt or cre	ant	(e) CRN
a	Nontaxable use			 }	\$ 56.9	-,		
b	Use on a farm for farming purposes Use in trains			,	\$ 56,9	54		
d	Use in certain intercity and local buses (see Caution		-			\longrightarrow		
-	above line 1)				*			
е	Exported				0			
	Едропос							
4	Nontaxable Use of Undyed Kerosene (Other That Claimant certifies that the kerosene did not contain visible		in Aviatio	on)				
	Exception. If any of the kerosene included in this claim of	•	dence of d	/e. attach an explai	nation and c	heck he	re ▶	
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amou			(e) CRN
а	Nontaxable use taxed at \$.244	(a) Type of ase	(b) Hate	(o) danons	(a) Allioa	110000		(0, 01111
b	Use on a farm for farming purposes			 	\$ 6,74	13		
C	Use in certain intercity and local buses (see Caution				0,72	10		
-	above line 1)				*			
d	Exported				0			
е	Nontaxable use taxed at \$.044				0			

For Paperwork Reduction Act Notice, see the separate instructions.

Nontaxable use taxed at \$.219

Cat. No. 12625R

Form **4136** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **4136**

Credit for Federal Tax Paid on Fuels

OMB No. 1545-0162

	ent of the Treasury Revenue Service (99) ► Information about Form 4136 and	d its separate instruc	ctions is a	t www.irs.gov/forn	m4136.		chmen uence l	t No. 23
Name (a	as shown on your income tax return) Total Forms Filed	= 308,753		Taxpayer identifica	ition numbe	r		
	Caution: Claimant has the name and address of the claims on lines 1c and 2b (type of use 13 For claims on lines 1c and 2b (type of use credit card issuer.	or 14), 3d, 4c, and	5, claima	int has not waive	d the righ	t to mak	e the	claim.
1	Nontaxable Use of Gasoline Note: CRN is c	redit reference nun	nber.					
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amo	unt of c	redit	(e) CRN
а	Off-highway business use)				
b	Use on a farm for farming purposes			}				
С	Other nontaxable use (see Caution above line 1)			,	\$ 78,	101		
d	Exported				*	•		
2	Nontaxable Use of Aviation Gasoline	(a) Type of use	(b) Rate	(c) Gallons	(d) Amo	unt of ci	rodit	(e) CRN
а	Use in commercial aviation (other than foreign trade)	(a) Type of use	(b) Hate	(c) danons	_	30	Cuit	(c) Ornit
b	Other nontaxable use (see Caution above line 1)					32		
C	Exported)		
d	LUST tax on aviation fuels used in foreign trade					,		
3	Nontaxable Use of Undyed Diesel Fuel Claimant certifies that the diesel fuel did not contain visible	•						
	Exception. If any of the diesel fuel included in this claim			-				
	Madagaldana	(a) Type of use	(b) Rate	(c) Gallons	(d) Amo	unt of ci	redit	(e) CRN
a	Nontaxable use			}	0 00			
b	Use on a farm for farming purposes			,		289		
c d	Use in trains Use in certain intercity and local buses (see Caution							
•	above line 1)				,	,		
е	Exported				()		
4	Nontaxable Use of Undyed Kerosene (Other That Claimant certifies that the kerosene did not contain visible		in Aviatio	on)				
	Exception. If any of the kerosene included in this claim d	•	dence of d	ye, attach an explai	nation and	check he	ere 🕨	
		(a) Type of use	(b) Rate	-		unt of ci		(e) CRN
а	Nontaxable use taxed at \$.244	(,,	(=, ::=:0	(5, 3,0,1,5,1,5	(=, 7 =:.10			(2) 21.17
b	Use on a farm for farming purposes			}	\$ 26	82		
c	Use in certain intercity and local buses (see Caution				2,0	,02		
	above line 1)				,	+		

For Paperwork Reduction Act Notice, see the separate instructions.

d

Exported

Nontaxable use taxed at \$.044

Nontaxable use taxed at \$.219

Form **4136** (2015) Cat. No. 12625R

0

0

^{*} Data not shown because of the small number of sample returns on which it is based.

Form 4136 (2015) Page **2**

5	Kerosene Used	in Aviation	(see Caution	above line	1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	lit (e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244				\$ 1,025	
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219				31	
С	Nontaxable use (other than use by state or local government) taxed at \$.244				6,743	
d	Nontaxable use (other than use by state or local government) taxed at \$.219				*	
е	LUST tax on aviation fuels used in foreign trade				*	

6	Sales by Registered Ultimate Vendors of Undyed Diesel Fuel	Reg	gistration No. ►		
	Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the of the buyer to make the claim. Claimant certifies that the diesel fuel did not co		• •	has obtained the written	consent
	Exception. If any of the diesel fuel included in this claim did contain visible ev	idence of dy	e, attach an expla	nation and check here >	
		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN

		(b) hate	(c) Gallons	(a) Amount of Credit		(e) Chiv
а	Use by a state or local government			\$ 56,954		
b	Use in certain intercity and local buses			*		

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here ▶

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government		}	6,743		
b	Sales from a blocked pump		J	\$ *		
С	Use in certain intercity and local buses					

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credi	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219				\$ 31	
b	Use in commercial aviation (other than foreign trade) taxed at \$.244				1,025	
С	Nonexempt use in noncommercial aviation				*	
d	Other nontaxable uses taxed at \$.244				6,743	
е	Other nontaxable uses taxed at \$.219				*	
f	LUST tax on aviation fuels used in foreign trade				*	

Form **4136** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form 4136 (2015) Page **2**

5	Kerosene	Used in Aviat	ion (see Cautio	on above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244				\$ 737	
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219				155	
С	Nontaxable use (other than use by state or local government) taxed at \$.244				2,682	
d	Nontaxable use (other than use by state or local government) taxed at \$.219				*	
е	LUST tax on aviation fuels used in foreign trade				*	

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here ▶

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government			\$ 20,289		
b	Use in certain intercity and local buses			*		

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here ▶

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government)	2,682		
b	Sales from a blocked pump		J	\$ *		
С	Use in certain intercity and local buses					

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219				\$ 155		
b	Use in commercial aviation (other than foreign trade) taxed at \$.244				737		
С	Nonexempt use in noncommercial aviation				*		
d	Other nontaxable uses taxed at \$.244				2,682		
е	Other nontaxable uses taxed at \$.219				*		
f	LUST tax on aviation fuels used in foreign trade				*		

Form **4136** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form 4136 (2015) Page **3**

9 Reserved Registration No. ▶

		(b) Rate	(c) Gallons of alcohol	(d) Amount of cr	redit	(e) CRN
а	Reserved					
b	Reserved					

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. Renewable diesel mixtures. Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit		(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures			\$ *		
b	Agri-biodiesel mixtures			0		
С	Renewable diesel mixtures			0		

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

		(a) Type of use	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG)				\$ 1,497	
b	"P Series" fuels				*	
С	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)				*	
d	Liquefied hydrogen				0	
е	Fischer-Tropsch process liquid fuel from coal (including peat)				0	
f	Liquid fuel derived from biomass				0	
g	Liquefied natural gas (LNG)				*	
h	Liquefied gas derived from biomass				0	

12 Alternative Fuel Credit

Registration No. ▶

		(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG)			\$ 2,287	
b	"P Series" fuels			24	
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)			21	
d	Liquefied hydrogen			0	
е	Fischer-Tropsch process liquid fuel from coal (including peat)			0	
f	Liquid fuel derived from biomass			0	
g	Liquefied natural gas (LNG)			*	
h	Liquefied gas derived from biomass			*	
i	Compressed gas derived from biomass (GGE = 121 cu. ft.)			0	

Form 4136 (2015) Page **3**

9	Reserved	Registration No. ▶

		(b) Rate	(c) Gallons of alcohol	(d) Amount of cr	redit	(e) CRN
а	Reserved					
b	Reserved					

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cr	edit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures			\$ *		
b	Agri-biodiesel mixtures			0		
С	Renewable diesel mixtures			0		

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

		(a) Type of use	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of cre	dit	(e) CRN
а	Liquefied petroleum gas (LPG)				\$ 525		
b	"P Series" fuels				*		
С	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)				*		
d	Liquefied hydrogen				0		
е	Fischer-Tropsch process liquid fuel from coal (including						
	peat)				0		
f	Liquid fuel derived from biomass				0		
g	Liquefied natural gas (LNG)				*		
h	Liquefied gas derived from biomass				0		

12 Alternative Fuel Credit

Registration No. ▶

		(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG)			\$ 2,864	
b	"P Series" fuels			17	
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)			1,092	
d	Liquefied hydrogen			0	
е	Fischer-Tropsch process liquid fuel from coal (including peat)			0	
f	Liquid fuel derived from biomass			0	
g	Liquefied natural gas (LNG)			*	
h	Liquefied gas derived from biomass			*	
<u>i</u>	Compressed gas derived from biomass (GGE = 121 cu. ft.)			0	

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13	Registered Credit Card Issuers	Registration No. ►					
		(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN	
а	Diesel fuel sold for the exclusive use of a state or local government			\$ 56,954			
b	Kerosene sold for the exclusive use of a state or local government			6,743			
С	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219			*			

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

	Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).								
	(a) Type of use (b) Rate (c) Gallons (d) Amount of credit (e)						(e) CRN		
а	Nontaxable use				\$ *				
b	Exported				0				

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit			\$ 0	

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN	
а	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001			\$	0		
b	Exported dyed kerosene				0		

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or			
	the proper line of other returns. ▶	17	\$ 308,753	

Form **4136** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form 4136 (2015) Page **4**

13	Registered Credit Card Issuers	Registration No. ►						
		(b) Rate	(c) Gallons	(d) Amount of cr	redit	(e) CRN		
а	Diesel fuel sold for the exclusive use of a state or local government			\$ 20,289				
b	Kerosene sold for the exclusive use of a state or local government			2,682				
c	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219			*				

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

	Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).											
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cr	redit	(e) CRN					
а	Nontaxable use				\$ *							
b	Exported				0							

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit			\$ 0	

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

	(b) Rate	(c) Gallons	(d) Amount of cr	(e) CRN	
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001			\$ 0		
b Exported dyed kerosene			0		

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or			
	the proper line of other returns. ▶	17	\$ 108,911	

* Data not shown because of the small number of sample returns on which it is based.

Form **4136** (2015)

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment

Sequence No. 179 Internal Revenue Service (99) Name(s) shown on return
Total Forms Filed = Business or activity to which this form relates Identifying number 11.831.407 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2,612,163 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 4.453.091 (a) Description of property (b) Cost (business use only) 6 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 4,192,110 8 9 4.192.057 10 233,150 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 4,249,789 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 4,172,958 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 1,432,902 15 **15** Property subject to section 168(f)(1) election 369 16 Other depreciation (including ACRS) 16 1,008,522 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2015 6,163,917 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention placed in (business/investment use (f) Method (g) Depreciation deduction service only-see instructions) 113,896 19a 114,114 3-year property 1,388,532 1,395,909 5-year property 1,263,643 1,258,993 c 7-year property 133,382 **d** 10-year property 133,391 e 15-year property 339,793 339,138 **f** 20-year property 76.316 76.326 4,782 4,788 g 25-year property **h** Residential rental 1,017,212 1,016,844 property undetermined type i Nonresidential real 451.757 447,630 property Total GDS cost 3,746,018 3.731.158 Section C-Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 13,479 13,478 20a Class life 3,386 **b** 12-year 3,386 **c** 40-year 9,348 9,348 Part IV Summary (See instructions.) 24,791 24.787 21 Listed property. Enter amount from line 28 2,116,356 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 11.549.876 For assets shown above and placed in service during the current year, enter the

For Paperwork Reduction Act Notice, see separate instructions.

portion of the basis attributable to section 263A costs

Cat No 12906N

Form **4562** (2015)

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172 Attachment Sequence No. **179**

Name(s) shown on return
Total Forms Filed = Business or activity to which this form relates Identifying number 11,831,407 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 49,350,983 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 2,211,346,575 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 72,191,697 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 72,066,229 10 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 3,832,657 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 695,180,115 71,685,166 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 10,643,353 15 22,736 **16** Other depreciation (including ACRS) 5,642,466 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 47,987,595 17 MACRS deductions for assets placed in service in tax years beginning before 2015 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 2,197,439 589.377 19a 3-year property 17,134,951 2,575,851 5-year property 17,946,629 1,913,932 7-year property 2,615,038 210,938 **d** 10-year property 287,013 e 15-year property 6,771,860 **f** 20-year property 2,142,923 63,076 g 25-year property 185.443 4.360 139,343,154 3,071,764 **h** Residential rental property undetermined type i Nonresidential real 47.836.107 719,406 property Total GDS cost 236,173,901 9,436,497 Section C-Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 807,543 35,392 20a Class life 129,437 9,002 **b** 12-year 2,659,587 39,164 c 40-year Part IV Summary (See instructions.) 3.596.567 83.558 6,850,723 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 152,352,094 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs Form **4562** (2015)

Cat. No. 12906N

For Paperwork Reduction Act Notice, see separate instructions.

	4562 (2015)																Page 2
Pai		d Property for enterta						vehic	eles, ce	erta	in air	craft,	certair	com	outers,	and p	roperty
	Note:	For any veolumns (a)	ehicle for	which you	are us	ng the	standa						g lease	expens	se, com	plete o r	1ly 24a,
	Section A			-									s for pas	senge	r autom	obiles.)	
24a	Do you have ev								No				is the evi				
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage		d) ther basis		(e) for depreness/investuse only	stment	(f) Recove period	- 1	Met	g) thod/ ention	(h) Depreciation deduction		n El	(i) ected sec cost	
25	Special dep the tax year											25	2	13,315			
26	Property use	ed more tha			d busin												
			9			1	1,801,50	03		_			1,5	594,57	2		
			9														
27	Property use	ed 50% or			ısiness	nse.											
	r roporty doc	007001	9	1	20111000		630,167	7			S/L -		57	0,460			
			9	6		tota	al 26e +	· 27e		Ç	S/L -						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . 28 2,116,356																	
28				_					-	-		28		116,35		250, 450	
_29	Add amount	s in columi	n (I), IIne 2		ere and ction B									•	29 2	250,452	
Com	plete this secti	ion for vehic	cles used b									r," or ı	elated p	erson.	lf you pr	ovided v	ehicles
to yo	ur employees,	first answe	r the quest	ions in Sec	ction C t	o see if	you me	et an e	xceptio	n to	comp	oleting	this sect	tion for	those v	ehicles.	
30	Total business/investment miles driven during the year (do not include commuting miles) .			-	(a) (b) Vehicle 1 Vehicle 2			Ve	(c) Vehicle 3 Ve			(d) ehicle 4 Ve		(e) nicle 5		f) icle 6	
31	Total commut	ing miles dr	iven during	the year													
32	Total other miles driven	-	l (noncor	nmuting) 													
	Total miles lines 30 thro	ugh 32 .															
34	Was the ve				Yes	No	Yes	No	Yes		No	Yes	No	Yes	No	Yes	No
35	Was the veh than 5% own		-	•													
36	Is another veh	nicle availabl	le for perso	nal use?													
			n C—Que														
more	ver these que e than 5% ow	ners or rela	ated perso	ns (see in	structio	ns).										who ar	e not
37	Do you mair				-		s all pe	rsonal	use of	veh	nicles,	inclu	ding cor	mmutir	ng, by	Yes	No
38	your employ Do you mair employees?	ntain a writ	tten policy		nt that p	rohibit											
39	Do you treat					-	-	. 511106	. 5, Gil 6			. , 0 01					
	Do you provuse of the ve	vide more t	than five v	ehicles to	your e	mploye	es, obt	tain inf	ormatio	on fi	rom y 	our e	mployee	es abo	ut the		
41	Do you mee	t the requir	ements co	oncerning	qualifie	d autor	mobile (
Pai	rt VI Amor		3 07, 00, 0	3, 40, 01 -	1113 1	53, UO	1101 00	mpiete	OCCIIC	<i>,</i> ,,,,	101 11	ie cov	cica ve	ilicics.			
				(b)									(e)	[
		a) on of costs		Date amortiza begins	ation	Amo	(c) rtizable aı	mount			(d) e sectio	on	Amortiza period percent	or	Amortiz	(f) ation for th	nis year
42	Amortization	of costs th	hat begins	during yo	ur 2015	tax ye	ear (see	instru	ctions):			1					
							346,10	7				-+					
43	Amortization	of coete th	hat hegan	hefore vo	ur 2015									43	6	557,308	
	Total. Add		_	-		_								44		390,938	

Form 4562 (2	2015) Page	2
Part V	Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property	rty
	used for entertainment, recreation, or amusement.)	
	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 2	4a,

	24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.																
	Section A	-Depreci	ation and C	Other Inf	ormatior	ı (Caı	ution: See th	e instru	uctic	ns for	· limi	ts for p	assen	ger aut	omo	biles.)	
24 a	Do you have ev	idence to su	pport the busi	ness/inves	tment use	claime	d? 🗌 Yes	No	24	lb If "	Yes,'	is the	evidenc	ce writte	n? [Yes	☐ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	•	ost or other basis (b		(e) for depreciation ess/investment use only)	(f) Recove period		(g Meth Conve	hod/		(h) Deprecia deducti		Elec	(i) ted sect cost	ion 179
25																	
	the tax year and used more than 50% in a qualified business use (see instructions) . 25 1,881,645																
26	6 Property used more than 50% in a qualified business use:																
			%			43	3,714,514						4,639,	101			
			%														
			%														
27	Property use	ed 50% or	less in a qu	alified bu	ısiness us	se:											
			%			4,	409,381			S/L -		;	364,94	18			
			%			tota	l 26e + 27e			S/L -							
			%			48	3,123,128			S/L -							
28	Add amount	s in columi	n (h), lines 2	5 throug	h 27. Ent	er her	e and on line	21, pa	age '	1 .	28	3	6,850,	723			
29	Add amount	s in columi	n (i), line 26	. Enter he	ere and o	n line	7, page 1 .							29	2,6	02,400	1
				Sec	tion B-	Inforr	nation on U	se of V	ehic	eles							
	plete this secti our employees,		-										-	-			ehicles
30	Total business	n during	(a) Vehicle	• • • • • • • • • • • • • • • • • • • •		Ve	(c) Vehicle 3		Ve	(d) Vehicle 4		(e) Vehicle 5		(f Vehi	•		

30	Total business/investment miles driven during the year (do not include commuting miles) .		a) cle 1	(t Vehi	•	Vehi	c) cle 3	Vehi	•	(∈ Vehic	•	(1 Vehi	•
	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?	F	,,,	- D									

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
Dai	rt VI Amortization		

լլա	Amortization												
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period percenta	or	(f) Amortization for this year						
42	42 Amortization of costs that begins during your 2015 tax year (see instructions):												
			8,462,797										
43	Amortization of costs that beg	43	2,257,728										
44	Total. Add amounts in column	44	2,808,603										

Casualties and Thefts

▶ Information about Form 4684 and its separate instructions is at www.irs.gov/form4684. ► Attach to your tax return.

OMB No. 1545-0177

▶ Use a separate Form 4684 for each casualty or theft.

213,867

Attachment Sequence No. **26**

Internal Revenue Service Name(s) shown on tax return

Department of the Treasury

Total Forms Filed =

Identifying number

1	Description of properties (show type, location, and date at the same casualty or theft.	cquire	d for each prop	erty). I	Jse a sep	arate line	e for each prop	erty los	t or damaged	from
	Property A									
	Property B									
	Property C									
	Property D									
						Pro	perties			
			Α		I	В	С		D	
2	Cost or other basis of each property	2								
3	Insurance or other reimbursement (whether or not you									
	filed a claim) (see instructions)	3								
	Note: If line 2 is more than line 3, skip line 4.									
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	4								
5	Fair market value before casualty or theft	5								
6	Fair market value after casualty or theft	6								
7	Subtract line 6 from line 5	7								
8	Enter the smaller of line 2 or line 7	8								
9	Subtract line 3 from line 8. If zero or less, enter -0	9								
10	Casualty or theft loss. Add the amounts on line 9 in column	ns A th	rough D	·				10		
11	Enter the smaller of line 10 or \$100							11		
12	Subtract line 11 from line 10							12		
	Caution: Use only one Form 4684 for lines 13 through 18.									
13	Add the amounts on line 12 of all Forms 4684							13	173,570	
14	Add the amounts on line 4 of all Forms 4684							14	87	
15	• If line 14 is more than line 13, enter the difference here a complete the rest of this section (see instructions).	ınd on	Schedule D.	o not)			15	85	
	• If line 14 is less than line 13, enter -0- here and go to line	e 16.			}					
	• If line 14 is equal to line 13, enter -0- here. Do not comp	lete th	e rest of this s	ection	.]					
16	If line 14 is less than line 13, enter the difference							16	173,563	
17	Enter 10% of your adjusted gross income from Form 1040 instructions					states ar	nd trusts, see	17	207,204	
18	Subtract line 17 from line 16. If zero or less, enter -0 Also Form 1040NR, Schedule A, line 6. Estates and trusts, enter return	r the r	esult on the "C	ther d	eductions	" line of		18	75,216	

Casualties and Thefts

▶ Information about Form 4684 and its separate instructions is at www.irs.gov/form4684. ► Attach to your tax return.

Identifying number

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

▶ Use a separate Form 4684 for each casualty or theft.

213,867

Total Forms Filed =

Attachment Sequence No. **26**

OMB No. 1545-0177

	CTION A—Personal Use Property (Use this se usiness or for income-producing purposes.)	ction	to report c	asua	Ities and t	hefts o	of property	not	used in a tra	ade
1	Description of properties (show type, location, and date act the same casualty or theft.	cquire	d for each prop	oerty).	Use a separ	ate line	for each prope	erty los	st or damaged	from
	Property A									
	Property B									
	Property C									
	Property D									
						Prop	erties			
			Α		В		С		D	
2	Cost or other basis of each property	2								
3	Insurance or other reimbursement (whether or not you filed a claim) (see instructions)	3								
	Note: If line 2 is more than line 3, skip line 4.									
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	4								
5	Fair market value before casualty or theft	5								
6	Fair market value after casualty or theft	6								
7	Subtract line 6 from line 5	7								
8	Enter the smaller of line 2 or line 7	8								
9	Subtract line 3 from line 8. If zero or less, enter -0	9								
10	Casualty or theft loss. Add the amounts on line 9 in column	ns A tl	nrough D .					10		
11	Enter the smaller of line 10 or \$100							11		
12	Subtract line 11 from line 10							12		
	Caution: Use only one Form 4684 for lines 13 through 18.									
13	Add the amounts on line 12 of all Forms 4684							13	2,470,411	
14	Add the amounts on line 4 of all Forms 4684							14	31,844	
15	• If line 14 is more than line 13, enter the difference here a complete the rest of this section (see instructions).	ınd on	Schedule D. I	Oo not	•)			15	30,924	
	• If line 14 is less than line 13, enter -0- here and go to line	e 16.			} .					
	• If line 14 is equal to line 13, enter -0- here. Do not comp		ne rest of this s	section	ı. J					
16	If line 14 is less than line 13, enter the difference							16	2,469,491	
17	Enter 10% of your adjusted gross income from Form 1040 instructions), line (38, or Form 10	40NR	, line 37. Est	ates and	d trusts, see	17	5,584,432	
18	Subtract line 17 from line 16. If zero or less, enter -0 Also Form 1040NR, Schedule A, line 6. Estates and trusts, enter return	r the r	esult on the "C	Other o	deductions"	line of y	our tax	18	1,694,812	

	Number of r	eturi	ns filed for sele	cted lines					
Form	4684 (2015)	Attacl	nment Sequence No. 2	6					Page 2
Name	(s) shown on tax return. Do not enter name and identifying number i	f show	on other side.			ldei	ntifying nu	ımber	
<u> </u>	TION D. Dusings and Income Dustrains D								
	CTION B—Business and Income-Producing P			h coougltv	or the	-f+ \			
Par	Casualty or Theft Gain or Loss (Use a some control of properties (show type, location, and date according to the control of properties).	-					oorty loot	or domogod	
19	from the same casualty or theft. See instructions if claimi	•		•				•	leted.
	Property A							·	
	Property B								
	Property C								
	Property D				_				
					Prope				
			Α	В		С		D	
20	Cost or adjusted basis of each property	20							
21	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line $3\ .\ .\ .$	21							
	Note: If line 20 is more than line 21, skip line 22.								
22	Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except								
	as provided in the instructions for line 33. Also, skip lines 23								
	through 27 for that column. See the instructions for line 4 if line								
	21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	22							
23	Fair market value before casualty or theft	23							
24	Fair market value after casualty or theft	24							
25	Subtract line 24 from line 23	25							
26	Enter the smaller of line 20 or line 25	26							
	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.								
27	Subtract line 21 from line 26. If zero or less, enter -0-	27							
	Casualty or theft loss. Add the amounts on line 27. Enter the						28		
Par	Summary of Gains and Losses (from se	para	te Parts I)	(b) Losses (i) Trade, busi		asualties or t		(c) Gains fi	
	(a) Identify casualty or theft			rental or roy property	alty '	producii employee	ng and	includible in ir	
	Casualty or Theft	of Pi	operty Held On	e Year or I	Less	1			
29				()	()		
30	Totals. Add the amounts on line 29		30	()	()		
	Combine line 30, columns (b)(i) and (c). Enter the net gain of	nr (loes	•	/` //797 line 1/	If Form	.` n //707 ie			
01							31	15,672	
32	Enter the amount from line 30, column (b)(ii) here. Individuals, enter	er the a	mount from income-pr	oducing proper	ty on So	chedule A			
	(Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and en								
	A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estat						32		
	Casualty or Theft o						00	702	_
34	Casualty or theft gains from Form 4797, line 32			(· · ·	(. 33	793	
34				()	()		
35	Total losses. Add amounts on line 34, columns (b)(i) and (b	o)(ii) .	35	(19.169)	(5,973	3)		
36	Total gains. Add lines 33 and 34, column (c)						36	5,688	
37	Add amounts on line 35, columns (b)(i) and (b)(ii)						37	25,083	
38	If the loss on line 37 is more than the gain on line 36:								
a	Combine line 35, column (b)(i) and line 36, and enter the net partnerships) and S corporations, see the note below. All 4797 is not otherwise required, see instructions.	et gain others	or (loss) here. Partn , enter this amount c	erships (excer on Form 4797, 	ot elect line 14	ing large 1. If Form 	38a	19,091	
b	Enter the amount from line 35, column (b)(ii) here. Individu	ıals, er	nter the amount fron	n income-prod	ducing				
	Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A (Form 1040), line 23, or Form								
	the "Other deductions" line of your tax return. Partnership	s (exc	ept electing large pa	artnerships) a			3,		
	see the note below. Electing large partnerships, enter on F	orm 1	065-B, Part II, line 11	1			38b	5,969	-
39	If the loss on line 37 is less than or equal to the gain on line (except electing large partnerships), see the note below. All						39	5.624	

Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 38a or 38b on Form 1120S, Schedule K, line 10.

Form 4684 (2015) Attachment Sequence No. **26** Page **2**

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

	CTION B—Business and Income-Producing P								
Par	_								
19	Description of properties (show type, location, and date ac from the same casualty or theft. See instructions if claimi	•		•		•	•	•	lotod
	Property A	ng a io	ss due to a Polizi-	type investine	ent SCI	ieme and Sec	uon C	is not compi	ietea.
	Property B								
	Property C								
	Property D								
					Prop	erties			
			Α	В		С		D	
20	Cost or adjusted basis of each property	20							
21	Insurance or other reimbursement (whether or not you								
	filed a claim). See the instructions for line 3	21							
	Note: If line 20 is more than line 21, skip line 22.								
22	Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except								
	as provided in the instructions for line 33. Also, skip lines 23								
	through 27 for that column. See the instructions for line 4 if line								
	21 includes insurance or other reimbursement you did not								
	claim, or you received payment for your loss in a later tax year	22							
	Fair market value before casualty or theft	23							
24 25	Subtract line 24 from line 23	25							
26	Enter the smaller of line 20 or line 25	26							
	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.								
27	Subtract line 21 from line 26. If zero or less, enter -0-	27		•					
28	Casualty or theft loss. Add the amounts on line 27. Enter the	he tota	here and on line 29	or line 34 (se	e instr	uctions)	28		
Par	Summary of Gains and Losses (from se	eparat	e Parts I)	(b) Losses	s from o	asualties or the		(c) Gains fr	rom
	(a) Identify casualty or theft			(i) Trade, bus rental or roy		(ii) Income producing a		casualties or to	
	0 11 71 (1			property	<u>, , , , , , , , , , , , , , , , , , , </u>	employee pro		IIICIUUIDIE III III	lcome
	Casualty or Theft	OT Pr	operty Heid Or	ie Year or i	Less	1	\ \		Т
29				()	()		
30	Totals. Add the amounts on line 29		30	()	()		
				4707 line 14	If Coun	n 4707 in			
31	Combine line 30, columns (b)(i) and (c). Enter the net gain of otherwise required, see instructions			4/9/, line 14.	II FOII	11 4797 IS	31	-141,507	
32	Enter the amount from line 30, column (b)(ii) here. Individuals, enter	er the a	mount from income-pr	oducina proper	tv on S	chedule A		,	
-	(Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and el		· ·	011	,				
	A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estat		71 1 7	<u>'</u>			32		
	Casualty or Theft o								
	Casualty or theft gains from Form 4797, line 32						33	19,426	
34				()	()		
		\((1)\)	0.5	(220,000)	(323,645)		
35	Total losses. Add amounts on line 34, columns (b)(i) and (b			(336,866		,	26	220 052	
36 37	Total gains. Add lines 33 and 34, column (c) Add amounts on line 35, columns (b)(i) and (b)(ii)						36 37	220,652 660.511	
38	If the loss on line 37 is more than the gain on line 36:						31	000,511	
	Combine line 35, column (b)(i) and line 36, and enter the ne	et gain	or (loss) here. Partn	erships (excer	ot elec	ting large			
	partnerships) and S corporations, see the note below. All	others,	enter this amount of	on Form 4797,	line 14	4. If Form	38a	-336,250	
ŀ	4797 is not otherwise required, see instructions							000,200	
_	Schedule A (Form 1040), line 28, or Form 1040NR, Schedu	ule A, li	ne 14, and enter the	e amount from	prope	erty used as			
	an employee on Schedule A (Form 1040), line 23, or Forn the "Other deductions" line of your tax return. Partnership								
	see the note below. Electing large partnerships, enter on F					•	38b	322,994	
39	If the loss on line 37 is less than or equal to the gain on line		•		nere. P	artnerships			
			milos do uniu						
09	(except electing large partnerships), see the note below. All Note: <i>Partnerships</i> , <i>enter the amount from line 38a, 38b, o</i>	others	enter this amount of	on Form 4797,	line 3		39	219,864	

Form 4684 (2015)

Name(s) shown on tax return

2015 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

	Computation of Deduction					
40	Initial investment	40			_	
41	Subsequent investments (see instructions)	41			_	
42	Income reported on your tax returns for tax years prior to the discovery year					
	(see instructions).	42				
43	Add lines 40, 41, and 42	43				
44	Withdrawals for all years (see instructions)	44				
45	Subtract line 44 from line 43. This is your total qualified investment	45				
46	Enter .95 (95%) if you have no potential third-party recovery. Enter .75 (75%) if you have potential third-party recovery	46				
47	Multiply line 46 by line 45	47				
48	Actual recovery	48				
49	Potential insurance/Securities Investor Protection Corporation (SIPC) recovery	49				
50	Add lines 48 and 49. This is your total recovery	50				
51 Par	Subtract line 50 from line 47. This is your deductible theft loss. Include this amount on line 28 of Section B, Part I. Do not complete lines 19-27 for this loss. Then complete Section B, Part II	51	85			
ind Nai Tax	n claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified vidual or entity. ne of individual or entity payer identification number (if known) dress		ulent arranger	ment cond	Jucted by the follow	ving
	ive written documentation to support the amounts reported in Part I of this Section C.					
	n a qualified investor as defined in section 4.03 of Revenue Procedure 2009-20.					
If I any	have determined the amount of my theft loss deduction using .95 on line 46 above, I declar potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedu	re 2009)-20.		do not intend to p	oursue
lag	ree to comply with the conditions and agreements set forth in Revenue Procedure 2009-2	20 and t	his Section C	; .		
	have already filed a return or amended return that does not satisfy the conditions in sectio ustments or actions that are necessary to comply with those conditions. The tax year(s) fo					

Form **4684** (2015)

Page 3

Identifying number

Page 3

2015 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 4684 (2015)

Name	s) shown on tax return		lo	dentifying number	
SEC Pro	TION C—Theft Loss Deduction for Ponzi-Type Investment Scheme cedure 2009-20 (Complete this section in lieu of Appendix A in Revenue	Usin e Prod	g the Procedu cedure 2009-20	res in Revenue D. See instructions.)	
Part	Computation of Deduction				
40	Initial investment	40			
41	Subsequent investments (see instructions)	41			
42	Income reported on your tax returns for tax years prior to the discovery year				
	(see instructions)	42			
43	Add lines 40, 41, and 42	43			
44	Withdrawals for all years (see instructions)	44			
45	Subtract line 44 from line 43. This is your total qualified investment	45			
46	Enter .95 (95%) if you have no potential third-party recovery. Enter .75 (75%) if you				
	have potential third-party recovery	46	•		
47	Multiply line 46 by line 45	47			
48	Actual recovery	48			
49	Potential insurance/Securities Investor Protection Corporation (SIPC) recovery	49			
50	Add lines 48 and 49. This is your total recovery	50			
51	Subtract line 50 from line 47. This is your deductible theft loss. Include this amount on				
	line 28 of Section B, Part I. Do not complete lines 19-27 for this loss. Then complete Section B, Part II.	51	128,102		
Part		31	,		
l an indi	n claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified vidual or entity.	d fraud	ulent arrangement	conducted by the followin	g
Tax	payer identification number (if known)				
	ress				
l ha	ve written documentation to support the amounts reported in Part I of this Section C.				
lan	n a qualified investor as defined in section 4.03 of Revenue Procedure 2009-20.				
	nave determined the amount of my theft loss deduction using .95 on line 46 above, I declar potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedu		•	d and do not intend to pur	sue
lag	ree to comply with the conditions and agreements set forth in Revenue Procedure 2009-2	20 and	this Section C.		
adjı	nave already filed a return or amended return that does not satisfy the conditions in section ustments or actions that are necessary to comply with those conditions. The tax year(s) for e(s) on which they were filed are as follows:			, ,	
				Form 4684	(2015)
					'

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment

Sequence No. 27 Name(s) shown on return Identifying number 3,490,858 Total Forms Filed = Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 309,787 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (a) Gain or (loss) (c) Date sold (d) Gross 2 (a) Description (b) Date acquired allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale 2,538,382 5,599 3 Gain, if any, from Form 4684, line 39 3 191,441 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. 4 9,709 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 601,172 6 Gain, if any, from line 32, from other than casualty or theft. 6 3,104,802 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 335.701 Nonrecaptured net section 1231 losses from prior years (see instructions) . 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 180,162 capital gain on the Schedule D filed with your return (see instructions) Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 481,569 1,130,097 11 Loss, if any, from line $7 \ldots \ldots \ldots \ldots$ 11 335,691 12 12 Gain, if any, from line 7 or amount from line 8, if applicable 525,297 Gain, if any, from line 31 13 13 9.084 14 Net gain or (loss) from Form 4684, lines 31 and 38a 14 4,822 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 2.946 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. 16 2,185,848 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a 0

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

18b

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment Sequence No. **27**

Nam	e(s) snown on return	Total Forms Fil	ed = 3,4	190,858		Identifying n	umbe	r
1	Enter the gross proceeds substitute statement) that			· · · · · ·	` '	,	1	102 022 200
Da		,	, ,	,	,		-	102,032,398
Pa	Sales or Exchan Than Casualty o						sions	From Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plus improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
								116,502,288
2	Gain, if any, from Form 4684	l line 20					3	170,012
3	Section 1231 gain from insta						4	7,132,693
4 5	Section 1231 gain or (loss) f					t	5	1,747,586
6	Gain, if any, from line 32, from		· ·			t	6	44,462,519
7	Combine lines 2 through 6.		•			t	7	170,015,099
′	Partnerships (except elec					1	-	17 0,0 10,000
	instructions for Form 1065,							
	Individuals, partners, S co- line 7 on line 11 below and losses, or they were recap Schedule D filed with your re	section 1231						
8	Nonrecaptured net section 1	231 losses from p	orior years (see ins	structions)			8	15,455,064
9	Subtract line 8 from line 7. It	f zero or less, ente	er -0 If line 9 is ze	ero, enter the gain fro	m line 7 on line 12 b	elow. If line		
	9 is more than zero, enter				•	•	_	40,349,531
D -	capital gain on the Schedule						9	40,349,551
	Ordinary Gains and Jasses n			/	1 year or local:			
10	Ordinary gains and losses no	ot included on line	s i i through to (i	Ticiude property neid	i year or less):			
								16 277 490
4.4	1						4.1	16,277,480 (17,702,051)
11	Loss, if any, from line 7						11	4,590,173
12	Gain, if any, from line 7 or ar		• •				12	8,964,320
13	· · · · · · · · · · · · · · · · · · ·						13	-173,598
14	Net gain or (loss) from Form Ordinary gain from installme	•					14	205,646
15							15	157,132
16	Ordinary gain or (loss) from					T T	16	12,319,103
17	Combine lines 10 through 10						17	12,019,100
18	For all except individual retu and b below. For individual i			• • • •	ie of your return and	skip lines a		
					ut of the less have 5	atar tha nait		
d	If the loss on line 11 includes of the loss from income-production							
	used as an employee on Sche		· ·		•		18a	0
b	Redetermine the gain or (los	•	•				18b	12,319,103
	3 3	,		,,		-,	.00	4707

Form 4797 (2015)

Page 2

Page 12

Coin From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. Gross sales price (Note: See line 1 before completing.) 20 Cost or other basis plus expense of sale 21 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 Total gain. Subtract line 23 from line 20 24 If section 1245 property: Depreciation allowed or allowable from line 22 25a Enter the smaller of line 24 or 25a 25b 509,66 If section 1250 property: If straight line depreciation was used, enter -0 - on line 26g, except for a corporation subject to section 291. Additional depreciation after 1975 (see instructions) 26a Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) 26b Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e Additional depreciation after 1969 and before 1976. 26d Enter the smaller of line 26c or 26d 26e Section 291 amount (corporations only) 26f Add lines 26b, 26e, and 26f. 26g If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). 27d Soil, water, and land clearing expenses 27d Line 27a multiplied by applicable percentage (see instructions) 27b Enter the smaller of line 24 or 27b 27c * If section 1255 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) 28a Enter the smaller of line 24 or 28a 28b 1.237 If section 1255 property: Applicable percentage of payments excluded from income under section 126 (see instructions) 29a Enter the smaller of line 24 or 29a (see instructions) 29a Enter the smaller of line 24 or 29a (see instructions) 29a Enter the smaller of line 24 or 29a (see instructions) 29a Total gains for all properties. Add property co			(b) Date acqu (mo., day, y		(c) Date sold (moday, yr.)
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Total gain. Subtract line 23 from line 20					
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•				31	525,810
		•		32	600,481
Recapture Amounts Under Sections 179 and 280F(b)(2 (see instructions)	nere and on line 13 m 4684, line 33. Ent	ss Use	Drops to	50%	or Less
,	nere and on line 13 m 4684, line 33. Ent		(a) Sectio 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allowable in prior years	nere and on line 13 m 4684, line 33. Ent				
Recomputed depreciation (see instructions)	ere and on line 13 m 4684, line 33. Ent 2) When Busine	33			

Form 4797 (2015) Page **2**

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B C D D These columns relate to the properties on lines 19A through 19D. ▶ 20 Octoors sales price (Notes: See line 1 Feefree completing). 20 Octoors sales price (Notes: See line 1 Feefree completing). 20 Octoors sales price (Notes: See line 1 Feefree completing). 20 Octoors sales price (Notes: See line 1 Feefree completing). 20 Octoors sales price (Notes: See line 1 Feefree completing). 20 Octoors sales price (Notes: See line 1 Feefree completing). 20 Octoors sales price (Notes: See line 1 Feefree). 21 Octoors sales price (Notes: See line 1 Feefree). 22 Octoors sales price (Notes: See line 1 Feefree). 22 Octoors sales price (Notes: See line 1 Feefree). 22 Octoors sales price (Notes: See line 1 Feefree). 22 Octoors sales price (Notes: See line 1 Feefree). 25 Octoors sales price (Notes: See line 1 Feefree). 25 Octoors sales (Notes: See line 1 Feefree). 25 Octoors sales (Notes: See line 1 Feefree). 25 Octoors sales (Notes: See line 1 Feefree). 25 Octoors sales (Notes: See line 1 Feefree). 26 Octoors sales (Notes: See lin	A								
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Adjusted basis. Subtract line 22 from line 21. 23 Total gain. Subtract line 23 from line 20	21	Cost or other basis plus expense of sale	21						
24 Total gain. Subtract line 23 from line 20	22	Depreciation (or depletion) allowed or allowable	22						
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g Add lines 26b, 26e, and 26f	е	Enter the smaller of line 26c or 26d	26e						
If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). a Soil, water, and land clearing expenses				050.455					
dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). a Soil, water, and land clearing expenses	g	•	26g	350,455					
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a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)		•	210						
b Enter the smaller of line 24 or 28a		Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see	28a						
a Applicable percentage of payments excluded from income under section 126 (see instructions)	b	·	28b	265,659					
income under section 126 (see instructions)	29	If section 1255 property:							
b Enter the smaller of line 24 or 29a (see instructions) .	а	Applicable percentage of payments excluded from							
Total gains for all properties. Add property columns A through D, line 24			29a						
Total gains for all properties. Add property columns A through D, line 24				*			L		
Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	Sun	imary of Part III Gains. Complete property colun	nns A	through D through	gh line 29b b	etor	e going to lin	ne 30.	
Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	30		•						
other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 expense deduction or depreciation allowable in prior years. 32 44,482,169 (b) Section 280F(b)(2)	31							31	8,964,321
Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 expense deduction or depreciation allowable in prior years	32		•				•	32	44,482,169
179 280F(b)(2) 33 Section 179 expense deduction or depreciation allowable in prior years	Par	Recapture Amounts Under Sections 17						50%	or Less
								on	
Recomputed depreciation (see instructions)	33	Section 179 expense deduction or depreciation allowable	in prior	years		33			
	34	Recomputed depreciation (see instructions)				34			

Department of the Treasury Internal Revenue Service (99)

Farm Rental Income and Expenses
(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 4835 and its instructions is at www.irs.gov/form4835.

OMB No. 1545-0074

Attachment Sequence No. 37

Name(s)) shown on tax return								Your soc	ial security number	
	Total Forms F	Filed =	535,72	20					Employer	ID number (EIN), if	anv
			000,						Linployer		
Α	Did you actively participate in th	e one	ration of th	ie farm	durin	a 2015 i	(see in	structions\?		. \(\text{Yes} \)	□ No
								•			
Part	Gross Farm Rental Inc	ome-	-Based	on Pro	oduct	ion. In	clude	amounts converte	ed to cas	sh or the equiv	alent.
1	Income from production of lives:	tock, į	oroduce, g	rains, a	and otl	her crop	s		1	240,246	
2 a	Cooperative distributions (Form(s) 109	9-PATR)	2a	96	,421		2b Taxable amount	2b		
3a	Agricultural program payments (s	ee ins	tructions)	3a	147	7,164		3b Taxable amount	3b	145,621	
4	Commodity Credit Corporation ((CCC)	loans (see	instru	ctions)	:					
а	CCC loans reported under elect	ion							4a	*	
b	CCC loans forfeited			4b		0		4c Taxable amount	4c		
5	Crop insurance proceeds and fe						struction				
а	Amount received in 2015			5a		.117		5b Taxable amount		35,465	
С	If election to defer to 2016 is atta		•					ferred from 2014	5d	227 550	
6	Other income, including federal									227,559	
7	Gross farm rental income. Ad total here and on Schedule E (Fo									494,824	
	total fiele and on ochedule E (i c	JIIII 10	540), III IC 4.	۷	• •	· · ·			/	494,024	
Part	II Expenses—Farm Rental	al Pro	operty. D	o not	includ	de pers	onal c	or living expenses.			
8	Car and truck expenses (see					21	Pens	ion and profit-			
Ū	Schedule F (Form 1040)							ng plans	21	0	
	instructions). Also attach Form 4562	8	38,37	0		22		or lease:		•	
9	Chemicals	9	60,24			a		les, machinery, and			
10	Conservation expenses (see							ment (see			
	instructions)	10	13,28	5			instru	ıctions)	22a		
11	Custom hire (machine work).	11	35,95	2		b	Other	r (land, animals, etc.)	22b		
12	Depreciation and section 179					23	Repa	irs and maintenance	23	133,609	
	expense deduction not					24	Seed	s and plants	24	52,679	
	claimed elsewhere	12	158,96	39		25		ge and warehousing			
13	Employee benefit programs other					26		olies	26	76,273	
	than on line 21 (see Schedule F		*			27		S	27	346,239	
	(Form 1040) instructions)	13		4		28		es	28		
14	Feed	14	12,88			29		inary, breeding, nedicine			
15	Fertilizers and lime	15	89,96	9		30		r expenses	29		
16 17	Freight and trucking	16 17	91,44	1		30	(spec				
18	Gasoline, fuel, and oil Insurance (other than health).	18	226,02			а			30a		
19	Interest:	10	220,02			b			30h		
а	Mortgage (paid to banks, etc.)	19a	33,91	5		c			30c		+
b	Other	19b	26,21			d			304		
20	Labor hired (less employment					е			300		
	credits) (see Schedule F (Form					f			30f		
	1040) instructions)	20	16,25			g			30g		
31	Total expenses. Add lines 8 thr	_	O (,				31	432,292	
32	Net farm rental income or (loss and on Schedule E (Form 1040),								32	510,367	
33	Did you receive an applicable su								33	Yes No	
34	If line 32 is a loss, check the box		,			•	is acti) 34a	_	at risk.
	(see instructions)								34b	Some investment is	
С	You may have to complete For	m 858	2 to deter	mine v	our de	ductible	e loss,	regardless of which			
	box you checked (see instruction	ons). I	f you chec	ked bo	ox 34b	, you m	nust c	omplete Form 6198	3		
	before going to Form 8582. In e										
	(Form 1040), line 40 Nondeduc	ctible	.loss (.+) <i>l</i> s	suspe	nded I	oss. car	ry.ove	r (-) = · · · 31;241	34c	103,680	

Form **4835**

Department of the Treasury Internal Revenue Service (99) **Farm Rental Income and Expenses**

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)

► Attach to Form 1040 or Form 1040NR.

► Information about Form 4835 and its instructions is at www.irs.gov/form4835.

OMB No. 1545-0074

2015

Attachment
Sequence No. 37

Name(s) shown on tax return Your social security number Total Forms Filed = 535,720 Employer ID number (EIN), if any Did you actively participate in the operation of this farm during 2015 (see instructions)? Part I Gross Farm Rental Income - Based on Production. Include amounts converted to cash or the equivalent. 5,212,952 Income from production of livestock, produce, grains, and other crops. **2b** Taxable amount 1,014,555 2a Cooperative distributions (Form(s) 1099-PATR) 2a 2b 620,975 3b Taxable amount 3a Agricultural program payments (see instructions) | 3a 3b 616,291 4 Commodity Credit Corporation (CCC) loans (see instructions): a CCC loans reported under election h CCC loans forfeited 4b 0 4c Taxable amount 4c 5 Crop insurance proceeds and federal crop disaster payments (see instructions): Amount received in 2015 5a 5b Taxable amount 189,203 204.253 5b а **5d** Amount deferred from 2014 5d If election to defer to 2016 is attached, check here ▶ □ 3,815,314 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the 7 10,534,129 Part II **Expenses** – Farm Rental Property. Do not include personal or living expenses. 8 Pension and profit-Car and truck expenses (see sharing plans . . . Schedule F (Form 1040) 21 0 instructions). Also attach Form 4562 54,569 8 Rent or lease: 22 315,885 Chemicals. 9 9 Vehicles, machinery, and 10 Conservation expenses (see equipment (see 47,010 instructions). . . . instructions) 10 22a 109,983 22b 11 Custom hire (machine work). 11 Other (land, animals, etc.) 343,359 12 Depreciation and section 179 23 Repairs and maintenance 23 expense deduction not 483,938 24 Seeds and plants . . 24 claimed elsewhere . . . 1,179,222 12 25 Storage and warehousing 25 102,113 13 Employee benefit programs other 26 Supplies 26 976.025 than on line 21 (see Schedule F 27 27 Taxes (Form 1040) instructions). . . 13 28 Utilities 30.978 Veterinary, breeding, 14 29 14 Feed 559,330 and medicine . . . 15 15 Fertilizers and lime . . 30 Other expenses 16 Freight and trucking . . . 16 121.974 (specify): 17 Gasoline, fuel, and oil . . . 17 18 Insurance (other than health). 18 304,179 30a а 19 Interest: 30b b 218,480 а Mortgage (paid to banks, etc.) 19a 30c 303,618 Other 19b 30d 20 Labor hired (less employment 30e credits) (see Schedule F (Form 30f 1040) instructions) 47,689 30g Total expenses. Add lines 8 through 30g (see instructions) 31 6,290,165 Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here 32 and on Schedule E (Form 1040), line 40. If the result is a loss, you must go to lines 33 and 34 . 4,243,964 32 Did you receive an applicable subsidy in 2015? (see instructions) 33 Yes No 33 34 If line 32 is a loss, check the box that describes your investment in this activity **34a** All investment is at risk. **34b** Some investment is not at risk. You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 34b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E 743.977

Form **4952**

Department of the Treasury Internal Revenue Service (99)

For Paperwork Reduction Act Notice, see page 4.

Investment Interest Expense Deduction

► Information about Form 4952 and its instructions is at www.irs.gov/form4952.

► Attach to your tax return.

OMB No. 1545-0191

2015
Attachment
Sequence No. 51

Form **4952** (2015)

Name(s) shown on return Identifying number 1,911,351 Total Forms Filed = Part I **Total Investment Interest Expense** Investment interest expense paid or accrued in 2015 (see instructions) 1 1,377,710 900,352 2 Disallowed investment interest expense from 2014 Form 4952, line 7 2 3 **Total investment interest expense.** Add lines 1 and 2 1,886,498 Part II **Net Investment Income** Gross income from property held for investment (excluding any net 4a gain from the disposition of property held for investment) . . . 4a 1,729,334 4b 1,451,771 1,633,731 4c Net gain from the disposition of property held for investment . . . 774,598 4d Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) 727,707 4e 4f 240,812 Enter the amount from lines 4b and 4e that you elect to include in investment income (see 207,705 4g Investment income. Add lines 4c, 4f, and 4g 1,681,733 h 4h 5 843,506 6 **Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-. 1,432,650 Part III **Investment Interest Expense Deduction** Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from 7 1,026,174 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions . 1,407,806

Cat. No. 13177Y

Form **4952**

Department of the Treasury Internal Revenue Service (99)

For Paperwork Reduction Act Notice, see page 4.

Investment Interest Expense Deduction

► Information about Form 4952 and its instructions is at www.irs.gov/form4952.

► Attach to your tax return.

OMB No. 1545-0191

2015

Attachment
Sequence No. 51

Form **4952** (2015)

Identifying number Name(s) shown on return Total Forms Filed = 1,911,351 Part I **Total Investment Interest Expense** Investment interest expense paid or accrued in 2015 (see instructions) 20,338,546 Disallowed investment interest expense from 2014 Form 4952, line 7 2 32,588,953 2 3 **Total investment interest expense.** Add lines 1 and 2 52,927,499 Part II **Net Investment Income** 4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) . . . 159,264,976 4a 83,582,734 75,682,242 4c **d** Net gain from the disposition of property held for investment . . . 270,094,568 Enter the smaller of line 4d or your net capital gain from the 250,013,125 disposition of property held for investment (see instructions) 4e 20,081,444 4f Enter the amount from lines 4b and 4e that you elect to include in investment income (see 4,099,715 4g Investment income. Add lines 4c, 4f, and 4g 4h 99,863,401 21,369,560 5 6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- 82,438,610 Part III **Investment Interest Expense Deduction** Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from 7 34,098,043 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions . 18,829,456

Cat. No. 13177Y

Form **4972**

Department of the Treasury Internal Revenue Service (99)

Tax on Lump-Sum Distributions

(From Qualified Plans of Participants Born Before January 2, 1936)

► Information about Form 4972 and its instructions is available at www.irs.gov/form4972.

► Attach to Form 1040, Form 1040NR, or Form 1041.

OMB No. 1545-0193

2015

Attachment
Sequence No. 28

Name of recipient of distribution

Total Forms Filed = 5,449

Identifying number

Part	Complete this part to see if you can use Form 4972			
		lavaa	Yes	No
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary employer's and certain forfeited amounts) from all of an employer's qualified plans of one kind		1.00	110
	example, pension, profit-sharing, or stock bonus)? If "No," do not use this form			
2	Did you roll over any part of the distribution? If "Yes," do not use this form		_	
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before January 2, 19		_	
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, and			
4	participant in the plan for at least 5 years before the year of the distribution?			
	If you answered "No" to both questions 3 and 4, do not use this form.			
5a	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not use	o thic		
Ja	form for a 2015 distribution from your own plan	. 5		
b	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form	——	-	
D	for a previous distribution received as a beneficiary of that participant after 1986? If "Yes," do not use			
	form for this distribution			
Part	Complete this part to choose the 20% capital gain election (see instructions)			-
6	Capital gain part from Form 1099-R, box 3	*		
7	Multiply line 6 by 20% (.20)			
	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the			
	total on Form 1040, line 44; Form 1040NR, line 42; or Form 1041, Schedule G, line 1b.			
Part				
8	If you completed Part II, enter the amount from Form 1099-R, box 2a minus box 3. If you did not			
	complete Part II, enter the amount from box 2a. Multiple recipients (and recipients who elect to			
	include NUA in taxable income) see instructions	5,4	49	
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 . 9	*		
10	Total taxable amount. Subtract line 9 from line 8	5,4	09	
11	Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0	0		
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines			
	13 through 16, enter this amount on line 17, and go to line 18	5,40	09	
13	Multiply line 12 by 50% (.50), but do not enter more than \$10,000 13			
14	Subtract \$20,000 from line 12. If line 12 is			
	\$20,000 or less, enter -0			
15	Multiply line 14 by 20% (.20)			
16	Minimum distribution allowance. Subtract line 15 from line 13	-, .,)9	
17	Subtract line 16 from line 12			
18	Federal estate tax attributable to lump-sum distribution			
19	Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 19			
20	Divide line 11 by line 12 and enter the result as a decimal (rounded to at			
04	least three places)			
21 22	Multiply line 16 by the decimal on line 20			
23	Multiply line 19 by 10% (.10)			
24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	_	na	
		· 5, 1	03	
25	Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30			
26	Multiply line 22 by 10% (.10)			
27	Tax on amount on line 26. Use the Tax Rate Schedule in the			
<u> - 1</u>	instructions			
28	Multiply line 27 by ten (10)			
29	Subtract line 28 from line 25. Multiple recipients see instructions		09	
30	Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form	5,1	- -	
	1040, line 44; Form 1040NR, line 42; or Form 1041, Schedule G, line 1b ▶ 30	5,4	09	

For Paperwork Reduction Act Notice, see instructions.

* Data not shown because of the small number of sample returns on which it is based.

Cat. No. 13187U

Form **4972** (2015)

Form **4972**

Tax on Lump-Sum Distributions

(From Qualified Plans of Participants Born Before January 2, 1936)

▶ Information about Form 4972 and its instructions is available at www.irs.gov/form4972.

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

OMB No. 1545-0193

2015
Attachment
Sequence No. 28

Department of the Treasury Internal Revenue Service (99)

Name of recipient of distribution

Total Forms Filed = 5,449

Identifying number

	Complete this post to see if you are use Farm 4070				
Part	<u> </u>			1.4	
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary e			Yes	No
	contributions and certain forfeited amounts) from all of an employer's qualified plans of one				
	example, pension, profit-sharing, or stock bonus)? If "No," do not use this form				
2	Did you roll over any part of the distribution? If "Yes," do not use this form				
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before January				
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, a	ınd (d	-		
	participant in the plan for at least 5 years before the year of the distribution?		. 4		
	If you answered "No" to both questions 3 and 4, do not use this form.				
5a	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not				
	form for a 2015 distribution from your own plan		. <u>5a</u>		
b	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Fo				
	for a previous distribution received as a beneficiary of that participant after 1986? If "Yes," do not				
D4	form for this distribution		. 5b		
Part		_	*		
6	Capital gain part from Form 1099-R, box 3	6			
7	Multiply line 6 by 20% (.20)	7			
	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the				
Doub	total on Form 1040, line 44; Form 1040NR, line 42; or Form 1041, Schedule G, line 1b.				
Part					
8	If you completed Part II, enter the amount from Form 1099-R, box 2a minus box 3. If you did not				
	complete Part II, enter the amount from box 2a. Multiple recipients (and recipients who elect to		75.00	_	
_	include NUA in taxable income) see instructions	8	75,63	3	
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 .	9	75.40	2	
10 11	Total taxable amount. Subtract line 9 from line 8	10 11	75,430	J	
		- 11	0		
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18	12	75,430	n	
13	Multiply line 12 by 50% (.50), but do not enter more than \$10,000 13	12	70,400	,	
14	Subtract \$20,000 from line 12. If line 12 is				
14	\$20,000 or less, enter -0				
15	Multiply line 14 by 20% (.20)				
16	Minimum distribution allowance. Subtract line 15 from line 13	16	8,218		
17	Subtract line 16 from line 12	17	0,210		
18	Federal estate tax attributable to lump-sum distribution	18	0		
19	Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23	19			
20	Divide line 11 by line 12 and enter the result as a decimal (rounded to at				
	least three places)				
21	Multiply line 16 by the decimal on line 20				
22	Subtract line 21 from line 11				
23	Multiply line 19 by 10% (.10)	23			
24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	879		
25	Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on				
	line 29, and go to line 30	25			
26	Multiply line 22 by 10% (.10)				
27	Tax on amount on line 26. Use the Tax Rate Schedule in the				
	instructions				
28	Multiply line 27 by ten (10)	28			
29	Subtract line 28 from line 25. Multiple recipients see instructions	29	8,787	7	
30	Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form				
	1040, line 44; Form 1040NR, line 42; or Form 1041, Schedule G, line 1b ▶	30	8,78	7	

* Data not shown because of the small number of sample returns on which it is based.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.

Attachment Sequence No. **29**

Name o	of individual subject to additiona	al tax. If married filing jointly, see instructions.			Your socia	al security numb	oer
		Total Forms Filed = 2,	403,290				
		Home address (number and street), or P.C). box if mail is not delive	ered to your home	I	Apt. no.	
If You Form	Your Address Only Are Filing This by Itself and Not	City, town or post office, state, and ZIP countries the spaces below (see instructions).	de. If you have a foreigr	address, also complete		ın amended	
With '	Your Tax Return	Foreign country name	Foreign province/	atata/aquatu		eck here	
		Foreign country name	Foreign province/	state/county	Foreign po	istai code	
If you Form Par i	1040NR, line 57, without	l 10% tax on early distributions, you tilling Form 5329. See the instruction	ns for Form 1040,	line 59, or for Form 10	040NR, lir	ne 57.	
	from a qualified retire Form 1040 or Form the additional tax on	n Early Distributions. Complete t ement plan (including an IRA) or modif 1040NR—see above). You may also ha early distributions or for certain Roth	ied endowment cor ave to complete this IRA distributions (se	atract (unless you are r s part to indicate that y se instructions).	eporting th	his tax directly	y on
1	Early distributions inclu	ided in income. For Roth IRA distribi	utions, see instruct	ions	1	1,650,294	
2	Early distributions inclu	ided on line 1 that are not subject to	the additional tax	(see instructions).			
	Enter the appropriate e	exception number from the instruction	ns:		2	774,554	\perp
3	Amount subject to add	itional tax. Subtract line 2 from line			3	1,196,134	
4	Additional tax. Enter 10%	6 (.10) of line 3. Include this amount on F	orm 1040, line 59, or	Form 1040NR, line 57.	4	1,184,816	\perp
		the amount on line 3 was a distribu amount on line 4 instead of 10% (see		E IRA, you may have	•		
5 6 7 8 Part 9 10 11 12 13 14 15	you included an am (ESA), a qualified tu Distributions included in Distributions included of Amount subject to additional tax. Enter 10% Additional tax. Enter 10% In Additional IRAs for 2 Enter your excess contributional IRA discussive and included in Excess contributions of properties.	ributions. Subtract line 13 from line 9 or 2015 (see instructions)	orm 1040NR, line 2 count. TP, or an ABLE account. TP, or an ABLE account. TP, or an ABLE account. TO an ABLE account account and the second account accoun	1, from a Coverdell edcount	5 6 7 8 u contribut 5329. 9 9 113 114 115	203,277 131,280 128,569 ted more to y	unt
16					16	39,434	
17	•	.06) of the smaller of line 16 or the value ns made in 2016). Include this amount on F	•		17	35,486	
Part	V Additional Tax or	n Excess Contributions to Rotl is allowable or you had an amount o	n IRAs. Complete	this part if you contri		re to your Ro	oth
18		outions from line 24 of your 2014 Form 5			18	40,069	
19	If your Roth IRA contr	ributions for 2015 are less than yo see instructions. Otherwise, enter -0	ur maximum				
20	2015 distributions from	your Roth IRAs (see instructions)	20	6,200			
21					21		
22		ributions. Subtract line 21 from line 1			22		
23		or 2015 (see instructions)			23	22,331	1
24		ons. Add lines 22 and 23			24	47,551	+-
25	Additional tax. Enter 6%	(.06) of the smaller of line 24 or the valins made in 2016). Include this amount on	ue of your Roth IRAs	on December 31, 2015		41,716	

Form **5329**

Department of the Treasury

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

	nent of the Treasury Revenue Service (99) Information about Form 5329 and its separate instructions is at www.irs.gov/form53	29.	Attachment Sequence No. 2	29
Name	of individual subject to additional tax. If married filing jointly, see instructions.	Your so	cial security numb	er
	Total Forms Filed = 2,403,290			
	Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.	
Fill in	Your Address Only City town or post office state and ZIP code If you have a foreign address also complete			
	City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).			
	by Itself and Not		s an amended	
With	Your Tax Return Foreign country name Foreign province/state/county	-	check here ►	
	Totalgh country hame	roreign	postar code	
<u></u>			1040 line	<u></u>
	only owe the additional 10% tax on early distributions, you may be able to report this tax directl 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 10			59, or
Par				E01/-
	Additional Tax on Early Distributions. Complete this part if you took a taxable distribution be from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are re			
	Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you			
	the additional tax on early distributions or for certain Roth IRA distributions (see instructions).	ou quu	my for all oxcopt	
1	Early distributions included in income. For Roth IRA distributions, see instructions	1	24,436,592	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions).			
	Enter the appropriate exception number from the instructions:	2	8,712,380	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	15,724,213	
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	4	1,578,045	
	Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have			
	to include 25% of that amount on line 4 instead of 10% (see instructions).			
Par			•	•
	you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell ed	ucatio	n savings accou	unt
	(ESA), a qualified tuition program (QTP), or an ABLE account.			
5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	422,002	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	274,395	
7 8	Amount subject to additional tax. Subtract line 6 from line 5	7 8	274,395	
Part			· ·	
rart	traditional IRAs for 2015 than is allowable or you had an amount on line 17 of your 2014 Form 5		butea more to y	our
9	Enter your excess contributions from line 16 of your 2014 Form 5329 (see instructions). If zero, go to line 15	9		
10	If your traditional IRA contributions for 2015 are less than your			
10	maximum allowable contribution, see instructions. Otherwise, enter -0-			
11	2015 traditional IRA distributions included in income (see instructions) . 11			
12	2015 distributions of prior year excess contributions (see instructions) . 12			
13	Add lines 10, 11, and 12	13		
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0	14		
15	Excess contributions for 2015 (see instructions)	15		
16	Total excess contributions. Add lines 14 and 15	16	255,961	
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2015			
	(including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	17	13,889	
Part		outed n	nore to your Ro	th
	IRAs for 2015 than is allowable or you had an amount on line 25 of your 2014 Form 5329.	140	470.004	_
18	Enter your excess contributions from line 24 of your 2014 Form 5329 (see instructions). If zero, go to line 23	18	176,964	
19	If your Roth IRA contributions for 2015 are less than your maximum			
20	allowable contribution, see instructions. Otherwise, enter -0			
21	Add lines 19 and 20	21		
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0	22		
23	Excess contributions for 2015 (see instructions)	23	83,919	
24	Total excess contributions. Add lines 22 and 23	24	181,162	
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2015			
	(including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	9,416	

Form 532	20 (201	5)	Numb	er of returns med for select	teu iiiles				Page 2
		•	F Otiile	utions to Oswandall FCAs O	l . l . 11			Para la la la	rage z
Part				utions to Coverdell ESAs. C					
				n is allowable or you had an amo				orm 5329.	
				your 2014 Form 5329 (see instructi	ions). It zero	o, go to line	31 26		
			•	s for 2015 were less than the					
				· –	27				
					28			l	
		•		ne 29 from line 26. If zero or less					
			•	ions)				*	
			outions. Add lines 30 an						
	Dece	mber 31, 201	5 (including 2015 contr	aller of line 32 or the value of y ibutions made in 2016). Include	e this amo	ount on Fo	rm	*	
Part \	ΠА	dditional Ta	x on Excess Contrib	utions to Archer MSAs. Con	nplete this	part if you	or vour e	mplover contri	buted
				n is allowable or you had an amo	•		-		
34				your 2014 Form 5329 (see instructi					
				for 2015 are less than the					
					35				
					36				
		ines 35 and 36		-			. 37		
38	Prior	year excess co		ne 37 from line 34. If zero or less					
		-		ions)					
			•	ıd 39				4,989	
41	Addit	ional tax. En	ter 6% (06) of the sm	aller of line 40 or the value of	f vour Arcl	her MSAs	on		
				ributions made in 2016). Include					
								2,111	
Part V				utions to Health Savings Ac					
	_ , .			yer contributed more to your HS	-	•	•		amount
			ur 2014 Form 5329.	,		·		. ,	
42				of your 2014 Form 5329. If zero	, go to line	47	. 42		
				are less than the maximum					
			•		43				
					44				
45	Add I	ines 43 and 44					. 45		
46	Prior	year excess co	ontributions. Subtract lin	ne 45 from line 42. If zero or less	, enter -0-		. 46		
47	Exces	ss contribution	s for 2015 (see instruct	ions)	·		. 47		
48	Total	excess contrib	outions. Add lines 46 an	nd 47			. 48	395,066	
49	Additi	onal tax. Enter	6% (.06) of the smaller	of line 48 or the value of your HSA	As on Dece	mber 31, 20	15	, , , , , , , , , , , , , , , , , , , ,	
				ude this amount on Form 1040, line 59				267,655	
				utions to an ABLE Account					BLE
			5 were more than is allo		•	•		·	
50	Exces	ss contribution	s for 2015 (see instruct	ions)			. 50	2,812	
51	Addit	i onal tax. Ent	ter 6% (.06) of the sm	aller of line 50 or the value of	your ABLI	E account	on		
				n Form 1040, line 59, or Form 10				*	
				ulation in Qualified Retireme				Complete this	s part if
				ed distribution from your qualifie			,	·	•
52	Minin	num required o	distribution for 2015 (see	e instructions)			. 52		
53	Amou	int actually dis	tributed to you in 2015				. 53		
54	Subtr	act line 53 froi	m line 52. If zero or less	, enter -0			. 54	11,810	
55	Additi	onal tax. Enter		e this amount on Form 1040, line 59,				11,810	
		.1. 1634	Under penalties of perjury,	I declare that I have examined this for	m, including	accompanyin	g attachme	nts, and to the be	est of my
_		nly If You	preparer has any knowledge	ue, correct, and complete. Declaration of	preparer (oth	iei iriari taxpay	rer) is based	i on all information	oi wnich
		nis Form by ot With Your							
Tax Re		ot with rour	 						
			Your signature			/ D	ate		
Paid		Print/Type prepa	rer's name	Preparer's signature	Date		Check] if PTIN	
Prepa	arer						self-emple		
cpc	41 01	F							

Firm's EIN ▶

Phone no.

Firm's name

Firm's address ▶

Use Only

Form **5329** (2015)

Form 5329 (2015) Page 2 Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2015 were more than is allowable or you had an amount on line 33 of your 2014 Form 5329. 26 Enter the excess contributions from line 32 of your 2014 Form 5329 (see instructions). If zero, go to line 31 27 If the contributions to your Coverdell ESAs for 2015 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-28 2015 distributions from your Coverdell ESAs (see instructions) . . . 28 29 29 30 Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-. 30 31 Excess contributions for 2015 (see instructions) 31 32 Total excess contributions. Add lines 30 and 31 32 33 Additional tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2015 than is allowable or you had an amount on line 41 of your 2014 Form 5329. 34 Enter the excess contributions from line 40 of your 2014 Form 5329 (see instructions). If zero, go to line 39 If the contributions to your Archer MSAs for 2015 are less than the 35 maximum allowable contribution, see instructions. Otherwise, enter -0-36 2015 distributions from your Archer MSAs from Form 8853, line 8 . . . 37 37 38 Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-. 38 39 Excess contributions for 2015 (see instructions) 39 40 Total excess contributions. Add lines 38 and 39 40 9.258 41 Additional tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57 41 191 Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2015 than is allowable or you had an amount on line 49 of your 2014 Form 5329. 42 Enter the excess contributions from line 48 of your 2014 Form 5329. If zero, go to line 47 43 If the contributions to your HSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0- 2015 distributions from your HSAs from Form 8889, line 16 . 44 45 45 46 Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-. 46 47 Excess contributions for 2015 (see instructions) 47 48 Total excess contributions. Add lines 46 and 47 48 668,604 49 Additional tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2015 49 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57 20,605 **Part** Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2015 were more than is allowable. 50 34,396 50 Additional tax. Enter 6% (.06) of the smaller of line 50 or the value of your ABLE account on 51 December 31, 2015. Include this amount on Form 1040, line 59, or Form 1040NR, line 57 . . . Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan. 52 Minimum required distribution for 2015 (see instructions) 52 53 Amount actually distributed to you in 2015 53 13,621 54 Subtract line 53 from line 52. If zero or less, enter -0-54 55 Additional tax. Enter 50% (.50) of line 54. Include this amount on Form 1040, line 59, or Form 1040NR, line 57 6,812 Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which Sign Here Only If You preparer has any knowledge. Are Filing This Form by **Itself and Not With Your**

Tax Return Date Your signature Print/Type preparer's name Preparer's signature Date Check if Paid self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no.

Department of the Treasury Internal Revenue Service

Repayment of the First-Time Homebuyer Credit

► Attach to Form 1040, Form 1040NR, or Form 1040X.

Information about Form 5405 and its separate instructions is at www.irs.gov/form5405. Your social security number

OMB No. 1545-0074 Attachment Sequence No. 58

Name(s) shown on return

. ,	Total Forms Filed = 178,762		-	
Part	Disposition or Change in Use of Main Home for Which the Credit Was Claimed			
1	Enter the date you disposed of, or ceased using as your main home, the home for which you claimed credit (MM/DD/YYYY) (see instructions)		>	
2	If you meet the following conditions, check here		· 	
	I (or my spouse if married) am, or was, a member of the uniformed services or Foreign Service, or an e community. I sold the home, or it ceased to be my main home, in connection with Government orders extended duty service. No repayment of the credit is required (see instructions). Stop here.		•	ence
3	Check the box below that applies to you. See the instructions for the definition of "related person."			
а	□ I sold (including through foreclosure) the home to a person who is not related to me and had a gain o III below). Go to Part II below.	n the s	ale (as figured	in Part
b	☐ I sold (including through foreclosure) the home to a person who is not related to me and did not have in Part III below). No repayment of the credit is required. Stop here.	a gain (on the sale (as	figured
С	☐ I sold the home to a related person OR I gave the home to someone other than my spouse (or ex-s settlement). Go to Part II below.	pouse	as part of my o	divorce
d	☐ I converted the entire home to a rental or business use OR I still own the home but no longer use it as below.	my ma	in home. Go to	Part II
е	☐ I transferred the home to my spouse (or ex-spouse as part of my divorce settlement). The full name of	my ex-	spouse is ►	
	The responsibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here.			
f	My home was destroyed, condemned, or sold under threat of condemnation and I had a gain (see inst			
g	☐ My home was destroyed, condemned, or sold under threat of condemnation and I did not have a gain (see			a filina
h	☐ The taxpayer who claimed the credit died in 2015. No repayment of the credit is required of the decear a joint return for 2015 with the deceased taxpayer, see instructions. Otherwise, stop here.	seu lax	cpayer. II you ar	e illing
Part				
4	Enter the amount of the credit you claimed on Form 5405 for a prior year. See instructions if you filed a joint			
	return for the year you claimed the credit or you checked the box on line 3f or 3g	4	97,662	
5	If you purchased the home in 2008, enter the amount of the credit you repaid with your 2010, 2011, 2012, 2013, and 2014 tax returns. Otherwise, enter -0	5	94,343	
6	Subtract line 5 from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked the box on line 3a, go to line 7. Otherwise, skip line 7 and go to line 8	6	95,378	
7	Enter the gain on the disposition of your main home (from line 15 below)	7	17,365	
8	Amount of the credit to be repaid. See instructions	8	115,270	
	Next: Enter the amount from line 8 on your 2015 Form 1040, line 60b, or Form 1040NR, line 59b.			
Part	Form 5405 Gain or (Loss) Worksheet			
	Note: Complete this part only if your home was destroyed or you sold your home to someone who is no sale through condemnation or under threat of condemnation). See Pub. 523, Selling Your Home, for infolines 9, 10, and 12. But if you sold your home through condemnation, see chapter 1 in Pub. 544, Sale Assets, for information on what to enter on lines 9 and 10.	rmatio	n on what to er Other Dispositi	nter on
9	Selling price of home, insurance proceeds, or gross condemnation award	9	41,664	
10	Selling expenses (including commissions, advertising and legal fees, and seller-paid loan charges) or		.	
	expenses in getting the condemnation award	10	32,207	+
11	Subtract line 10 from line 9. This is the amount realized on the sale of the home	11	41,664	+
12 13	Adjusted basis of home sold (see instructions)	12	40,679	
	with your 2010, 2011, 2012, 2013, and 2014 tax returns	13	40,660	
14	Subtract line 13 from line 12. This is the adjusted basis for purposes of repaying the credit	14	41,667	
15	Subtract line 14 from line 11	15	40,667	
	• If line 15 is more than -0-, you have a gain. Check the box on line 3a and complete Part II. However , check the box on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the home through condemnation or under threat of condemnation. Then complete Part II if you purchased the home in 2008 or you purchased the home after 2008 and the event occurred in 2013.			
	• If line 15 is -0- or less, check the box on line 3b of Form 5405. However, if your home was destroyed or you sold the home through condemnation or under threat of condemnation, check the box on line 3g instead. You do not have to repay the credit.			

Form **5405**(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

Repayment of the First-Time Homebuyer Credit

► Attach to Form 1040, Form 1040NR, or Form 1040X.

Information about Form 5405 and its separate instructions is at www.irs.gov/form5405.

Attachment Sequence No. **58**

OMB No. 1545-0074

Name(s) shown on return

Total Forms Filed = 178.762

Sequence No. **5**Your social security number

	170,702						
Part	•						
1	Enter the date you disposed of, or ceased using as your main home, the home for which you claimed credit (MM/DD/YYYY) (see instructions)	ed the	>				
2	If you meet the following conditions, check here			▶ □			
	I (or my spouse if married) am, or was, a member of the uniformed services or Foreign Service, or an e community. I sold the home, or it ceased to be my main home, in connection with Government orders extended duty service. No repayment of the credit is required (see instructions). Stop here.			ence			
3 a	Check the box below that applies to you. See the instructions for the definition of "related person." I sold (including through foreclosure) the home to a person who is not related to me and had a gain on the sale (as figured in Part III below). Go to Part II below.						
b	I sold (including through foreclosure) the home to a person who is not related to me and did not have in Part III below). No repayment of the credit is required. Stop here.	a gain	on the sale (as f	igured			
С	☐ I sold the home to a related person OR I gave the home to someone other than my spouse (or ex-s settlement). Go to Part II below.	pouse	as part of my d	livorce			
d	☐ I converted the entire home to a rental or business use OR I still own the home but no longer use it as below.	my ma	in home. Go to	Part II			
е	☐ I transferred the home to my spouse (or ex-spouse as part of my divorce settlement). The full name of	my ex-	-spouse is ►				
f g h	The responsibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here. My home was destroyed, condemned, or sold under threat of condemnation and I had a gain (see instructions). My home was destroyed, condemned, or sold under threat of condemnation and I did not have a gain (see instructions). The taxpayer who claimed the credit died in 2015. No repayment of the credit is required of the deceased taxpayer. If you are filing						
	a joint return for 2015 with the deceased taxpayer, see instructions. Otherwise, stop here.						
Part							
4	Enter the amount of the credit you claimed on Form 5405 for a prior year. See instructions if you filed a joint return for the year you claimed the credit or you checked the box on line 3f or 3g	4	645,448				
5	If you purchased the home in 2008, enter the amount of the credit you repaid with your 2010, 2011, 2012, 2013, and 2014 tax returns. Otherwise, enter -0	5	213,881				
6	Subtract line 5 from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked the box on line 3a, go to line 7. Otherwise, skip line 7 and go to line 8	6	431,567				
7	Enter the gain on the disposition of your main home (from line 15 below)	7	927,583				
8	Amount of the credit to be repaid. See instructions	8	149,545	<u> </u>			
) out	Next: Enter the amount from line 8 on your 2015 Form 1040, line 60b, or Form 1040NR, line 59b. Form 5405 Gain or (Loss) Worksheet						
Part	Note: Complete this part only if your home was destroyed or you sold your home to someone who is not sale through condemnation or under threat of condemnation). See Pub. 523, Selling Your Home, for infolines 9, 10, and 12. But if you sold your home through condemnation, see chapter 1 in Pub. 544, Sale Assets, for information on what to enter on lines 9 and 10.	rmatio	n on what to en Other Disposition	iter on			
9 10	Selling price of home, insurance proceeds, or gross condemnation award	10	8,448,154 659,771				
11	Subtract line 10 from line 9. This is the amount realized on the sale of the home	11	7,788,383	_			
12	Adjusted basis of home sold (see instructions)	12	7,759,263				
13	Enter the first-time homebuyer credit claimed on Form 5405 minus the amount of the credit you repaid with your 2010, 2011, 2012, 2013, and 2014 tax returns	13	193,456				
14 15	Subtract line 13 from line 12. This is the adjusted basis for purposes of repaying the credit	14 15	7,565,808 222,576				
	• If line 15 is more than -0-, you have a gain. Check the box on line 3a and complete Part II. However, check the box on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the home through condemnation or under threat of condemnation. Then complete Part II if you purchased the home in 2008 or you purchased the home after 2008 and the event occurred in 2013.						
	• If line 15 is -0- or less, check the box on line 3b of Form 5405. However, if your home was destroyed or you sold the home through condemnation or under threat of condemnation, check the box on line 3g instead. You do not have to repay the credit.						

Form **5695**

Department of the Treasury Internal Revenue Service

Residential Energy Credits

► Information about Form 5695 and its separate instructions is at www.irs.gov/form5695.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. 158

Name(s) shown on return

Total Forms Filed = 2,772,752

Your social security number

Par	Residential Energy Efficient Property Credit (See instructions before completing thi	s par	t.)	
Note	: Skip lines 1 through 11 if you only have a credit carryforward from 2014.			
1	Qualified solar electric property costs	1	250,844	
2	Qualified solar water heating property costs	2	62,024	
3	Qualified small wind energy property costs	3	20,080	
4	Qualified geothermal heat pump property costs	4	55,642	
5	Add lines 1 through 4	5	352,779	
6	Multiply line 5 by 30% (0.30)	6	352,779	
7a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions)	7a	☐ Yes ☐ No	0
	Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.			
b	Print the complete address of the main home where you installed the fuel cell property.			
	Number and street Unit No.			
	Number and succes.			
	City, State, and ZIP code			
_	0 15 16 1 1 5 056			
8	Qualified fuel cell property costs			
9	Multiply line 8 by 30% (0.30)			
10	Kilowatt capacity of property on line 8 above ▶ x \$1,000			
11	Enter the smaller of line 9 or line 10	11	4,520	
12	Credit carryforward from 2014. Enter the amount, if any, from your 2014 Form 5695, line 16	12	175,179	
13	Add lines 6, 11, and 12	13	518,499	
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	733,024	
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50	15	451,333	
16	Credit carryforward to 2016. If line 15 is less than line 13, subtract line 15 from line 13		,	
For Pa	pperwork Reduction Act Notice, see your tax return instructions. Cat. No. 13540P		Form 5695 (2	(015)

Form **5695**

Department of the Treasury Internal Revenue Service

Residential Energy Credits

► Information about Form 5695 and its separate instructions is at www.irs.gov/form5695.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment

Name(s) shown on return

Total Forms Filed = 2,772,752

Attachment Sequence No. 158 Your social security number

Par		s par	t.)	
Note:	Skip lines 1 through 11 if you only have a credit carryforward from 2014.			
1	Qualified solar electric property costs	1	4,135,131	
2	Qualified solar water heating property costs	2	323,710	
3	Qualified small wind energy property costs	3	81,249	
4	Qualified geothermal heat pump property costs	4	804,845	
5	Add lines 1 through 4	5	5,344,935	
6	Multiply line 5 by 30% (0.30)	6	1,603,505	
7a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions)	7a	☐ Yes ☐ N	lo
	Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.			
b	Print the complete address of the main home where you installed the fuel cell property.			
	Number and street Unit No.			
	City, State, and ZIP code			
8	Qualified fuel cell property costs			
9	Multiply line 8 by 30% (0.30)			
10	Kilowatt capacity of property on line 8 above ▶ x \$1,000			
11	Enter the smaller of line 9 or line 10	11	4,199	
12	Credit carryforward from 2014. Enter the amount, if any, from your 2014 Form 5695, line 16	12	524,356	
13	Add lines 6, 11, and 12	13	2,132,060	
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	15,344,331	
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50	15	1,569,764	
16	Credit carryforward to 2016. If line 15 is less than line 13, subtract line 15 from line 13			
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 13540P		Form 5695 (2	(2015)

Form 5695 (2015) Page **2**

Par	Nonbusiness Energy Property Credit	, ,		
17a	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	17a	Yes	No
b	Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.			
	Number and street Unit No.			
	Number and street Sint No.			
	City, State, and ZIP code			
С	Were any of these improvements related to the construction of this main home? ▶	17c	☐ Yes ☐	No
	Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.			
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)	18	508,180	
19	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).			
а	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	19a	652,504	
b	Exterior doors that meet or exceed the Energy Star program requirements	19a	582,907	
C	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	19c	213,026	
d	Exterior windows and skylights that meet or exceed the Energy Star program requirements			
е	Maximum amount of cost on which the credit can be figured 19e	_		
f	If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, 2011, 2012, 2013, or 2014, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0 19f 186,938			
g	Subtract line 19f from line 19e. If zero or less, enter -0			
h	Enter the smaller of line 19d or line 19g	19h	680,221	
20 21	Add lines 19a, 19b, 19c, and 19h	20	1,560,721 1,560,721	
22	Residential energy property costs (must be placed in service by you; include labor costs for onsite	21	1,500,721	
	preparation, assembly, and original installation) (see instructions).			
а	Energy-efficient building property. Do not enter more than \$300	22a	435,759	
b c	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more	22b	566,115	
C	than \$50	22c	125,324	
23	Add lines 22a through 22c	23	962,138	
24 25	Add lines 21 and 23	24 25	2,230,917	
25 26	Maximum credit amount. (If you jointly occupied the home, see instructions)	26		
27	Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy			
	property credit	27	2,384,127	
28	Enter the smaller of line 24 or line 27	28	2,220,269	
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)	29		
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50	30	2,204,325	

Form 5695 (2015) Page **2**

Par	Nonbusiness Energy Property Credit			
17a	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	17a	☐ Yes ☐	No
	Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.			
b	Print the complete address of the main home where you made the qualifying improvements.			
	Caution: You can only have one main home at a time.			
	Number and street Unit No.			
	City, State, and ZIP code			
С	Were any of these improvements related to the construction of this main home?	17c	☐ Yes ☐	No
	Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.			
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)	18	149,363	
19	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).			
а	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	19a	1,444,620	
b	Exterior doors that meet or exceed the Energy Star program requirements	19b	952,526	
С	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	19c	1,214,439	
d	Exterior windows and skylights that meet or exceed the Energy Star			
	program requirements			
e	Maximum amount of cost on which the credit can be figured 19e			
f	If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, 2011, 2012, 2013, or 2014, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0 19f 703,597			
g	Subtract line 19f from line 19e. If zero or less, enter -0			
h	Enter the smaller of line 19d or line 19g	19h	1,030,260	
20	Add lines 19a, 19b, 19c, and 19h	20	4,639,171	
21 22	Multiply line 20 by 10% (0.10)	21	463,978	
а	Energy-efficient building property. Do not enter more than \$300	22a	127,850	
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150	22b	84,479	
С	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	22c	6,221	
23	Add lines 22a through 22c	23	218,551	
24 25	Add lines 21 and 23	24 25	683,330	
26	Enter the amount, if any, from line 18	26		
27	Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy			
	property credit	27	1,095,555	
28 29	Enter the smaller of line 24 or line 27	28	525,965	
	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)	29		
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50	30	516,535	

5884

Department of the Treasury Internal Revenue Service

Work Opportunity Credit

► Attach to your tax return.
► Information about Form 5884 and its separate instructions is at www.irs.gov/form5884.

OMB No. 1545-0219

2015
Attachment
Sequence No. 77

Name(s) shown on return Identifying number Total Forms Filed = 12,830 Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group. a Qualified first-vear wages of employees who worked 1,648 for you at least 120 hours but fewer than 400 hours . \$_____ × 25% (0.25) 1a **b** Qualified first-year wages of employees who worked 1b 1,712 c Qualified second-year wages of employees certified as long-term family assistance recipients \$ × 50% (0.50) 1c 161 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to 3.056 2 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and 3 9.886 Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and 12,830 S corporations, stop here and report this amount on Schedule K. All others, stop here 4 12,829 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust 5 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on 6

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13570D

Form **5884** (2015)

5884

Department of the Treasury Internal Revenue Service

Work Opportunity Credit

► Attach to your tax return.

► Information about Form 5884 and its separate instructions is at www.irs.gov/form5884.

OMB No. 1545-0219

2015
Attachment
Sequence No. 77

Name(s) shown on return Identifying number Total Forms Filed = 12,830 Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group. a Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours . \$ _____ × 25% (0.25) 8.056 1a **b** Qualified first-year wages of employees who worked 1b 10,338 c Qualified second-year wages of employees certified as long-term family assistance recipients \$ × 50% (0.50) 1c 858 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to 19.252 2 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and 3 82,014 Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and 101,271 S corporations, stop here and report this amount on Schedule K. All others, stop here 101,266 4 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust 5 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on 6

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13570D

Form **5884** (2015)

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2015

Attachment Sequence No. **32**

Your social security number

Department of the Treasury Internal Revenue Service (99) ► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

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

Total Forms Filed = 10,307,885

Total Forms Filed = 10,307,000

Pa	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. Otherwis enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount		10,297,679	
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 104			
	line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0		585,898	
3	Taxes from Schedule A (Form 1040), line 9		7,575,358	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.		67,845	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27		2,170,072	
	If Form 1040, line 38, is \$154,950 or less, enter -0 Otherwise, see instructions		2,369,848)
7 8	Tax refund from Form 1040, line 10 or line 21		2,925,707	
9	Depletion (difference between regular tax and AMT)		39,180	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount		217,550	
11	Alternative tax net operating loss deduction		(124,875)
12	Interest from specified private activity bonds exempt from the regular tax		1,149,979	<u> </u>
13	Qualified small business stock, see instructions		17,147	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	. 14	20,019	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	. 15	225,738	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	. 16	949	
17	Disposition of property (difference between AMT and regular tax gain or loss)	. 17	570,065	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	. 18	1,533,991	
19	Passive activities (difference between AMT and regular tax income or loss)	. 19	1,473,136	
20	Loss limitations (difference between AMT and regular tax income or loss)	. 20	405,584	
21	Circulation costs (difference between regular tax and AMT)	. 21	3,474	
22	Long-term contracts (difference between AMT and regular tax income)		5,835	
23	Mining costs (difference between regular tax and AMT)		12,651	
24	Research and experimental costs (difference between regular tax and AMT)		31,705	
25	Income from certain installment sales before January 1, 1987		(*	
26	Intangible drilling costs preference		6,874	
27	Other adjustments, including income-based related adjustments		158,701	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and lines 1 through 27. (If married filing separately and lines 1 through 27. (If married filing separately and lines 28 is more than \$246,250, see instructions.)		10,295,679	
Par	t II Alternative Minimum Tax (AMT)	. 20	10,233,07 φ	
	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	. 29	9,342,770	
	If line 28 is over the amount shown above for your filing status, see instructions.			
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, 3	33,	7 440 407	
	and 35, and go to line 34	. 30	7,442,487	
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.	. 31	7,286,260	
	• 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.			
32	Alternative minimum tax foreign tax credit (see instructions)	. 32	2,550,151	
	Tentative minimum tax. Subtract line 32 from line 31	. 33	7,229,482	
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result a	ny		
	foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 4	,		
	refigure that tax without using Schedule J before completing this line (see instructions)		9,197,098	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	. 35	4,465,811	

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

Cat. No. 13600G

Form **6251** (2015)

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2015

Attachment Sequence No. **32**

Department of the Treasury Internal Revenue Service (99) ► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

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

Total Forms Filed = 10,308,885

Your social security number

Da	t I Alternative Minimum Tayable Income (Cas instructions for how to complete each line	١		
	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	2,503,537,243	<u> </u>
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	1,339,299	
3	Taxes from Schedule A (Form 1040), line 9	3	246,547,376	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	371,158	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	39,483,314	
6	If Form 1040, line 38, is \$154,950 or less, enter -0 Otherwise, see instructions	6	(35,323,660	<u> </u>
7	Tax refund from Form 1040, line 10 or line 21	7	12,635,653	
8	Investment interest expense (difference between regular tax and AMT)	8	-877,831	
9	Depletion (difference between regular tax and AMT)	9	241,026	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	89,231,086	
11	Alternative tax net operating loss deduction	11	1 095 000	
12	Interest from specified private activity bonds exempt from the regular tax	12	1,085,090 366,970	
13	Qualified small business stock, see instructions	13	,	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	2,629,977 2,371,379	_
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15 16	-970	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	17	-3,969,409	
17 18	Disposition of property (difference between AMT and regular tax gain or loss)	18	832,791	
19	Passive activities (difference between AMT and regular tax income or loss)	19	1,827,560	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	91.681	
21	Circulation costs (difference between regular tax and AMT)	21	16,967	
22	Long-term contracts (difference between AMT and regular tax income)	22	-85,787	_
23	Mining costs (difference between regular tax and AMT)	23	70,590	
24	Research and experimental costs (difference between regular tax and AMT)	24	-199,375	
25	Income from certain installment sales before January 1, 1987	25	(*)
26	Intangible drilling costs preference	26	384,314	
27	Other adjustments, including income-based related adjustments	27	132,737	
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	2,820,017,174	4
Pai	t 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	29	542,909,291	
	If line 28 is over the amount shown above for your filing status, see instructions.			
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	2,400,267,515	;
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.	31	596,456,019	
	• 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.			
32	Alternative minimum tax foreign tax credit (see instructions)	32	18,945,265	
33	Tentative minimum tax. Subtract line 32 from line 31	33	577,608,157	
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	605.423.944	
	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	31,164,284	
For E	Paperwork Reduction Act Notice, see your tax return instructions. Cat No 13600G		Form 6251 (2	2015)

Form 6251 (2015) Page 2 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. 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 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 4,932,682 37 38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see 429,799 38 instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 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 4,912,956 39 **40** Enter the **smaller** of line 36 or line 39 40 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, 4,335,145 multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result ▶ 42 43 Enter: • \$74,900 if married filing jointly or qualifying widow(er), • \$37,450 if single or married filing separately, or 43 • \$50,200 if head of household. 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 **46** Enter the **smaller** of line 36 or line 37 46 47 **47** Enter the **smaller** of line 45 or line 46. This amount is taxed at 0%. **48** Subtract line 47 from line 46 48 49 Enter: • \$413,200 if single • \$232,425 if married filing separately 49 \$464,850 if married filing jointly or qualifying widow(er) \$439.000 if head of household **50** Enter the amount from line 45 50 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, 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) 3,899,044 55 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 57 705,613 58 If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. 59 **60** Subtract line 59 from line 36 60 **61** Multiply line 60 by 25% (.25) 61 338,610 **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).

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.

Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result

4,690,936

63

64

Form 6251 (2015) Page **2**

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 Worl	ksheet	in the instruction	ns.
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	638,155,260	
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	19,487,677	
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	657,991,150	
40	Enter the smaller of line 36 or line 39	40		
41	Subtract line 40 from line 36	41		
	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	369,933,029	
43	Enter:			
	• \$74,900 if married filing jointly or qualifying widow(er),	40		
	• \$37,450 if single or married filing separately, or	43		
	• \$50,200 if head of household. 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		
	Subtract line 44 from line 43. If zero or less, enter -0	45		
	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: • \$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		
		30		
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		
	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	00.000.712	
55	Multiply line 54 by 15% (.15)	55	22,868,513	
56	Add lines 47 and 54	56		
67	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	67		
	Subtract line 56 from line 46	57 58	84,099,659	
JÖ	Multiply line 57 by 20% (.20)	38	04,099,009	
50	Add lines 41, 56, and 57	59		
	Subtract line 59 from line 36	60		
61	Multiply line 60 by 25% (.25)	61	3,566,707	
	Add lines 42, 55, 58, and 61	62	3,000,101	
	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26).			
64	Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result 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	63	537,269,957	
_	enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64		

Form **6252**

Department of the Treasury

Internal Revenue Service

Installment Sale Income

► Attach to your tax return.

► Use a separate form for each sale or other disposition of property on the installment method.

► Information about Form 6252 and its instructions is at www.irs.gov/form6252.

OMB No. 1545-0228

2015
Attachment
Sequence No. 79

Name(s) shown on return Identifying number Total Forms Filed = 546.523 Description of property ► **b** Date sold (mm/dd/yyyy) ▶ 2a Date acquired (mm/dd/yyyy) ▶ 3 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," **Gross Profit and Contract Price.** Complete this part for the year of sale only. Part I Selling price including mortgages and other debts. Do not include interest, whether stated or unstated 122,546 6 Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions) 7 Subtract line 6 from line 5 7 8 Cost or other basis of property sold 8 9 9 10 10 11 11 Commissions and other expenses of sale Income recapture from Form 4797, Part III (see instructions) . 12 12 13 109,462 13 14 Subtract line 13 from line 5. If zero or less, do not complete the rest of this form (see instructions) 14 122,000 If the property described on line 1 above was your main home, enter the amount of your excluded 15 15 1,081 16 119,661 16 1,693 17 Subtract line 13 from line 6. If zero or less, enter -0- 17 18 Contract price. Add line 7 and line 17 . . . 18 120,943 Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have Part II certain debts you must treat as a payment on installment obligations. Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. For years after 19 19 20 20 If this is the year of sale, enter the amount from line 17. Otherwise, enter -0- 21 Payments received during year (see instructions). Do not include interest, whether stated or unstated 21 494,828 22 22 494.838 23 Payments received in prior years (see instructions). Do not include interest, whether stated or unstated 485,768 24 24 4,437 25 Enter the part of line 24 that is ordinary income under the recapture rules (see instructions) . 25 483,622 Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions). 26 26 Related Party Installment Sale Income. Do not complete if you received the final payment this tax year. Part III Name, address, and taxpayer identifying number of related party 27 28 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies. 29 The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy) ☐ The first disposition was a sale or exchange of stock to the issuing corporation. b ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. The second disposition occurred after the death of the original seller or buyer. d It can be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions). 30 30 31 31 32 32 Total payments received by the end of your 2015 tax year (see instructions) 33 33 34 34 35 Multiply line 34 by the gross profit percentage on line 19 for year of first sale 35 36 Enter the part of line 35 that is ordinary income under the recapture rules (see instructions). 36 0 37 Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions). 37

* Data not shown because of the small number of sample returns on which it is based.

Form **6252**

Department of the Treasury

Installment Sale Income

► Attach to your tax return.

► Use a separate form for each sale or other disposition of property on the installment method.

Information about Form 6252 and its instructions is at www.irs.gov/form6252.

OMB No. 1545-0228

2015

Attachment
Sequence No. 79

Name(s)	shown on return Total Forms Filed = 546,523	Identifyin	g number	
1	Description of property ►			
2a	Date acquired (mm/dd/yyyy) ▶ b Date sold (mm/dd/yyyy) ▶			
3	Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4		Yes	No
4	Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If '	'No,"		
	complete Part III for the year of sale and the 2 years after the year of sale		· · 🗌 Yes 🗌	No
Part	Gross Profit and Contract Price. Complete this part for the year of sale only.			
5	Selling price including mortgages and other debts. Do not include interest, whether stated or unstated	5	74,937,286	
6	Mortgages, debts, and other liabilities the buyer assumed or took the			
	property subject to (see instructions)			
7	Subtract line 6 from line 5			
8	Cost or other basis of property sold			
9	Depreciation allowed or allowable			
10	Adjusted basis. Subtract line 9 from line 8			
11	Commissions and other expenses of sale			
12	Income recapture from Form 4797, Part III (see instructions) 12		04 700 000	
13	Add lines 10, 11, and 12	. 13	21,723,806	
14	Subtract line 13 from line 5. If zero or less, do not complete the rest of this form (see instructions) If the property described on line 1 above was your main home, enter the amount of your exclude		53,213,480	
15	gain (see instructions). Otherwise, enter -0		102,435	
16	Gross profit. Subtract line 15 from line 14		53,197,737	
17	Subtract line 13 from line 6. If zero or less, enter -0		155,620	
18	Contract price. Add line 7 and line 17		73,928,501	
Part		receive		have
	certain debts you must treat as a payment on installment obligations.			
19	Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. For years after			
	the year of sale, see instructions	. 19		
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0			
21	Payments received during year (see instructions). Do not include interest, whether stated or unstated		62,816,725	
22	Add lines 20 and 21	. 22	62,968,611	
23	Payments received in prior years (see instructions). Do not include interest, whether stated or unstated			
04		. 24	44,564,789	
24 25	Installment sale income. Multiply line 22 by line 19		262,281	
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions).	. 26	44,302,508	
Part				r.
27	Name, address, and taxpayer identifying number of related party	1000,000	,	
28	Did the related party resell or dispose of the property ("second disposition") during this tax year?		Yes	No
29	If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions	is met. Che	eck the box that a	pplies.
а	☐ The second disposition was more than 2 years after the first disposition (other than dispositions			
	of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy)	▶	. <u> </u>	
b	The first disposition was a sale or exchange of stock to the issuing corporation.	6 ,		
C	The second disposition was an involuntary conversion and the threat of conversion occurred	after the 1	first disposition.	•
d	The second disposition occurred after the death of the original seller or buyer.	nal nurn	and for either	of the
е	It can be established to the satisfaction of the IRS that tax avoidance was not a princi dispositions. If this box is checked, attach an explanation (see instructions).	pai purp	ose ioi eiliier (or trie
30	Selling price of property sold by related party (see instructions)	. 30	*	1
31	Enter contract price from line 18 for year of first sale		*	
32	Enter the smaller of line 30 or line 31		*	
33	Total payments received by the end of your 2015 tax year (see instructions)	-	*	
34	Subtract line 33 from line 32. If zero or less, enter -0		*	
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale		*	
36	Enter the part of line 35 that is ordinary income under the recapture rules (see instructions)		0	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions).		*	

* Data not shown because of the small number of sample returns on which it is based.

Form **6781**

Department of the Treasury Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

► Information about Form 6781 and its instructions is at www.irs.gov/form6781.

► Attach to your tax return.

OMB No. 1545-0644

2015

Attachment Sequence No. **82**

) shown on tax return	Total F	orms Filed	i = 553,082					1	Identifying number	02
 Check	all applicable boxes (see instruct	ions).	A Mixed	straddle electio	n	election	C [_		ccount election contracts loss ele	ection
Part	Section 1256 Contr										
	(a) Identificati	on of acc	ount		(b) (L	_oss)		(c) Gain			
1										_	
				1 -	1		_		-		
2 3	Add the amounts on line 1 in co Net gain or (loss). Combine line						_/		3	551,412	
4	Form 1099-B adjustments. See	-	. , . ,						4	 	+
5	Combine lines 3 and 4								5		
	Note: If line 5 shows a net gair instructions.						S corp	orations, see			
6	If you have a net section 125										
	carried back. Enter the loss as a	a positive n	umber. It yo	ou ala not check	box D, enter	-U			6	1,127	+
7	Combine lines 5 and 6								7	548,956	
7 8	Short-term capital gain or (los	 SS) Multin	· · · · · · lv line 7 bv /	 10% (40) Enter	here and inc	 lude on lii	 ne 4 o	 of Schedule D	'	04 0,900	+
0	or on Form 8949 (see instruction								8	526,619	
9	Long-term capital gain or (los D or on Form 8949 (see instruct	ions) .							9	548,956	
Part			addles. /	Attach a separa	ate stateme	ent listing	each	n straddle ar	nd its	components.	
ecti	on A—Losses From Stra	ddles		T	1	(f) Los					
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	If column is more to (d), ento difference Otherwisenter -(n (e) han er ce. se,	(g) Unrecogniz gain on offsetting positions	than (g), g differen		more ter e.
10											
									_		
11a	Enter the short-term portion of Form 8949 (see instructions)	losses fron	n line 10, co	olumn (h), here a	nd include o	n line 4 o	f Sche	edule D or on	118	a (291	
b				umn (h), here an				edule D or on	111	ь (79	
ecti	on B—Gains From Strade	dles	Г	ı							
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) G sales			(e) Cost or other basis plus expense of sale			(f) Gain. If colum (d) is more than (e enter difference Otherwise, enter -	e),
12											
13a	Enter the short-term portion of Form 8949 (see instructions)								13	a 615	
b			<u></u>						131	1,101	
Part	Unrecognized Gain	s From I	Positions	Held on Las	st Day of T	Гах Үеа	ır. M	emo Entry C)nly (· · · · · · · · · · · · · · · · · · ·	
	(a) Description of property		(b) Da acquir		market value o	I .	(d) (Cost or other ba	sis	(e) Unrecognized If column (c) is a than (d), enter differentiation Otherwise, enter	more erence.
14											
									_		

Form **6781**

Gains and Losses From Section 1256 Contracts and Straddles

▶ Information about Form 6781 and its instructions is at www.irs.gov/form6781.

OMB No. 1545-0644

Internal	Revenue Service			•	Attach to you	r tax returi	า.					Sequence No	. 82	
Name(s) shown on tax return		Total Forms Filed = 553,082									Identifying number			
Check	all applicable boxe	es (see instructi	_	_	straddle electio		n elec	tion	C [=		ccount election contracts loss e	lection	
Part	Section	1256 Contra	acts Mar	ked to N	larket									
(a) Identification			on of acco	unt		(b) (Loss)			(c) Gain					
1	1													
2	2 Add the amounts on line 1 in colum			nns (b) and (c)			(
3	Net gain or (loss)	. Combine line	2, columns	ns (b) and (c)								7,750,084		
4	4 Form 1099-B adjustments. See instruction				n statement .	4	-32,753							
5	Combine lines 3	and 4								5	7,717,331			
Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.														
6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you did not check box D, enter -0														
	carried back. Ent	er the loss as a	positive nu	ımber. If yo	ou did not check	box D, ent	er -0-	•			6	65,059		
7	Combine lines 5 and 6								7	7,782,390				
8	Short-term capi										·			
	or on Form 8949 (see instructions)									8	3,112,958			
9	Long-term capit													
	D or on Form 894											, , -		
Part				iddles. /	Attach a separ	ate staten	nent li	isting	eac	h straddle a	nd its	components.		
Secti	on A-Losses	From Strac	adies			T		(f) Loss	.					
	(a) Description of property		(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost o other basis plus expense of sale	Cost or er basis plus (d), enter bense of difference		(e) (g) Unrecognized er gain on ee. offsetting se, positions		n g	(h) Recognized If column (f) is a than (g), ent difference. Otherwise, ente		
10													$\overline{}$	
11a	Enter the short-to Form 8949 (see i		osses from	line 10, cc	olumn (h), here a	and include	on lin	ne 4 of	Sch	edule D or on	11:	a (24,466)	
b	Enter the long-te Form 8949 (see		ine 10, column (h), here and include on line 11 of Schedule D or c							(24,635)				
Secti	on B—Gains F	rom Strado	lles											
	(a) Description of property		(b) Date entered into or acquired	(c) Date closed out or sold	(d) G sales			·	(e) Cost or other basis plus expense of sale			(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-		
12														
Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949 (see instructions)														
b	b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on													
Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions)														
	(a) Description of property			(b) Da acquir		r market value on last ness day of tax year			(d) Cost or other basis as adjusted			(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-		
14														

Form **8283**(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Name(s) shown on your income tax return

Noncash Charitable Contributions

► Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

Total Forms Filed = 8,387,696

OMB No. 1545-0908

Identifying number

Attachment Sequence No. **155**

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions. Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions). Information on Donated Property-If you need more space, attach a statement. Part I (c) Description of donated property (b) If donated property is a vehicle (see instructions), (a) Name and address of the (For a vehicle, enter the year, make, model, and 1 check the box. Also enter the vehicle identification mileage. For securities, enter the company name and donee organization number (unless Form 1098-C is attached). the number of shares.) Α В C D Ε Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (q). (d) Date of the (e) Date acquired (f) How acquired (g) Donor's cost (h) Fair market value (i) Method used to determine contribution by donor (mo., yr.) by donor or adjusted basis (see instructions) the fair market value Α 8,308,813 4,989,378 В С D Ε Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions). Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ If Part II applies to more than one property, attach a separate statement. Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year For any prior tax years c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above): Name of charitable organization (donee) Address (number, street, and room or suite no.) City or town, state, and ZIP code For tangible property, enter the place where the property is located or kept Name of any person, other than the donee organization, having actual possession of the property ▶ 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated Yes No Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

Is there a restriction limiting the donated property for a particular use?

Form **8283**(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

► Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

Name(s) shown on your income tax return

Total Forms Filed = 8,387,696

OMB No. 1545-0908

Attachment Sequence No. **155**

Identifying number

Note.	Figure the amo	ount of your conti	ribution de	duction befo	re completing this	fori	m. See yo	our tax ref	turn	instructions.					
	ion A. Donate groups	ed Property of s of similar iter	f \$5,000 oms) for w	or Less and	d Publicly Trade	ed tior	Securit of \$5,	ies— List 000 or l	in	this section only Also list public					
Par					need more space				ent.						
1	1 (a) Name and address of the donee organization				(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).					(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)					
Α															
В															
С															
D															
E															
Note	If the amount y	ou claimed as a	deduction	for an item is	s \$500 or less, you	do	not have	to comp	lete	columns (e), (f), and	d (g).				
	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	` '	v acquired donor	(g) Donor's cost or adjusted basis			market value nstructions)		(i) Method used to detect the fair market v					
Α					44,138,384		51,019	19,451							
В						, ,									
С															
D															
E															
Par	entire ir	nterest in a pro	perty list	ed in Part		s 3	3a throu	gh 3c if	СО	e if you gave less inditions were pla					
2a					for which you gave		ss than a	n entire in	tere	est ▶					
				-	eparate statement										
b	Total amount	claimed as a dec	duction for	the property	tax year •										
	(2) For any prior tax years ►														
c Name and address of each organization to which any such contribution was made in a prior year (complete								ear (complete only i	f diffe	rent					
		ee organization a le organization (donee													
	Address (number,	street, and room or s	suite no.)												
	City or town, state, and ZIP code														
d	For tangible p	property, enter the	e place wh	ere the prop	erty is located or k	(ep	t >								
е															
3a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?										No				
b	organization in the property, i	n cooperative fur including the righ	ndraising) t It to vote d	he right to the onated secure	nization or another ne income from the rities, to acquire the	e do	onated p	operty or	to	the possession of					

c Is there a restriction limiting the donated property for a particular use?

Form	n 8283 (Rev. 12-2014)					Page 2
Nam	e(s) shown on your inc	ome tax return				Identifying number
	similar ite traded se similar iter	Property Over \$5,000 (Exc ms) for which you claimed curities reported in Section ms. An appraisal is general	a deduction of more A). Provide a separally required for prope	re than \$5,000 per iten rate form for each prop erty listed in Section B.	n or group (excep perty donated unle See instructions.	ot contributions of publicly ess it is part of a group of
_		nation on Donated Prop		pleted by the taxpay	er and/or the ap	praiser.
4	a Art* (contrib	onservation Contribution	erty donated: d		g Collectibles h Intellectual i Vehicles	
othe	r similar objects. llectibles include coins,	alptures, watercolors, prints, drawing, stamps, books, gems, jewelry, spour must attach a qualified app	orts memorabilia, dolls, et	tc., but not art as defined abo		cripts, historical memorabilia, and
5	(a) Description	of donated property (if you need attach a separate statement)	(b) If tangible pro	perty was donated, give a bricondition of the property at the		rall (c) Appraised fair market value
A B						131,388
С						
D	(d) Date acquired		(f) Donor's cost or	(g) For bargain sales, ente	r Se	e instructions
	by donor (mo., yr.)	(e) How acquired by donor	adjusted basis	amount received	(h) Amount claimed a deduction	
В			117,461	1,537	111,083	
D						
Pa	a value	yer (Donor) Statement e of \$500 or less. See ins ving item(s) included in Part I ying letter from Part I and dea	structions. above has to the bes	t of my knowledge and b		
	nature of taxpayer (d	<u>'</u>			Date ►	
I dec marr appr	elare that I am not the clied to any person who aisals during my tax ye	•	persons. And, if regularly	used by the donor, donee, or	party to the transaction	on, I performed the majority of my
value value unde	d. I certify that the appra as described in the qua rstand that I may be subj tantial or gross valuation	ppraisals on a regular basis; and that isal fees were not based on a percer lified appraisal or this Form 8283 ma ect to a penalty under section 6695A misstatement results from my appraisa	ntage of the appraised property subject me to the penalty if I know, or reasonably should be a subject to the penalty should be a subject to the penalty should be approximately subject to the penalty should be appraised by the penalty subject to the pe	erty value. Furthermore, I unders under section 6701(a) (aiding a uld know, that my appraisal is to	stand that a false or frau and abetting the understand be used in connection w	dulent overstatement of the property atement of tax liability). In addition, I with a return or claim for refund and a
He	re Signature ►		Title►		Date ►	
Busi	ness address (including	g room or suite no.)				Identifying number
City	or town, state, and ZIP	code				
Pa	rt IV Donee	Acknowledgment—To	be completed by	the charitable organ	ization.	
	ŭ	tion acknowledges that it is a over the following date ►	qualified organization u	ınder section 170(c) and t	hat it received the d	onated property as described
port	ion thereof) within 3	zation affirms that in the even years after the date of receipt nent does not represent agree	, it will file Form 8282,	, Donee Information Retu		, , ,
	s the organization in e of charitable organiza	ation (donee)	n unrelated use? .	Employer identification		► Yes No
Addr	ess (number, street, an	nd room or suite no.)		City or town, state, and Z	IP code	
Auth	orized signature			Title	Da	ate

Form	n 8283 (Rev. 12-2014)					Page 2
Nam	e(s) shown on your inc	ome tax return				Identifying number
Sec	similar ite traded se similar ite	Property Over \$5,000 (Exc ems) for which you claimed curities reported in Section ms. An appraisal is generall	a deduction of more A). Provide a separa y required for proper	e than \$5,000 per item ate form for each prop rty listed in Section B.	or group (excep erty donated unlo See instructions.	ot contributions of publicly ess it is part of a group of
Pa	art I Inforn	nation on Donated Prop	erty-To be comp	pleted by the taxpaye	er and/or the ap	praiser.
4	a Art* (contrib	that describes the type of proposition of \$20,000 or more) conservation Contribution	erty donated: Art* (contribution Other Real Estate Securities		g Collectibles h Intellectual i Vehicles	•
othe **Co	r similar objects. Ilectibles include coins	ulptures, watercolors, prints, drawir , stamps, books, gems, jewelry, spr you must attach a qualified app	orts memorabilia, dolls, etc	c., but not art as defined abov		cripts, historical memorabilia, and
5	(a) Description	of donated property (if you need , attach a separate statement)	(b) If tangible prop	perty was donated, give a brie condition of the property at the		rall (c) Appraised fair market value
Α						42,307,529
В						
<u>C</u>						
D	(d) Date acquired		(f) Donor's cost or	(g) For bargain sales, enter	Se	e instructions
	by donor (mo., yr.)	(e) How acquired by donor	adjusted basis	amount received	(h) Amount claimed a deduction	
Α			6.924.241	612,302	8,614,527	
В						
C						
D	rt II Taxpa	yer (Donor) Statement-	I ist each item ind	cluded in Part Labov	e that the annra	isal identifies as having
		e of \$500 or less. See ins			o that the appre	alour racritines as riaving
		ving item(s) included in Part I ying letter from Part I and des			elief an appraised	value of not more than \$500
	nature of taxpayer (d				Date ►	
		ration of Appraiser				
marr		donor, the donee, a party to the trand is related to any of the foregoing paper for other persons.				
value value unde	id. I certify that the appra as described in the quarstand that I may be sub- tantial or gross valuation	appraisals on a regular basis; and that I aisal fees were not based on a percen alified appraisal or this Form 8283 ma; ject to a penalty under section 6695A i misstatement results from my appraisa	tage of the appraised proper y subject me to the penalty f I know, or reasonably should	rty value. Furthermore, I underst under section 6701(a) (aiding ar ld know, that my appraisal is to l	tand that a false or frau- nd abetting the understa- be used in connection w	dulent overstatement of the property atement of tax liability). In addition, I vith a return or claim for refund and a
	ness address (including	g room or suite no.)	1100			Identifying number
City	or town, state, and ZIF	P code				
		e Acknowledgment—To				
	~	tion acknowledges that it is a cove on the following date	qualified organization ui	nder section 170(c) and th	at it received the di	onated property as described
port form	ion thereof) within 3 n. This acknowledge	ization affirms that in the event years after the date of receipt, nent does not represent agreer	it will file Form 8282, nent with the claimed fa	Donee Information Return		give the donor a copy of that
	s the organization ir e of charitable organiz	ntend to use the property for an attend to use the property for an attend to the control of the property for an attend to the property for an attend to the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attend to use the property for an attendance in the property for an attendance in the property for	unrelated use? .	Employer identification n	umber	Yes No
Addr	ress (number, street, ar	nd room or suite no.)		City or town, state, and ZIF	P code	
Auth	orized signature			Title	Da	ate

Mortgage Interest Credit

► Attach to Form 1040 or 1040NR.

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies) ▶ Information about Form 8396 and its instructions is at www.irs.gov/form8396. OMB No. 1545-0074

Attachment Sequence No. 138

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on your tax return

Total Forms Filed =

Your social security number 85.864

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return. Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue Date Before you begin Part I, figure the amounts of any of the following credits you are claiming: Credit for the elderly or the disabled, alternative motor vehicle credit, and qualified plug-in electric drive motor vehicle credit. Part I Current Year Mortgage Interest Credit Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the 2 % If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced 81,719 3 your mortgage and received a reissued certificate, see the instructions for the amount to enter. You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. Enter any 2012 credit carryforward from line 16 of your 2014 Form 8396 10,014 5 5 Enter any 2013 credit carryforward from line 14 of your 2014 Form 8396 . . . 12,041 6 Enter any 2014 credit carryforward from line 17 of your 2014 Form 8396 . 6 84,752 7 7 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see Current year mortgage interest credit. Enter the smaller of line 7 or line 8. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 51. Check box c on that line and 77,700 enter "8396" in the space next to that box Part II Mortgage Interest Credit Carryforward to 2016. (Complete only if line 9 is less than line 7.) 10 10 11 Enter the amount from line 7. . . 11 12 Enter the **larger** of line 9 or line 10. . . . 12 13 13 Subtract line 12 from line 11 14 2014 credit carryforward to 2016. Enter the smaller of line 6 or line 13 . . . 14 15 Subtract line 14 from line 13. . 15 16 **2013 credit carryforward to 2016.** Enter the **smaller** of line 5 or line 15 . . . 16 17 **2015 credit carryforward to 2016.** Subtract line 9 from line 3. If zero or less, enter -0-

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

Cat. No. 62502X

Form **8396** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies) ▶ Information about Form 8396 and its instructions is at www.irs.gov/form8396.

► Attach to Form 1040 or 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 138

Department of the Treasury Internal Revenue Service (99)

Your social security number

Name(s) shown on your tax return 85.864 Total Forms Filed = Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return. Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue Date Before you begin Part I, figure the amounts of any of the following credits you are claiming: Credit for the elderly or the disabled, alternative motor vehicle credit, and qualified plug-in electric drive motor vehicle credit. Part I Current Year Mortgage Interest Credit Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid . . . 2 Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the 2 % If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced 124,110 your mortgage and received a reissued certificate, see the instructions for the amount to enter. 3 You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. Enter any 2012 credit carryforward from line 16 of your 2014 Form 8396 4 44,027 5 Enter any 2013 credit carryforward from line 14 of your 2014 Form 8396 5 29.115 6 Enter any 2014 credit carryforward from line 17 of your 2014 Form 8396 . . . 6 262,684 7 7 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see 446.879 Current year mortgage interest credit. Enter the smaller of line 7 or line 8. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 51. Check box c on that line and 99,211 enter "8396" in the space next to that box . Part II Mortgage Interest Credit Carryforward to 2016. (Complete only if line 9 is less than line 7.) 10 10 11 Enter the amount from line 7. . . . 11 12 Enter the larger of line 9 or line 10. 12 13 13 14 2014 credit carryforward to 2016. Enter the smaller of line 6 or line 13 . . . 14 15 Subtract line 14 from line 13 15 16 2013 credit carryforward to 2016. Enter the smaller of line 5 or line 15 16 17 2015 credit carryforward to 2016. Subtract line 9 from line 3. If zero or less, enter -0-

* Data not shown because of the small number of sample returns on which it is based.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Passive Activity Loss Limitations See separate instructions.

► Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582. Identifying number

7,780,021

Total Forms Filed =

OMB No. 1545-1008

Attachment Sequence No. **88**

Par			•			
	Caution: Complete Worksheets 1, 2, and 3 before completing P	art I.				
	Al Real Estate Activities With Active Participation (For the definition al Allowance for Rental Real Estate Activities in the instructions.)	of ac	tive participation, se	Э		
-	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	0.447.747			
b	Activities with net loss (enter the amount from Worksheet 1, column	Ia	2,417,747	-		
D	(b))	1b	(3,446,921)		
С	Prior years unallowed losses (enter the amount from Worksheet 1,		0,110,021			
_	column (c))	1c	(1,602,995)		
d	Combine lines 1a, 1b, and 1c			1d	4,832,840	
Comr	nercial Revitalization Deductions From Rental Real Estate Activitie	s				
2a	Commercial revitalization deductions from Worksheet 2, column (a) .	2a	(89)		
b	Prior year unallowed commercial revitalization deductions from					
	Worksheet 2, column (b)	2b	(*)		
	Add lines 2a and 2b			2c	(272)
	her Passive Activities	1	1			
3a	Activities with net income (enter the amount from Worksheet 3,					
	column (a))	3a	2,677,668	_		
b	Activities with net loss (enter the amount from Worksheet 3, column		, , , , , , , , ,	\		
	(b))	3b	1,864,909			
С	Prior years unallowed losses (enter the amount from Worksheet 3,	2-	(, , , , , , , , , , , , , , , , , , ,	\		
٨	column (c))	3c	1,000,200	3d	2.016.662	
d					3,916,663	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here					
	your return; all losses are allowed, including any prior year unallowed 2b, or 3c. Report the losses on the forms and schedules normally use			' ['] 4	7,770,858	-
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.	· u .			7,770,030	
	• Line 2c is a loss (and line 1d is zero or mor	e). sk	ip Part II and go to Pa	art III.		
	• Line 3d is a loss (and lines 1d and 2c are z				nd ao to line 15.	
Cauti	on: If your filing status is married filing separately and you lived with y					mplete
Part II	or Part III. Instead, go to line 15.					
Part						
	Note: Enter all numbers in Part II as positive amounts. See instru	ctions	s for an example.			
5	Enter the smaller of the loss on line 1d or the loss on line 4			5	2,933,712	
6	Enter \$150,000. If married filing separately, see instructions	6	2,916,223	_		
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7	3,072,993	_		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9,					
_	enter -0- on line 10. Otherwise, go to line 8.					
8	Subtract line 7 from line 6	8	1,640,167			
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing		-	9	1,640,167	
10	Enter the smaller of line 5 or line 9			10	1,640,161	
Part		ıcticı	e From Dontal Do	al Esta	to Activities	
rait	Note: Enter all numbers in Part III as positive amounts. See the					
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filling				*	
12	Enter the loss from line 4	•	•	12		
13	Reduce line 12 by the amount on line 10			13	*	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or			14	*	
Part						
15	Add the income, if any, on lines 1a and 3a and enter the total			15	1,247,541	
16	Total losses allowed from all passive activities for 2015. Add				1,4-17,0-11	
. •	instructions to find out how to report the losses on your tax return				3,884,091	
For Pa	perwork Reduction Act Notice, see instructions.		Cat. No. 63704F		Form 858	2 (2015)

Form **8582**

Department of the Treasury Internal Revenue Service (99)

Passive Activity Loss Limitations

► See separate instructions.

► Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582

OMB No. 1545-1008

2015 Attachment Sequence No. 88

Identifying number Name(s) shown on return Total Forms Filed = 7.780.021 Part I 2015 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, 1a 75,407,791 Activities with net loss (enter the amount from Worksheet 1, column 1b 42.451.946 Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) 82,344,347 d Combine lines 1a, 1b, and 1c 1d -49,388,501 **Commercial Revitalization Deductions From Rental Real Estate Activities** 2a Commercial revitalization deductions from Worksheet 2, column (a). 2a (217 Prior year unallowed commercial revitalization deductions from 2b Add lines 2a and 2b 2c 12,729 **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, 3a 157,694,439 Activities with net loss (enter the amount from Worksheet 3, column 52,522,660 Prior years unallowed losses (enter the amount from Worksheet 3, 86,622,631 d Combine lines 3a, 3b, and 3c 3d 18,549,148 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used -30,852,082 If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5 Enter the **smaller** of the loss on line 1d or the loss on line 4 5 105.581.718 Enter \$150,000. If married filing separately, see instructions . . . 6 436,523,617 7 Enter modified adjusted gross income, but not less than zero (see instructions) 7 763,330,712 Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. 8 99,194,870 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions 9 9 30,610,160 10 Enter the **smaller** of line 5 or line 9 14,319,210 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Part III Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 12 Enter the loss from line 4 12 13 Reduce line 12 by the amount on line 10 13 Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13 . 14 14 Part IV **Total Losses Allowed** 15 15 25,689,612

Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See

instructions to find out how to report the losses on your tax return

* Data not shown because of the small number of sample returns on which it is based.

16

16

69,555,074

Form **8586**(Rev. August 2014)
Department of the Treasury
Internal Revenue Service (99)

Low-Income Housing Credit

► Attach to your tax return.
► Information about Form 8586 is available at www.irs.gov/form8586.

OMB No. 1545-0984

Attachment Sequence No. **36a**

Identifying number Name(s) shown on return Total Forms Filed = 18,904 Part I Buildings Placed in Service Before 2008 Number of Forms 8609-A attached for buildings placed in service before Has there been a decrease in the qualified basis of any buildings accounted for on line 1 since 2 identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. (i) ______ (ii) _____ 3 Current year credit from attached Form(s) 8609-A for buildings placed in service before 2008 39 Low-income housing credit for buildings placed in service before 2008 from partnerships, S 5.278 5 Add lines 3 and 4. Estates and trusts, go to line 6. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 5,316 5 6 Amount allocated to beneficiaries of the estate or trust (see instructions) Estates and trusts, subtract line 6 from line 5. Report this amount on Form 3800, Part III, line 1d, 7 7 Part II Buildings Placed in Service After 2007 Number of Forms 8609-A attached for buildings placed in service after Has there been a decrease in the qualified basis of any buildings accounted for on line 8 since 9 identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. 10 Current year credit from attached Form(s) 8609-A for buildings placed in service after 2007 (see instructions) 10 Low-income housing credit for buildings placed in service after 2007 from partnerships, 11 1,092 12 Add lines 10 and 11. Estates and trusts, go to line 13. Partnerships and S corporations, stop 1,103 here and report this amount on Schedule K. All others, stop here and report this amount on 1,103 12 13 Amount allocated to beneficiaries of the estate or trust (see instructions) 13 Estates and trusts, subtract line 13 from line 12. Report this amount on Form 3800, Part III, line 14

For Paperwork Reduction Act Notice, see General Instructions.

Cat. No. 63987I

Form **8586** (Rev. 8-2014)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8586**(Rev. August 2014)
Department of the Treasury
Internal Revenue Service (99)

Low-Income Housing Credit

► Attach to your tax return.
► Information about Form 8586 is available at www.irs.gov/form8586.

OMB No. 1545-0984

Attachment Sequence No. **36a**

Form **8586** (Rev. 8-2014)

Identifying number Name(s) shown on return Total Forms Filed = 18,904 Part I Buildings Placed in Service Before 2008 Number of Forms 8609-A attached for buildings placed in service before 2 Has there been a decrease in the qualified basis of any buildings accounted for on line 1 since identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. (iii) 3 Current year credit from attached Form(s) 8609-A for buildings placed in service before 2008 (see instructions) 359 Low-income housing credit for buildings placed in service before 2008 from partnerships, S 22,852 Add lines 3 and 4. Estates and trusts, go to line 6. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 5 23,212 Amount allocated to beneficiaries of the estate or trust (see instructions) Estates and trusts, subtract line 6 from line 5. Report this amount on Form 3800, Part III, line 1d, column (c) Part II Buildings Placed in Service After 2007 Number of Forms 8609-A attached for buildings placed in service after Has there been a decrease in the qualified basis of any buildings accounted for on line 8 since 9 identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. (iii) 10 Current year credit from attached Form(s) 8609-A for buildings placed in service after 2007 (see instructions) 10 11 Low-income housing credit for buildings placed in service after 2007 from partnerships, 11 17,497 12 Add lines 10 and 11. Estates and trusts, go to line 13. Partnerships and S corporations, stop 20,149 here and report this amount on Schedule K. All others, stop here and report this amount on 20,149 12 13 Amount allocated to beneficiaries of the estate or trust (see instructions) 13 14 Estates and trusts, subtract line 13 from line 12. Report this amount on Form 3800, Part III, line

* Data not shown because of the small number of sample returns on which it is based.

For Paperwork Reduction Act Notice, see General Instructions.

Form **8606**

Department of the Treasury Internal Revenue Service (99)

Name. If married, file a separate form for each spouse required to file Form 8606. See instructions.

Nondeductible IRAs

► Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

► Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. 48

Your social security number

Total Forms Filed = 2.329.791 Home address (number and street, or P.O. box if mail is not delivered to your home) Apt. no. Fill in Your Address Only If You Are Filing This City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. Form by Itself and Not With Your Tax Return Foreign country name Foreign province/state/county Foreign postal code Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Part I Complete this part only if one or more of the following apply. • You made nondeductible contributions to a traditional IRA for 2015. • You took distributions from a traditional, SEP, or SIMPLE IRA in 2015 and you made nondeductible contributions to a traditional IRA in 2015 or an earlier year. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions. • You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2015 or an earlier year. Enter your nondeductible contributions to traditional IRAs for 2015, including those made for 2015 from January 1, 2016, through April 18, 2016 (see instructions) 1 697,148 2 Enter your total basis in traditional IRAs (see instructions) 2 957,840 3 Add lines 1 and 2 3 1,362,879 In 2015, did you take a distribution – No — Enter the amount from line 3 on line 14. from traditional, SEP, or SIMPLE IRAs, Do not complete the rest of Part I.

Form **8606**

Department of the Treasury Internal Revenue Service (99)

Nondeductible IRAs

► Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

► Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. 48

Name. If married, file a separate form for each spouse required to file Form 8606. See instructions.

Total Forms Filed = 2,329,791

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return

Foreign country name

Foreign province/state/county

Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2015.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2015 **and** you made nondeductible contributions to a traditional IRA in 2015 or an earlier year. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2015 or an earlier year.

14 Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2015 and earlier years 14 29,899,695		,					, , , , , , , , , , , , , , , , , , ,	
2 Enter your total basis in traditional IRAs (see instructions) 3 Add lines 1 and 2 In 2015, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? 4 Enter those contributions included on line 1 that were made from January 1, 2016, through April 18, 2016 5 Subtract line 4 from line 3 6 Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2015, plus any outstanding rollovers (see instructions) 7 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions) 8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16 9 Add lines 6, 7, and 8 10 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" 10 Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 11 Multiply line 7 by line 10. This is the nontaxable portion of all your distributions that you did not convert to a Roth IRA 12 Jego,896,95 13 2,079,784 14 29,899,695 15 Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b. Note. You may be subject to an additional 10% tax on the amount on line 15 if you were under	1	· · · · · · · · · · · · · · · · · · ·	_				4 000 045	
Add lines 1 and 2 In 2015, did you take a distribution from traditional, SEP, or SIMPLE IRAS, or make a Roth IRA conversion? Finter the value of all your traditional, SEP, and SIMPLE IRAS in 2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional, IRA contributions (see instructions) Enter the net amount you converted from traditional, SEP, and SIMPLE IRAS in 2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions) Enter the net amount you converted from traditional, SEP, and SIMPLE IRAS in 2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions) Enter the result and use of traditional IRA sin 2016, through April 18, 2016 4 111,265 5 31,868,214 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1 11,265 1								
In 2015, did you take a distribution from traditional, SEP, or SIMPLE IRAS, or make a Roth IRA conversion?		·						
from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? Yes → Go to line 4. Enter those contributions included on line 1 that were made from January 1, 2016, through April 18, 2016 Subtract line 4 from line 3	3				- 1	3	31,979,478	
or make a Roth IRA conversion? Yes → Go to line 4. Enter those contributions included on line 1 that were made from January 1, 2016, through April 18, 2016 Subtract line 4 from line 3					14.			
Enter those contributions included on line 1 that were made from January 1, 2016, through April 18, 2016 Subtract line 4 from line 3			ete the	e rest of Part I.				
5 Subtract line 4 from line 3		or make a Roth IRA conversion? Yes Go to line 4.						
5 Subtract line 4 from line 3	4	Enter those contributions included on line 1 that were made from January 1, 20	16, th	rough April 18, 20)16	4	111,265	
December 31, 2015, plus any outstanding rollovers (see instructions) . 6 169,460,367 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions) . 7 11,013,261 8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16 . 8 1,266,923 9 Add lines 6, 7, and 8	5					5		
7 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions). 8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16. 9 Add lines 6, 7, and 8	6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of						
2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions). 8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16. 9 Add lines 6, 7, and 8		December 31, 2015, plus any outstanding rollovers (see instructions)	6	169,460,367				
conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions) . 8	7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in						
recharacterizations of traditional IRA contributions (see instructions) . 7 11,013,261 8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16 . 8 1,266,923 9 Add lines 6, 7, and 8 9 E69200 0 10 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"		2015. Do not include rollovers, a one-time distribution to fund an HSA,						
8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16. 9 Add lines 6, 7, and 8		conversions to a Roth IRA, certain returned contributions, or						
IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16. 9 Add lines 6, 7, and 8		recharacterizations of traditional IRA contributions (see instructions) .	7	11,013,261				
IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16. 9 Add lines 6, 7, and 8	Ω	Enter the net amount you converted from traditional SED and SIMDLE						
later recharacterized (see instructions). Also enter this amount on line 16 . 8 1,266,923 9 Add lines 6, 7, and 8	Ü							
Add lines 6, 7, and 8			R	1 266 923				
Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	a			1,200,020				
3 places. If the result is 1.000 or more, enter "1.000"								
Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	10		40	~				
you converted to Roth IRAs. Also enter this amount on line 17			10	^ .				
Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	11			400.000				
distributions that you did not convert to a Roth IRA			11	409,009				
Add lines 11 and 12. This is the nontaxable portion of all your distributions	12							
Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2015 and earlier years Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b		·						
Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	s.		.	13	2,079,784	
1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	14	Subtract line 13 from line 3. This is your total basis in traditional IRAs fo	r 201	5 and earlier yea	ars	14	29,899,695	
Note. You may be subject to an additional 10% tax on the amount on line 15 if you were under	15							
· ·		1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b				15	10,199,768	
age 59½ at the time of the distribution (see instructions).			line 1	5 if you were un	der			
		age 59½ at the time of the distribution (see instructions).						

Form 8606 (2015) Page 2 2015 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs Part II Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2015 (excluding any portion you recharacterized). 16 If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2015 or 2016 (see instructions) 16 218,764 17 If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount 17 131,253 Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 18 Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b 18 136,950 **Distributions From Roth IRAs** Part III Complete this part only if you took a distribution from a Roth IRA in 2015. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions). 19 Enter your total nonqualified distributions from Roth IRAs in 2015, including any qualified first-time 19 388.713 20 Qualified first-time homebuyer expenses (see instructions). **Do not** enter more than \$10,000 . . . 20 8,783 21 21 384,719 22 Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, **stop here**. 22 240,167 23 Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, 23 205,573 Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from 24 13.988 25 Taxable amount. Subtract line 24 from line 23. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b. 25 194,327 Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and Sign Here Only If You belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Are Filing This Form by Itself and Not With

Your Tax Return Paid

Preparer

Use Only

Date Your signature

Print/Type preparer's name Date PTIN Preparer's signature Check if self-employed Firm's name \blacktriangleright Firm's EIN ▶ Firm's address ▶ Phone no.

Form **8606** (2015)

Form 8606 (2015) Page 2 2015 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs Part II Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2015 (excluding any portion you recharacterized). 16 If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2015 or 2016 (see instructions) 16 4,277,375 17 If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount 17 1,168,592 Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 18 Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b . . . 18 3,108,783 **Distributions From Roth IRAs** Part III Complete this part only if you took a distribution from a Roth IRA in 2015. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions). 19 Enter your total nonqualified distributions from Roth IRAs in 2015, including any qualified first-time 19 2.992.617 Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 . . . 20 20 70,419 21 21 2,922,198 22 Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, **stop here** . . . 22 3,904,911 Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, 23 23 1,149,031 Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from 24 24 1,034,871

Taxable amount. Subtract line 24 from line 23. If more than zero, also include this amount on

Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.

Sign Here Only If You
Are Filing This Form
by Itself and Not With
Your Tax Return

25

Paid

Preparer

Use Only

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

Print/Type preparer's name

Preparer's signature

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

Firm's name

Firm's address ►

Phone no.

Form **8606** (2015)

25

880,282

Form **8615**

Department of the Treasury Internal Revenue Service (99)

Tax for Certain Children Who Have Unearned Income

► Attach only to the child's Form 1040, Form 1040A, or Form 1040NR.

Information about Form 8615 and its separate instructions is at www.irs.gov/form8615.

OMB No. 1545-0074

2015

Attachment Sequence No. 33

Child's name shown on return

Total Forms Filed = 385,254

Child's social security number

Бегог	D Tax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedul	for Childre	en and Dependents. It
A Par	ent's name (first, initial, and last). Caution: See instructions before completing.	B Parent's	social security number
	rent's filing status (check one): Single	i [Qualifying widow(er)
			004.450
1 2	Enter the child's unearned income (see instructions)	ter	384,153 385,254
3	Subtract line 2 from line 1. If zero or less, stop; do not complete the rest of this form but attach it to the child's return		380,628
4	Enter the child's taxable income from Form 1040, line 43; Form 1040A, line 27; or Form 1040N line 41. If the child files Form 2555 or 2555-EZ, see the instructions		367.184
5	Enter the smaller of line 3 or line 4. If zero, stop ; do not complete the rest of this form but attach it to the child's return	do . 5	367,184
Pari			
6	Enter the parent's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040B line 6; Form 1040NR, line 41; or Form 1040NR-EZ, line 14. If zero or less, enter -0 If the pare files Form 2555 or 2555-EZ, see the instructions	ent	329,833
7	Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named abor Do not include the amount from line 5 above	ve.	135,719
8	Add lines 5, 6, and 7 (see instructions)		369,177
9	Enter the tax on the amount on line 8 based on the parent's filing status above (see instruction of the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, Schedule J (Form 1040) is used to figure the tax, check here		350,192
10	Enter the parent's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternat minimum tax; Form 1040EZ, line 10; Form 1040NR, line 42; or Form 1040NR-EZ, line 15. Do r include any tax from Form 4972 or 8814 or any tax from recapture of an education credit. If the parent files Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capi Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was used to figure the tax, check here	not the ital	316,726
11	Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on li 13 and go to Part III	ine . 11	331,261
12a b	Add lines 5 and 7		380,628
13 Port	Multiply line 11 by line 12b	. 13	331,261
Part	Subtract line 5 from line 4	ie 10.	
15	Enter the tax on the amount on line 14 based on the child's filing status (see instructions) the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, Schedule J (Form 1040) is used to figure the tax, check here	I	144,552
16	Add lines 13 and 15	. 16	340,276
17	Enter the tax on the amount on line 4 based on the child's filing status (see instructions). the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, Schedule J (Form 1040) is used to figure the tax, check here	I	210,240
18	Enter the larger of line 16 or line 17 here and on the child's Form 1040, line 44; Form 1040 line 28; or Form 1040NR, line 42. If the child files Form 2555 or 2555-EZ, see the instructions.	DA,	343,265

8615 Form

Department of the Treasury Internal Revenue Service (99)

Tax for Certain Children Who Have Unearned Income

► Attach only to the child's Form 1040, Form 1040A, or Form 1040NR.

► Information about Form 8615 and its separate instructions is at www.irs.gov/form8615.

OMB No. 1545-0074

2015

Attachment Sequence No. 33

Child's social security number Child's name shown on return Total Forms Filed = 385.254 Before you begin: If the child, the parent, or any of the parent's other children for whom Form 8615 must be filed must use the Schedule D Tax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules for Children and Dependents. It explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedule J (Form 1040). B Parent's social security number A Parent's name (first, initial, and last). Caution: See instructions before completing. C Parent's filing status (check one): ☐ Married filing jointly ☐ Single Head of household Qualifying widow(er) **Child's Net Unearned Income** Part I 6,057,141 1 If the child did not itemize deductions on Schedule A (Form 1040 or Form 1040NR), enter 884,413 2 Subtract line 2 from line 1. If zero or less, stop; do not complete the rest of this form but do 5,188,659 3 Enter the child's taxable income from Form 1040. line 43: Form 1040A, line 27: or Form 1040NR. line 41. If the child files Form 2555 or 2555-EZ, see the instructions 5.569.207 4 Enter the smaller of line 3 or line 4. If zero, stop; do not complete the rest of this form but do 5 4,790,154 attach it to the child's return Part II **Tentative Tax Based on the Tax Rate of the Parent** Enter the parent's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040EZ, line 6; Form 1040NR, line 41; or Form 1040NR-EZ, line 14. If zero or less, enter -0-. If the parent 6 203,852,879 Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named above. 7 7 3,695,369 8 8 212,338,403 Enter the tax on the amount on line 8 based on the parent's filing status above (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 59,193,635 9 Schedule J (Form 1040) is used to figure the tax, check here Enter the parent's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternative 10 minimum tax; Form 1040EZ, line 10; Form 1040NR, line 42; or Form 1040NR-EZ, line 15. Do not include any tax from Form 4972 or 8814 or any tax from recapture of an education credit. If the parent files Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was used to figure 10 57,297,575 Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on line 11 1,896,060 11 306,035 Divide line 5 by line 12a. Enter the result as a decimal (rounded to at least three places) . . . 12b Multiply line 11 by line 12b . 13 1,037,819 Child's Tax—If lines 4 and 5 above are the same, enter -0- on line 15 and go to line 16. Part III 779,053 Enter the tax on the amount on line 14 based on the child's filing status (see instructions). If 15 the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) is used to figure the tax, check here 15 47,870 Add lines 13 and 15 . . . 16 1,085,689 16 17 Enter the tax on the amount on line 4 based on the child's filing status (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 17 679,189 Schedule J (Form 1040) is used to figure the tax, check here Enter the larger of line 16 or line 17 here and on the child's Form 1040, line 44; Form 1040A,

line 28; or Form 1040NR, line 42. If the child files Form 2555 or 2555-EZ, see the instructions.

1,090,366

18

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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.

OMB No. 1545-1073 Attachment Sequence No. **74**

Identifying number Total Forms Filed = 1,218,517

Par	Net Minimum Tax on Exclusion Items			
1	Combine lines 1, 6, and 10 of your 2014 Form 6251. Estates and trusts, see instructions	1	1,162,407	
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	1,090,821	
3	Minimum tax credit net operating loss deduction (see instructions)	3	(13,651)
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	1,135,623	
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	1,218,515	
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	1,218,515	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	994,100	
8	Multiply line 7 by 25% (0.25)	8	994,100	
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	1,010,150	
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	1,070,956	
11	 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 	11	1,063,019	
12	subtract \$3,650 (\$1,825 if married filing separately for 2014) from the result. Form 1040NR filers, see instructions. Minimum tax foreign tax credit on exclusion items (see instructions)	12	333,836	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	1,061,204	
14	Enter the amount from your 2014 Form 6251, line 34, or 2014 Form 1041, Schedule I, line 55	14	1,064,393	
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0	15	895,131	
For Pa	aperwork Reduction Act Notice, see instructions. Cat. No. 10002S		Form 8801	(2015)

Form **8801**

Department of the Treasury Internal Revenue Service (99)

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.

OMB No. 1545-1073

2015

Attachment
Sequence No. 74

Form **8801** (2015)

Name(s) shown on return

Total Forms Filed = 1,218,517

Part	Net Minimum Tax on Exclusion Items			
1	Combine lines 1, 6, and 10 of your 2014 Form 6251. Estates and trusts, see instructions	1	418,467,964	
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	58,133,856	
3	Minimum tax credit net operating loss deduction (see instructions)	3	(2,526,910)
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	480,122,696	
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	91,082,786	
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	177,930,892	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	323,342,844	
8	Multiply line 7 by 25% (0.25)	8	80,835,835	
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	49,823,552	
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	438,700,524	
11	• 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.	11	103,762,998	
	• 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.			
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	1,999,943	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	102,016,915	
14	Enter the amount from your 2014 Form 6251, line 34, or 2014 Form 1041, Schedule I, line 55	14	96,063,841	
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0	15	9,187,069	

Form 8801 (2015) Page **2**

Par	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	982,446
17	Enter the amount from line 15	17	
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	744,939
19	2014 credit carryforward. Enter the amount from your 2014 Form 8801, line 26	19	837,232
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	1,161,703
22	Enter your 2015 regular income tax liability minus allowable credits (see instructions)	22	1,069,325
23	Enter the amount from your 2015 Form 6251, line 33, or 2015 Form 1041, Schedule I, line 54	23	1,039,321
24	Subtract line 23 from line 22. If zero or less, enter -0	24	306,715
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	306,715
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	965,638

Form **8801** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form 8801 (2015) Page **2**

Par	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	10,763,715	
17	Enter the amount from line 15	17		
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	1,576,646	
19	2014 credit carryforward. Enter the amount from your 2014 Form 8801, line 26	19	9,943,147	
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	11,786,311	
22	Enter your 2015 regular income tax liability minus allowable credits (see instructions)	22	99,553,105	
23	Enter the amount from your 2015 Form 6251, line 33, or 2015 Form 1041, Schedule I, line 54	23	105,221,123	
24	Subtract line 23 from line 22. If zero or less, enter -0	24	3,531,450	
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	972,620	
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	10.813.543	

Form **8801** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form 8801 (2015) Page **3**

(20	. 5,	. ago 🕻
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 W	orkshe	et in the instruct	tions.
27	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.* 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 Caution: If for 2014 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30. 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*	27		
29	Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29. Enter the amount from line 19 of your 2014 Schedule D (Form 1040), or line 18b, column (2), of the			
23	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		
31	Enter the smaller of line 27 or line 30	31		
32 33	Subtract line 31 from line 27	32		
00	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		
34	 \$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		
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		
36 37	Subtract line 35 from line 34. If zero or less, enter -0	36 37		
38	Enter the smaller of line 36 or line 37	38		
39	Subtract line 38 from line 37	39		
40	 \$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		
41	Enter the amount from line 36	41		
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		

^{*} 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)).

3

FUIII 660 I (2	013)	Page
Part III	Tay 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 W	orksh	eet in the instructi	ions.
27	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.* 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 Caution: If for 2014 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30. Enter the amount from line 6 of your 2014 Qualified Dividends and Capital Gain Tax Worksheet,	27		
	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		
	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.	20		
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		
31	Enter the smaller of line 27 or line 30	31		
32	Subtract line 31 from line 27	32		
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		
34	Enter: • \$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		
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		
36	Subtract line 35 from line 34. If zero or less, enter -0	36		
37 38	Enter the smaller of line 27 or line 28	37 38		
39	Subtract line 38 from line 37	39		
40	Enter: • \$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		
41	Enter the amount from line 36	41		
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		

^{*} 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)).

Form **8814**

Department of the Treasury Internal Revenue Service (99)

Parents' Election To Report Child's Interest and Dividends

► Information about Form 8814 and its instructions is at www.irs.gov/form8814.

► Attach to parents' Form 1040 or Form 1040NR.

Caution. The federal income tax on your child's income, including qualified dividends and capital gain distributions, may be less if you

OMB No. 1545-0074

2015

Attachment Sequence No. 40

Name(s) shown on your return

Total Forms Filed = 141,543

Your social security number

A (Child's name (first, initial, and last)			В	Child'	s social security	numbei
C I	f more than one Form 8814 is attached, check here						
Par	Child's Interest and Dividends To Report on Your Retu	rn					
			mounts shown on th		1a	17,252	
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a	1b	1,957				
2a	Enter your child's ordinary dividends, including any Alaska Permane child received any ordinary dividends as a nominee, see the instruction		•		2a	82,910	
b	Enter your child's qualified dividends included on line 2a. See the instructions	2b	41,241				
3	Enter your child's capital gain distributions. If your child received ar as a nominee, see the instructions		•		3	36,031	
4	Add lines 1a, 2a, and 3. If the total is \$2,100 or less, skip lines 5 thro the total is \$10,500 or more, do not file this form. Your child must f report the income	ile his	s or her own return	to	4	89,537	
5	Base amount				5	00,007	
6	Subtract line 5 from line 4				6	26,833	
	to line 12. Otherwise, go to line 7.						
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	7	40,158 .			14,394 2,205	
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	8	35,654 .			12,395	
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	9	18,763			2,176	
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return	10	16,629				
11	Add lines 9 and 10				11	20,248	
12	Subtract line 11 from line 6. Include this amount in the total on Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and checked the box on line C above, see the instructions. Go to line 13 b	d sho	ow the amount. If yo	ou	12	1,070 20,876	
Part	Tax on the First \$2,100 of Child's Interest and Dividend	ls					
13	Amount not taxed				13		
14	Subtract line 13 from line 4. If the result is zero or less, enter -0				14	88,583	
15	Tax. Is the amount on line 14 less than \$1,050?☐ No. Enter \$105 here and see the Note below.		}		15	2,586 88,583	
Note.	☐ Yes. Multiply line 14 by 10% (.10). Enter the result here and see the If you checked the box on line C above, see the instructions. Otherw		•	fro			u (

on Form 1040, line 44, or Form 1040NR, line 42. Be sure to check box a on Form 1040, line 44, or Form 1040NR, line 42.

Department of the Treasury Internal Revenue Service (99)

Parents' Election To Report Child's Interest and Dividends

▶ Information about Form 8814 and its instructions is at www.irs.gov/form8814. ► Attach to parents' Form 1040 or Form 1040NR.

OMB No. 1545-0074

Sequence No. 40 Name(s) shown on your return Your social security number Total Forms Filed = 141,543 Caution. The federal income tax on your child's income, including qualified dividends and capital gain distributions, may be less if you file a separate tax return for the child instead of making this election. This is because you cannot take certain tax benefits that your child could take on his or her own return. For details, see Tax benefits you cannot take in the instructions. A Child's name (first, initial, and last) B Child's social security number Child's Interest and Dividends To Report on Your Return Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions 21.550 1a Enter your child's tax-exempt interest. Do not include this amount 1b 2a Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions 2a 220,490 Enter your child's qualified dividends included on line 2a. See the Enter your child's capital gain distributions. If your child received any capital gain distributions 3 88,404 Add lines 1a, 2a, and 3. If the total is \$2,100 or less, skip lines 5 through 12 and go to line 13. If the total is \$10,500 or more, do not file this form. Your child must file his or her own return to 330,443 5 Subtract line 5 from line 4 64,914 If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7. Divide line 2b by line 4. Enter the result as a decimal (rounded to at 61.295 7 129,624. 7,519 Divide line 3 by line 4. Enter the result as a decimal (rounded to at 86,352 241,483. 15,817 9 Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return 17,900 Multiply line 6 by line 8. Enter the result here. See the instructions 10 for where to report this amount on your return 11 11 45,621 Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you 142 checked the box on line C above, see the instructions. Go to line 13 below 19.435 Part II Tax on the First \$2,100 of Child's Interest and Dividends 13 13 14 14 Subtract line 13 from line 4. If the result is zero or less, enter -0-. . . . 125,117 15 **Tax.** Is the amount on line 14 less than \$1,050? 408 No. Enter \$105 here and see the **Note** below. 15 12,502

Note. If you checked the box on line C above, see the instructions. Otherwise, include the amount from line 15 in the tax you enter on Form 1040, line 44, or Form 1040NR, line 42. Be sure to check box a on Form 1040, line 44, or Form 1040NR, line 42.

Yes. Multiply line 14 by 10% (.10). Enter the result here and see the **Note** below.

Form **8824**

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

▶ Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.

264,532

Total Forms Filed =

OMB No. 1545-1190

Attachment Sequence No. 109

Identifying number

Part	Information on the Like-Kind Exchange										
1	Note: If the property described on line 1 or line 2 is real or personal property located outside the United Description of like-kind property given up:										
2	Description of like-kind property received:										
3	Date like-kind property given up was originally acquired (month, day, year)	3	MM/DD/YYYY								
4	4 Date you actually transferred your property to other party (month, day, year)										
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement	MM/DD/YYYY									
6	Date you actually received the like-kind property from other party (month, day, year). See instructions	6	MM/DD/YYYY								
7	Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III										
	Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such a property became your replacement property; and none of the exceptions in line 11 applies to the exchange of the property as if the exchange had been a sale. If one of the exceptions on line 11 applied Part II.	nge.	Instead, report the								
Part	II Related Party Exchange Information										
8	Name of related party Relationship to you	Related party's identifying number									
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)										
9	During this tax year (and before the date that is 2 years after the last transfer of property that was the exchange), did the related party sell or dispose of any part of the like-kind property received to (or an intermediary) in the exchange?	rom	you								
10	During this tax year (and before the date that is 2 years after the last transfer of property that was the exchange), did you sell or dispose of any part of the like-kind property you received?	part	of 								
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 are the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies.										
11	If one of the exceptions below applies to the disposition, check the applicable box:										
а	☐ The disposition was after the death of either of the related parties.										
b	☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the	e exc	hange.								
С	☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition its principal purposes. If this box is checked, attach an explanation (see instructions).	had ta	ax avoidance as one of								

8824 Form

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

▶ Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.

OMB No. 1545-1190

2015

Attachment
Sequence No. 109

Identifying number

arric(s _i	Total Forms Filed = 264,532	lacii	urying number								
Part	Information on the Like-Kind Exchange										
1	Note: If the property described on line 1 or line 2 is real or personal property located outside the United Description of like-kind property given up:	d State	es, indicate the country.								
2	Description of like-kind property received:										
3	Date like-kind property given up was originally acquired (month, day, year)	3	MM/DD/YYYY								
4	Date you actually transferred your property to other party (month, day, year)	4	MM/DD/YYYY								
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement	5	MM/DD/YYYY								
6	Date you actually received the like-kind property from other party (month, day, year). See instructions	6	MM/DD/YYYY								
7	Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III										
	Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.										
Part	II Related Party Exchange Information										
8	Name of related party Relationship to you	Relat	ed party's identifying number								
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)										
9	During this tax year (and before the date that is 2 years after the last transfer of property that wa the exchange), did the related party sell or dispose of any part of the like-kind property received (or an intermediary) in the exchange?										
10	During this tax year (and before the date that is 2 years after the last transfer of property that wa the exchange), did you sell or dispose of any part of the like-kind property you received?	s part 	of 								
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 at the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies.										
11	If one of the exceptions below applies to the disposition, check the applicable box:										
а	☐ The disposition was after the death of either of the related parties.										
b	☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the	ne exc	hange.								
С	You can establish to the satisfaction of the IRS that neither the exchange nor the disposition its principal purposes. If this box is checked, attach an explanation (see instructions).	had t	ax avoidance as one of								

Form 8824 (2015) Page **2**

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

Your social security number

Part	Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Rec	eivec	t	
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other	her (nc	t like-kind) propert	ty,
	see Reporting of multi-asset exchanges in the instructions.	·		
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise,	go to	line 15.	
12	Fair market value (FMV) of other property given up 12 3.801			
13	Adjusted basis of other property given up			
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the			
•	gain or (loss) in the same manner as if the exchange had been a sale	14	3.765	
	Caution: If the property given up was used previously or partly as a home, see Property used as			
	home in the instructions.			
15	Cash received, FMV of other property received, plus net liabilities assumed by other party,			
13	reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15	19,086	
16	FMV of like-kind property you received	16	230,659	
17	Add lines 15 and 16	17	233,579	
18			200.070	
10	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18	252,609	
19	Realized gain or (loss). Subtract line 18 from line 17	19	251,180	-
20	Enter the smaller of line 15 or line 19, but not less than zero	20	14,494	
		-	2,941	
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)	21	2,941	-
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on	00	12,772	
	Schedule D or Form 4797, unless the installment method applies (see instructions)	22		-
23	Recognized gain. Add lines 21 and 22	23	14,876	-
24 25	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions .	24	249,238	-
25 Part	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 Deferral of Gain From Section 1043 Conflict-of-Interest Sales	25	252,109	
26 27 28	conflict-of-interest requirements. This part can be used only if the cost of the replacement property the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ▶ Description of divested property ▶			
29			MM/DD/YY	~~ ~~
30	Sales price of divested property (see instructions)			
31	Basis of divested property	_		
32 33	Realized gain. Subtract line 31 from line 30	32		
34	Subtract line 33 from line 30. If zero or less, enter -0	34		-
35 36	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions) Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	35 36		
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37		
38	Basis of replacement property. Subtract line 37 from line 33	38		

Form 8824 (2015) Page **2**

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

Your social security number

Part	Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Rec	eivec	 I
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other		
	see Reporting of multi-asset exchanges in the instructions.	,	,, , , , , , , , , , , , , , , , , , , ,
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise,	go to	line 15.
12	Fair market value (FMV) of other property given up		
13	Adjusted basis of other property given up		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	1.047.173
	Caution: If the property given up was used previously or partly as a home, see Property used as		
	home in the instructions.		
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15	2.889.750
16	FMV of like-kind property you received	16	54,463,105
17	Add lines 15 and 16	17	57.352.855
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18	32,351,334
19	Realized gain or (loss). Subtract line 18 from line 17	19	25,001,521
20	Enter the smaller of line 15 or line 19, but not less than zero	20	2.491.865
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)	21	118.145
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22	2.394.436
23	Recognized gain. Add lines 21 and 22	23	2.512.581
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions .	24	22,489,146
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	31,974,165
Part	Deferral of Gain From Section 1043 Conflict-of-Interest Sales Note: This part is to be used only by officers or employees of the executive branch of the Federal Confliction.		
26	section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to conconflict-of-interest requirements. This part can be used only if the cost of the replacement property the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a		
	copy of your certificate. Keep the certificate with your records.)		-
27	Description of divested property ►		
28	Description of replacement property ▶		
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property (see instructions)	-	
31	Basis of divested property	-	
32	Realized gain. Subtract line 31 from line 30	32	
33	Cost of replacement property purchased within 60 days after date		
	of sale	-	
34	Subtract line 33 from line 30. If zero or less, enter -0	34	
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)	35	
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on		
	Schedule D or Form 4797 (see instructions)	36	
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	

Department of the Treasury Internal Revenue Service (99)

Expenses for Business Use of Your Home

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

OMB No. 1545-0074 Attachment Sequence No. **176**

▶ Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.

Your social security number Name(s) of proprietor(s) Total Forms Filed = 3,155,400 Part I Part of Your Home Used for Business 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of 1 2.947.940 2 2,951,161 % 3 For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. Multiply days used for daycare during year by hours used per day Total hours available for use during the year (365 days x 24 hours) (see instructions) Divide line 4 by line 5. Enter the result as a decimal amount . . . 6 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶ 7 % **Figure Your Allowable Deduction** 8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, 2,997,332 minus any loss from the trade or business not derived from the business use of your home (see instructions) See instructions for columns (a) and (b) before completing lines 9-21. (a) Direct expenses (b) Indirect expenses Casualty losses (see instructions). 9 10,140 6.436 Deductible mortgage interest (see instructions) 10 10 39,075 1,687,547 Real estate taxes (see instructions) 11 11 61.112 1,874,369 Add lines 9, 10, and 11 12 72,116 12 1.992.465 13 Multiply line 12, column (b) by line 7. . . . 13 1,989,495 14 Add line 12, column (a) and line 13 . . . 14 2,035,340 15 Subtract line 14 from line 8. If zero or less, enter -0-15 2,118,085 16 Excess mortgage interest (see instructions) . 16 21,412 4,141 17 17 1,926,055 90,671 18 Rent 18 67,290 607,788 Repairs and maintenance 19 19 115,301 959,550 20 2,393,189 162,578 Other expenses (see instructions). . . . 742,751 21 76,478 2,563,654 22 Add lines 16 through 21 Multiply line 22, column (b) by line 7 23 2,558,055 24 Carryover of prior year operating expenses (see instructions) 24 693,686 Add line 22, column (a), line 23, and line 24 25 25 2,828,185 26 Allowable operating expenses. Enter the **smaller** of line 15 or line 25. 26 2,004,049 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 27 1,968,375 28 Excess casualty losses (see instructions) 29 29 Depreciation of your home from line 41 below 1,357,324 Carryover of prior year excess casualty losses and depreciation (see 377,494 31 1,377,868 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31. 32 897,293 33 2,654,542 34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions) 34 14,229 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶ 35 2,650,961 **Depreciation of Your Home** Part III Enter the **smaller** of your home's adjusted basis or its fair market value (see instructions) . 36 1,310,888 37 753,012 38 1,303,076 39 1,298,122 % 40 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41 1.357.324 Carryover of Unallowed Expenses to 2016 **42** Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- 42 1,005,095 43 43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-534.098

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

Form **8829** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8829**

Department of the Treasury Internal Revenue Service (99)

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Attachment Sequence No. 176

OMB No. 1545-0074

Internal Revenue Service (99)

Name(s) of proprietor(s)

► Information about Form 8829 and its separate instructions is at www.irs.gov/form8829. Sequence No. 1

Name	(s) of proprietor(s) Total Forms Filed	<u> </u>	3,155,400				Your	social security number	er
Pa	rt I Part of Your Home Used for Busine								
	Area used regularly and exclusively for busine		egularly for day	vcare.	or for storag	e of			
-	inventory or product samples (see instructions) .						1	1.079.292	
2	Total area of home						2	6,232,323	
	Divide line 1 by line 2. Enter the result as a percen						3	0,232,323	%
Ŭ	For daycare facilities not used exclusively for b	_							
4	Multiply days used for daycare during year by hou			4		hr.			
	Total hours available for use during the year (365 days x 24 h			5		hr.			
				6		111.			
6	Divide line 4 by line 5. Enter the result as a decima Business percentage. For daycare facilities not us				e multiply line	6 by			
'	line 3 (enter the result as a percentage). All others,						-		0/
Da		CITTE	i the amount no	111 11116		• /	7		<u>%</u>
	rt II Figure Your Allowable Deduction		davivad frama tha l	م مانم درما	of b				
8	Enter the amount from Schedule C, line 29, plus any							73,313,295	
	minus any loss from the trade or business not derived for See instructions for columns (a) and (b) before	ווו וווסוו			iome (see instruc	lioris)	8	70,010,200	
	completing lines 9–21.		(a) Direct expen	ses	(b) Indirect expe	enses			
9	Casualty losses (see instructions)	9	9,855		43,219				
10	,	10	175,598		14,856,123				
11	Real estate taxes (see instructions)	11	89,547		8,094,750				
12	Add lines 9, 10, and 11	12	275,000		22,994,092				
13	Multiply line 12, column (b) by line 7			13	3,481,523				
14	Add line 12, column (a) and line 13						14	3,756,524	
15	Subtract line 14 from line 8. If zero or less, enter -0-						15	78,971,304	
16	Excess mortgage interest (see instructions) .	16	8,967		109,498				
17	Insurance	17	66.714		2,656,350				
18	Rent	18	476,446		8,945,609				
19	Repairs and maintenance	19	189,476		3,324,913				
	Utilities	20	295,960		8,894,921				
21	Other expenses (see instructions)	21	86,238		1,723,046				
	Add lines 16 through 21	22			25,654,337				
23	Multiply line 22, column (b) by line 7			23	4,430,998				
24	Carryover of prior year operating expenses (see in			24	2,884,510				
	Add line 22, column (a), line 23, and line 24						25	0.400.000	
						•		8,439,309	
	Allowable operating expenses. Enter the smaller climit on excess casualty losses and depreciation.						26	4,311,904	+
27	•			1	5 	i	27	74,659,400	_
28	Excess casualty losses (see instructions)			28	4 004 700				
29	Depreciation of your home from line 41 below .			29	1,231,733				
30	Carryover of prior year excess casualty losses ar								
	instructions)			30	1,177,098				
	Add lines 28 through 30						31	2,408,927	
	Allowable excess casualty losses and depreciation						32	881,424	
	Add lines 14, 26, and 32						33	8,949,851	
	Casualty loss portion, if any, from lines 14 and 32.						34	19,171	
35	Allowable expenses for business use of your h								
	and on Schedule C, line 30. If your home was used	for m	ore than one bus	siness,	, see instruction:	s >	35	8,930,680	
	rt III Depreciation of Your Home								
36	Enter the smaller of your home's adjusted basis of	r its f	air market value	(see i	nstructions) .		36	368,499,208	
37	Value of land included on line 36						37	58,330,778	
38	Basis of building. Subtract line 37 from line 36 .						38	310,168,430	
39	Business basis of building. Multiply line 38 by line	7					39	44,187,392	
40	Depreciation percentage (see instructions)						40		%
41	Depreciation allowable (see instructions). Multiply line						41	1,231,733	
	rt IV Carryover of Unallowed Expenses							, , , , , , ,	
Pa							1		
		. If les	s than zero, ente	er -0-			42	4.127.405	
42	Operating expenses. Subtract line 26 from line 25. Excess casualty losses and depreciation. Subtract						42 43	4,127,405 1,527,503	

Qualified Adoption Expenses

OMB No. 1545-0074

Department of the Treasury

► Attach to Form 1040 or 1040NR. Attachment Sequence No. 38 Internal Revenue Service (99) ▶ For information about Form 8839 and its separate instructions, see www.irs.gov/form8839. Name(s) shown on return Your social security number Total Forms Filed = 84.098 Information About Your Eligible Child or Children-You must complete this part. See instructions for Part I details, including what to do if you need more space. Check if child was-(a) (b) Check if Child's name 1 Child's year Child's adoption born **before** a child of birth identifying number became final in 1998 and with special foreign 2015 or earlier First Last disabled needs child Child 1 Child 2 Child 3 Caution. If the child was a foreign child, see Special rules in the instructions for line 1, column (e), before you complete Part II or Part III. If you received employer-provided adoption benefits, complete Part III on the back next. Part II Adoption Credit Child 1 Child 2 Child 3 2 Maximum adoption credit per child 2 Did you file Form 8839 for a prior year for the same child? ■ No. Enter -0-. 18.835 3.044 3 7,356 Yes. See instructions for the amount to enter. Subtract line 3 from line 2 5 Qualified adoption expenses 45,608 12,085 3,080 (see instructions) Caution. Your qualified adoption expenses may not be equal to the adoption expenses you paid in 2015. 3,080 45,607 12,085 6 Enter the **smaller** of line 4 or line 5 Enter modified adjusted gross income (see instructions) Is line 7 more than \$201,010? ■ No. Skip lines 8 and 9, and enter -0- on line 10. ☐ **Yes.** Subtract \$201,010 from line 7 Divide line 8 by \$40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than 1.000 × 10 Multiply each amount on line 6 by line 9 10 11 11 Subtract line 10 from line 6 . 43,674 11.051 3.038 Add the amounts on line 11 . . . 12 12 43,677 Credit carryforward, if any, from prior years. See your Adoption Credit Carryforward Worksheet 13 13 47,495 14 14 81.830 Enter the amount from line 5 of the Credit Limit Worksheet in the instructions 15 15 63,960 16 Adoption Credit. Enter the smaller of line 14 or line 15 here and on Form 1040, line 54, or Form 1040NR, line 51. Check box c on that line and enter "8839" in the space next to box c. If line 15 16 is smaller than line 14, you may have a credit carryforward (see instructions) . 63.960

Form **8839**

Qualified Adoption Expenses

OMB No. 1545-0074

	nent of the Treasury Revenue Service (99)	► For information a	► Attach to Form 1040 or 1040NR. For information about Form 8839 and its separate instructions, see www.irs.gov/form8839. Attachme											nt e No. 3 8	В
Name(s) shown on return	Total For	ms Fil	led = 84	1,098	,					You	r socia	security num	nber	
Part		on About Your cluding what to d	_				-You	mus	t com	plete th	nis p	art. S	See instru	ctions	s for
1	First	(a) Child's name Last	(b) Child's year of birth Last Check if child was— (d) born before 1998 and with special with special needs child (e) Child's Child's (f) a Child's a identifying nur					hild's		(g) Check adopt ecame to 2015 or e	k if ion final in				
Child 1															
Child 2]
Child 3]
Part II	Caution. If the child was a foreign child, see Special rules in the instructions for line 1, column (e), before you complete Part II or Part III. If you received employer-provided adoption benefits, complete Part III on the back next.														
Part	Adoption	Credit													
				Child 1		С	Child 2		C	Child 3					
2	child	option credit per	2												
3	prior year for the	Form 8839 for a ne same child?													
	☐ No. Enter		9	225,141		01	772		30	.930					
	the amount	instructions for	3	225,141		91,	,773		39	,930					
4	Subtract line 3		4												
5		option expenses	5	508,631		147	',158		40	,801					
	adoption expe	Your qualified enses may not be doption expenses 15.													
6	Enter the small	er of line 4 or line 5	6	396,713		134	,079		40	,798					
7		adjusted gross inco	me (se	ee instructions	3)			7							
8	☐ No. Skip	han \$201,010? lines 8 and 9, and e act \$201,010 from						8							
9		by \$40,000. Enter					ا · ed to a		st three	e places	3).				
		11 4 000										9	×		
10	by line 9	amount on line 6	10												
11		0 from line 6 .	11	389,994			3,674		40	,662		46			
12	Add the amoun									 \\/orl:=l=	.	12	577,83	37	
13	in the 2014 For	ward, if any, from present the state was ward, if any, from present the state was also was al		ears. See you		•						13	593,736		
14	Add lines 12 a	nd 13 . . . unt from line 5 of th		· · · · · ·		· ·	· ·				•	14	1,171,573		
15 16									lino 5	 4 or Ea	· rm	15	251,235		
16	1040NR, line 5	dit. Enter the smallers. Check box c on	that li	ne and enter "	'8839 '	" in the	space	next 1	to box	c. If line	15	10	054.005		
	is smaller than	line 14, you may ha	ave a c	credit carrytor	ward ((see ins	truction	IS) .				16	251,235		

Form 8839 (2015) Page **2**

Part	Part III Employer-Provided Adoption Benefits										
			Chil	d 1	Child 2		Child 3				
17	Maximum exclusion per child	17									
18	Did you receive employer- provided adoption benefits for a										
	prior year for the same child?										
	□ No. Enter -0										
	☐ Yes. See instructions for	18									
	the amount to enter.										
19	Subtract line 18 from line 17	19									
20	Employer-provided adoption										
	benefits you received in 2015. This amount should be shown										
	in box 12 of your 2015 Form(s)										
	W-2 with code T	20									
							<u> </u>				
21	Add the amounts on line 20			<u> </u>	<u></u>		<u></u>	.	21	4,291	
22	Enter the smaller of line 19 or										
	line 20. But if the child was a child with special needs and the										
	adoption became final in 2015,										
	enter the amount from line 19	22									
23	Enter modified adjusted gross in										
	the worksheet in the instructions)			23							
24	Is line 23 more than \$201,010?										
	No. Skip lines 24 and 25, a on line 26.	na er	iter -U-								
	☐ Yes. Subtract \$201,010 from			24							
25	Divide line 24 by \$40,000. Enter that least three places). Do not enter					25	× .				
26	Multiply each amount on line 22		5 and 1.00	,, . 	<u> </u>						
	by line 25	26									
27	Excluded benefits. Subtract										
	line 26 from line 22	27	*		*		*				
28	Add the amounts on line 27								28	*	
20	Add the amounts on line 21								20		
29	Taxable benefits. Is line 28 more	than I	ine 21?								
	☐ No. Subtract line 28 from line		•				· •				
	line 7 of Form 1040 or line 8 of Form 1040NR. On the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR, enter "AB."										
	☐ Yes. Subtract line 21 from line							. [29	*	
	the total you would enter										
	the amount on Form 883 line 8 of Form 1040NR. E										

You may be able to claim the adoption credit in Part II on the front of this form if any of the following apply.



- You paid adoption expenses in 2014, those expenses were not fully reimbursed by your employer or otherwise, and the adoption was not final by the end of 2014.
- The total adoption expenses you paid in 2015 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2015 or earlier.
- You adopted a child with special needs and the adoption became final in 2015.

Form 8839 (2015) Page **2**

Par	t III Employer-Provided Ado	otion	Benefi	ts								
			Ch	nild 1		Child 2		Child 3				
47	Marrian una arrabantan marrabilal	47										
17	Maximum exclusion per child	17										
18	Did you receive employer-											
	provided adoption benefits for a											
	prior year for the same child?											
	No. Enter -0☐ Yes. See instructions for	18										
	the amount to enter.											
19	Subtract line 18 from line 17	19										
20	Employer-provided adoption											
	benefits you received in 2015. This amount should be shown											
	in box 12 of your 2015 Form(s)											
	W-2 with code T	20										
21	Add the amounts on line 20									21	10,958	
22	Enter the smaller of line 19 or											
	line 20. But if the child was a child with special needs and the											
	adoption became final in 2015,											
	enter the amount from line 19	22										
23	Enter modified adjusted gross in the worksheet in the instructions)			23								
24	Is line 23 more than \$201,010?	• •		20			1					
	☐ No. Skip lines 24 and 25, a	nd er	nter -0-									
	on line 26.		00	04								
25	☐ Yes. Subtract \$201,010 from Divide line 24 by \$40,000. Enter the			24	l nal (ro	unded to						
	at least three places). Do not enter						25	× .				
26	Multiply each amount on line 22	••										
27	by line 25	26										
21	line 26 from line 22	27	*			*		*				
28	Add the amounts on line 27								•	28	*	
29	Taxable benefits. Is line 28 more	than	line 21?									
	No. Subtract line 28 from line line 7 of Form 1040 or line											
	7 of Form 1040 or line 8 of Form 1040 or line						ie nexi	t to line				
	Yes. Subtract line 21 from line						nber. I	Reduce .		29	*	
	the total you would enter											
	the amount on Form 8839 line 8 of Form 1040NR. E											

You may be able to claim the adoption credit in Part II on the front of this form if any of the following apply.



- You paid adoption expenses in 2014, those expenses were not fully reimbursed by your employer or otherwise, and the adoption was not final by the end of 2014.
- The total adoption expenses you paid in 2015 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2015 or earlier.
- You adopted a child with special needs and the adoption became final in 2015.

Department of the Treasury Internal Revenue Service

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

► Attach to your tax return.

OMB No. 1545-1414 Attachment

nternal Revenue Service		6 and its instructions is at www.irs.gov/form8846.		Sequence No. 98
lame(s) shown on retur	n Total Forms Filed =	20,444	Identif	fying number

Note: Claim this credit only for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

1	Tips received by employees for services on which you paid or incurred employer social			
-	security and Medicare taxes during the tax year (see instructions)	1	7,439	
2	Tips not subject to the credit provisions (see instructions)	2	1,703	
3	Creditable tips. Subtract line 2 from line 1	3	7,439	
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages			
•	(including tips) exceeded \$118,500, see instructions and check here ▶ □	4	7,439	
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	40.704	
	nom partierships and 3 corporations	3	13,734	
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f	6	20.444	
			- 9946	(0015)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 16148Z

Form **8846** (2015)

8846 Form

Department of the Treasury Internal Revenue Service

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

► Attach to your tax return.

▶ Information about Form 8846 and its instructions is at www.irs.gov/form8846.

OMB No. 1545-1414
2015

Sequence No. 98

Name(s) shown on return

Total Forms Filed =

20,444

Identifying number

Note: Claim this credit only for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.				
	ces on which you paid or incurred employer soci	al .		

3	Creditable tips. Subtract line 2 from line 1	3	634,616	
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$118,500, see instructions and check here ▶ □	4	48,322	
	(including tips) exceeded \$110,000, see instructions and check here		40,022	
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	113,427	
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f	6	161.748	
For Boson and Body allow And Mallow and Indianality of the Control			F 00/6	(0015)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 16148Z

Form **8846** (2015)

Department of the Treasury Internal Revenue Service (99)

Archer MSAs and Long-Term Care Insurance Contracts

▶ Information about Form 8853 and its separate instructions is available at www.irs.gov/form8853. ► Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. **39**

OMB No. 1545-0074

Name(s) shown on return

Total Forms Filed =

163,529

Social security number of MSA account holder. If both spouses

	have MSAs, see instructions ▶			
Secti	on A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and com	plete	Section B.	
Part	Archer MSA Contributions and Deductions. See instructions before completing to jointly and both you and your spouse have high deductible health plans with self-on separate Part I for each spouse.			
1 2	Total employer contributions to your Archer MSA(s) for 2015	2	6,969	
3	Limitation from the Line 3 Limitation Chart and Worksheet in the instructions	3	5,600	
4	Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	4	5,605	
5	Archer MSA deduction. Enter the smallest of line 2, 3, or 4 here. Also include this amount on Form 1040, line 36, or Form 1040NR, line 35. On the dotted line next to Form 1040, line 36, or Form 1040NR, line 35, enter "MSA" and the amount	5	4,593	
	Caution: If line 2 is more than line 5, you may have to pay an additional tax (see instructions).			
Part	Archer MSA Distributions			
6a	Total distributions you and your spouse received in 2015 from all Archer MSAs (see instructions) .	6a	22,502	
b	Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the due date of your return (see instructions)	6b	*	
С	Subtract line 6b from line 6a	6c	21,451	
7	Unreimbursed qualified medical expenses (see instructions)	7	14,426	
8	Taxable Archer MSA distributions. Subtract line 7 from line 6c. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "MSA" and the amount	8	8,029	
9a	If any of the distributions included on line 8 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 8 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "MSA" and the amount on the line next to the box	9b	7,022	
Secti	on B. Medicare Advantage MSA Distributions. If you are filing jointly and both you ar distributions in 2015 from a Medicare Advantage MSA, complete a separate Section instructions).	id you		
10	Total distributions you received in 2015 from all Medicare Advantage MSAs (see instructions)	10	8,341	
11	Unreimbursed qualified medical expenses (see instructions)	11	6,334	
12	Taxable Medicare Advantage MSA distributions. Subtract line 11 from line 10. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "Med MSA" and the amount	12	*	
13a	If any of the distributions included on line 12 meet any of the Exceptions to the Additional 50% Tax (see instructions), check here			
b	Additional 50% tax. Enter 50% (.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2014. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "Med MSA" and the amount on the line next to the box	13b	*	
or Pa	perwork Reduction Act Notice, see your tax return instructions. Cat No 24091H		Form 8853	(2015

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8853**

Department of the Treasury Internal Revenue Service (99)

Archer MSAs and Long-Term Care Insurance Contracts

► Information about Form 8853 and its separate instructions is available at www.irs.gov/form8853.

► Attach to Form 1040 or Form 1040NR.

2015 Attachment Sequence No. 39

OMB No. 1545-0074

Name(s) shown on return

Total Forms Filed =

163 529

Social security number of MSA account holder. If both spouses have MSAs see instructions

	have MSAs, see instructions			
Section	on A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and com	plete	Section B.	
Part	jointly and both you and your spouse have high deductible health plans with self-on separate Part I for each spouse.			
1 2	Total employer contributions to your Archer MSA(s) for 2015			
	through April 18, 2016, that were for 2015. Do not include rollovers (see instructions)	2	7,136	
3 4	Limitation from the Line 3 Limitation Chart and Worksheet in the instructions	3	12,189	
4	Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	4	286,868	
5	Archer MSA deduction. Enter the smallest of line 2, 3, or 4 here. Also include this amount on Form 1040, line 36, or Form 1040NR, line 35. On the dotted line next to Form 1040, line 36, or Form 1040NR, line 35, enter "MSA" and the amount	5	3,686	
	Caution: If line 2 is more than line 5, you may have to pay an additional tax (see instructions).			
Part				
6a	Total distributions you and your spouse received in 2015 from all Archer MSAs (see instructions) .	6a	79,062	
b	Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the due date of your return (see instructions)	6b	*	
С	Subtract line 6b from line 6a	6c	77,590	
7	Unreimbursed qualified medical expenses (see instructions)	7	76,492	
8	Taxable Archer MSA distributions. Subtract line 7 from line 6c. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "MSA" and the amount	8	5,261	
9a	If any of the distributions included on line 8 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 8 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60.			
	Enter "MSA" and the amount on the line next to the box	9b	1,039	
Section	on B. Medicare Advantage MSA Distributions. If you are filing jointly and both you are distributions in 2015 from a Medicare Advantage MSA, complete a separate Section instructions).		r each spouse	
10	Total distributions you received in 2015 from all Medicare Advantage MSAs (see instructions)	10	100,164	
11	Unreimbursed qualified medical expenses (see instructions)	11	98,786	
12	Taxable Medicare Advantage MSA distributions. Subtract line 11 from line 10. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "Med MSA" and the amount	12	*	
13a	If any of the distributions included on line 12 meet any of the Exceptions to the Additional 50% Tax (see instructions), check here			
b	Additional 50% tax. Enter 50% (.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2014. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "Med MSA" and the amount on the line next to the box	13b	*	
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 24091H		Form 8853	(2015)

* Data not shown because of the small number of sample returns on which it is based.

Form 88	853 (2015)		Attach	ment Sequen	ce No. 39	Page 2
Name c	Name of policyholder (as shown on Form 1040)		Social security number policyholder ▶	r of		
Secti	fon C. Long-Term Care (LTC) Insurance Contracts. See before completing this section.	Filing Req	uirements for S	Section C	in the instr	ructions
	If more than one Section C is attached, check here					
14a	Name of insured ▶	b Social sec	curity number of in	nsured >		
15	In 2015, did anyone other than you receive payments on a per did qualified LTC insurance contract covering the insured or receive a insurance policy covering the insured?	accelerated c	leath benefits und	ler a life	· 🗌 Yes	□ No
16	Was the insured a terminally ill individual?	accelerated of	death benefits tha		. 🗌 Yes	☐ No
17	Gross LTC payments received on a per diem or other periodic ba amounts from box 1 of all Forms 1099-LTC you received with res "Per diem" box in box 3 is checked			he . 17	75,843	
	Caution: Do not use lines 18 through 26 to figure the taxable am LTC insurance contract that is not a qualified LTC insurance con not excludable from your income (for example, if the benefits are sickness through accident or health insurance), report the amount Form 1040, line 21.	tract. Instead	l, if the benefits a personal injuries o	re or		
18 19	Enter the part of the amount on line 17 that is from qualified LTC Accelerated death benefits received on a per diem or other period amounts you received because the insured was terminally ill (see	dic basis. Do	not include any	. 18	56,390	
20	Add lines 18 and 19	 es in		. 20	57,386	
21 22	Multiply \$330 by the number of days in the LTC period Costs incurred for qualified LTC services provided for the insured during the LTC period (see instructions)	i	79,826 88,176			
23 24	Enter the larger of line 21 or line 22	red	107,422 57,433			
	Caution: If you received any reimbursements from LTC contracts issued before August 1, 1996, see instructions.		07,400			
25	Per diem limitation. Subtract line 24 from line 23			. 25	96,309	
26	Taxable payments. Subtract line 25 from line 20. If zero or less, amount in the total on Form 1040, line 21. On the dotted line next			e		

Form **8853** (2015)

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^{*} Data not shown because of the small number of sample returns on which it is based.

Form 8853 (2015) Attachment Sequence No. 39 Page 2 Name of policyholder (as shown on Form 1040) Social security number of policyholder > Section C. Long-Term Care (LTC) Insurance Contracts. See Filing Requirements for Section C in the instructions before completing this section. **14a** Name of insured ▶ **b** Social security number of insured ▶ 15 In 2015, did anyone other than you receive payments on a per diem or other periodic basis under a qualified LTC insurance contract covering the insured or receive accelerated death benefits under a life Yes No 16 Yes Note: If "Yes" and the only payments you received in 2015 were accelerated death benefits that were paid to you because the insured was terminally ill, skip lines 17 through 25 and enter -0- on line 26. Gross LTC payments received on a per diem or other periodic basis. Enter the total of the 17 amounts from box 1 of all Forms 1099-LTC you received with respect to the insured on which the 17 2,477,184 Caution: Do not use lines 18 through 26 to figure the taxable amount of benefits paid under an LTC insurance contract that is not a qualified LTC insurance contract. Instead, if the benefits are not excludable from your income (for example, if the benefits are not paid for personal injuries or sickness through accident or health insurance), report the amount not excludable as income on Form 1040, line 21. Enter the part of the amount on line 17 that is from qualified LTC insurance contracts 18 18 2,023,681 Accelerated death benefits received on a per diem or other periodic basis. Do not include any 19 amounts you received because the insured was terminally ill (see instructions) 19 20 20 2,080,942 Note: If you checked "Yes" on line 15 above, see Multiple Payees in the instructions before completing lines 21 through 25. Multiply \$330 by the number of days in the LTC period 21 7,711,582 22 Costs incurred for qualified LTC services provided for the insured during the LTC period (see instructions) 22 4.201.115 Enter the larger of line 21 or line 22 23 23 8,972,303 24 Reimbursements for qualified LTC services provided for the insured 1.618.395 Caution: If you received any reimbursements from LTC contracts issued before August 1, 1996, see instructions. 25 25 7,489,424 Taxable payments. Subtract line 25 from line 20. If zero or less, enter -0-. Also include this 26 amount in the total on Form 1040, line 21. On the dotted line next to line 21, enter "LTC" and the

> 65.075 Form **8853** (2015)

26

^{*} Data not shown because of the small number of sample returns on which it is based.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed =

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

12,028,148

OMB No. 1545-0074 Attachment Sequence No. **50**

Your social security number

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Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Part	• • • • • • • • • • • • • • • • • • • •					
1	After completing Part III for each student, enter the total of all amounts from a	all P	arts III, line 30 .	1	9,696,035	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	9,696,035			
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	9,615,100			
4	Subtract line 3 from line 2. If zero or less, stop ; you cannot take any education credit	4	9,693,936			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	9,693,936			
6	If line 4 is:		,			
	 Equal to or more than line 5, enter 1.000 on line 6	roun	ided to	6	9,693,936	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the y the conditions described in the instructions, you cannot take the refundable credit; skip line 8, enter the amount from line 7 on line 9, and check this box	Ame	erican opportunity	7	9,693,936	
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter					
	on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below			8	9,629,945	
Part			, , , , , ,			
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksh		,	9	9,693,936	
10	After completing Part III for each student, enter the total of all amounts from zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	2,496,416	
11	Enter the smaller of line 10 or \$10,000			11	2,496,416	
12	Multiply line 11 by 20% (.20)			12	2,496,416	
13	Enter: \$130,000 if married filing jointly; \$65,000 if single, head of household, or qualifying widow(er)	13	2,496,416	-	2,490,410	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	2,496,416			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0-on line 18, and go to line 19	15	2,483,531			
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	2,483,531			
17	If line 15 is:					
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (ro	ounc	ded to at least three			
40	places)			17	2,483,531	_
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksho			18	2,483,531	-
19	Nonrefundable education credits. Enter the amount from line 7 of the Credinstructions) here and on Form 1040, line 50, or Form 1040A, line 33			19	9,606,011	
or Pa	perwork Reduction Act Notice, see your tax return instructions.		t. No. 25379M		Form 8863 (2	2015)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed =

Education Credits (American Opportunity and Lifetime Learning Credits)

12,028,148

► Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

OMB No. 1545-0074
2015
Attachment Sequence No. 50

Your social security number

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CA	111	ION

Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

7AUII	ON CONTRACTOR OF THE CONTRACTO					
Parl	Refundable American Opportunity Credit					_
1	After completing Part III for each student, enter the total of all amounts from a	all P	arts III, line 30 .	1	22,093,170	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	1,239,483,11!			
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	488,448,444			
4	Subtract line 3 from line 2. If zero or less, stop ; you cannot take any education credit	4	751,529,863			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	137,678,376			
6	If line 4 is:					
	• Equal to or more than line 5, enter 1.000 on line 6					
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rour	nded to	. 6	9,541,350	
	at least three places)					
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the y					
	the conditions described in the instructions, you cannot take the refundable acredit; skip line 8, enter the amount from line 7 on line 9, and check this box		erican opportunity ► □	7	21,681,821	
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enti-			_	21,001,021	
Ŭ	on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below			8	8.623.424	
Part					0,020,12.	_
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksh	heet	(see instructions)	9	13,058,397	
10	After completing Part III for each student, enter the total of all amounts from					
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10		
11	Enter the smaller of line 10 or \$10,000			11		_
12	Multiply line 11 by 20% (.20)			12	2,347,373	_
13	Enter: \$130,000 if married filing jointly; \$65,000 if single, head of household, or qualifying widow(er)	13	235,851,656			
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from					
	Puerto Rico, see Pub. 970 for the amount to enter	14	128,404,584			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0-					
	on line 18, and go to line 19	15	107,893,010			
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,					
47	or qualifying widow(er)	16	36,053,659	_		
17	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (ro	auna	ded to at least three			
	places)			17	24,468,191	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Workshop			18	· · ·	
19	Nonrefundable education credits. Enter the amount from line 7 of the Cred	,	· · · · · · · · · · · · · · · · · · ·			
			<u> </u>	19		
or Pa	perwork Reduction Act Notice, see your tax return instructions.	Ca	t. No. 25379M		Form 8863 (201	(5)

Form 8	363 (2015)		Page 2
Name(s) shown on return		Your social security number
CAUT	Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.		
Part	Student and Educational Institution Information See instructions.	n	
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as sho	own on page 1 of your tax return)
22	Educational institution information (see instructions)		
а	Name of first educational institution	b. Name of second educational in	stitution (if any)
(1	Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.	(1) Address. Number and street post office, state, and ZIP co instructions.	
(2) Did the student receive Form 1098-T Yes No from this institution for 2015?	(2) Did the student receive Form from this institution for 2015?	165 110
(3) Did the student receive Form 1098-T from this institution for 2014 with Box Yes No 2 filled in and Box 7 checked?	(3) Did the student receive Form from this institution for 2014 filled in and Box 7 checked?	
If yo	u checked "No" in both (2) and (3), skip (4).	If you checked "No" in both (2) and	(3), skip (4).
(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).	federal identification number	
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2015?		No — Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2015 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)	Yes — Go to line 25.	No — Stop! Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2015 (see instructions)?	Yes — Stop! Go to line 31 for this student.	No — Go to line 26.
26	Was the student convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance?		No — Complete lines 27 through 30 for this student.
CAUT		e lifetime learning credit for the same s t complete line 31.	student in the same year. If Student 1 Student 3 Student 2 Student 4
	American Opportunity Credit		[07]
27	Adjusted qualified education expenses (see instructions). Do		
28	Subtract \$2,000 from line 27. If zero or less, enter -0		
29 30	Multiply line 28 by 25% (.25)		. 29 9 and 9,696,035 60,680
	enter the result. Skip line 31. Include the total of all amounts to		
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Indeed, and the second secon		Parts 2,496,416 *
	,		Form 8863 (2015)

Form 8863 (2015)			Page 2
Name(s) shown on re	eturn		Your social security number
орр	nplete Part III for each student for whon ortunity credit or lifetime learning credit h student.		
	dent and Educational Institution Information instructions.	1	
20 Student na	me (as shown on page 1 of your tax return)	21 Student social security number (as sho	own on page 1 of your tax return)
22 Education	al institution information (see instructions)		
	irst educational institution	b. Name of second educational in	nstitution (if any)
	s. Number and street (or P.O. box). City, town or ice, state, and ZIP code. If a foreign address, see ions.	(1) Address. Number and street post office, state, and ZIP co instructions.	
• •	student receive Form 1098-T Yes No s institution for 2015?	(2) Did the student receive Form from this institution for 2015?	Tes NO
from thi	student receive Form 1098-T s institution for 2014 with Box Yes No n and Box 7 checked?	(3) Did the student receive Form from this institution for 2014 filled in and Box 7 checked?	_ ,, _ ,,
If you checked	"No" in both (2) and (3) , skip (4) .	If you checked "No" in both (2) and	(3), skip (4).
	checked "Yes" in (2) or (3) , enter the institution's dentification number (from Form 1098-T).	(4) If you checked "Yes" in (2) federal identification number	
	Hope Scholarship Credit or American opportunity en claimed for this student for any 4 tax years 15?	Yes — Stop! Go to line 31 for this student.	No — Go to line 24.
academic 2015 at leading t	student enrolled at least half-time for at least one period that began or is treated as having begun in an eligible educational institution in a program owards a postsecondary degree, certificate, or cognized postsecondary educational credential? actions)	Yes — Go to line 25.	No — Stop! Go to line 31 for this student.
	tudent complete the first 4 years of postsecondary before 2015 (see instructions)?	Yes — Stop! Go to line 31 for this student.	No — Go to line 26.
	student convicted, before the end of 2015, of a or possession or distribution of a controlled e?	Yes — Stop! Go to line 31 for this student.	No — Complete lines 27 through 30 for this student.
CAUTION	cannot take the American opportunity credit and the complete lines 27 through 30 for this student, do not	e lifetime learning credit for the same s complete line 31.	student in the same year. If Student 1 Student 3 Student 2 Student 4
	n Opportunity Credit		
*	qualified education expenses (see instructions). Do		
	\$2,000 from line 27. If zero or less, enter -0		. 28 2,421,355 * 29
30 If line 28	is zero, enter the amount from line 27. Otherwise, result. Skip line 31. Include the total of all amounts f	add \$2,000 to the amount on line 2	9 and 20,297,34 137,903
	Learning Credit		
31 Adjusted	qualified education expenses (see instructions). Inc., on Part II, line 10		. 31146,153 0
			Form 8863 (2015)

Form **8880**

Department of the Treasury Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

► Attach to Form 1040, Form 1040A, or Form 1040NR.

Information about Form 8880 and its instructions is at www.irs.gov/form8880.

2015

OMB No. 1545-0074

Attachment Sequence No. **54**

(b) Your spouse

Name(s) shown on return

Total Forms Filed = 8,204,999

Your social security number



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2

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You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$30,500 (\$45,750 if head of household; \$61,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1998, (b) is claimed as a dependent on someone else's 2015 tax return, or (c) was a **student** (see instructions).

(a) You

	Roth IRA cont	ributions for 2015.	o not include rollove					
I raditional and contributions .	I NOUI INA COIN	1100110113 101 2013.	o not include follove		004.700			000 500
				1	624,700		-	222,590
			ployer plan, voluntary					
empioyee con see instruction		501(c)(18)(D) plan c	contributions for 2015		6 000 604			4 407 704
•	,			2	6,990,621	\vdash	_	1,107,704
Add lines 1 an				3	7,391,769	\vdash		1,271,425
			before the due date					
			(see instructions). I					
			unts in both columns		004.000			100.010
	•				291,862	\vdash	_	132,219
					7,380,713	\vdash		1,261,414
		aller of line 5 or \$2,0		6	7,380,713			1,262,421
		zero, stop; you cann				· 📑	7	8,183,822
			rm 1040A, line 22; o					
				8	8,195,015	Щ		
Enter the appl	cable decimal a	amount shown below	v:					
If line	8 is-		And your filing status	s is—		1		
If line		Married Married	And your filing status Head of		le, Married filing			
If line	But not			Sing	le, Married filing eparately, or			
		Married filing jointly Enter or	Head of	Sing	eparately, or lifying widow(er)			
	But not	Married filing jointly	Head of household	Sing	eparately, or			
Over—	But not over—	Married filing jointly Enter or	Head of household	Sing	eparately, or lifying widow(er)			
Over—	But not over— \$18,250	Married filing jointly Enter or .5	Head of household n line 9—	Sing	eparately, or lifying widow(er)		9	Х.
Over— \$18,250	But not over— \$18,250 \$19,750	Married filing jointly Enter or .5 .5	Head of household n line 9 – .5	Sing	eparately, or lifying widow(er) .5 .2		9	Х.
Over— \$18,250 \$19,750	But not over— \$18,250 \$19,750 \$27,375	Married filing jointly Enter or .5 .5 .5	Head of household n line 9— .5 .5 .5	Sing	eparately, or lifying widow(er) .5 .2 .1		9	X.
Over— \$18,250 \$19,750 \$27,375	But not over— \$18,250 \$19,750 \$27,375 \$29,625	Married filing jointly Enter or .5 .5 .5 .5	Head of household I line 9— .5 .5 .5 .5	Sing	eparately, or lifying widow(er) .5 .2 .1		9	X.
Over— \$18,250 \$19,750 \$27,375 \$29,625	But not over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500	Married filing jointly Enter or .5 .5 .5 .5 .5	Head of household 1 line 9— .5 .5 .5 .5 .2 .1	Sing	eparately, or lifying widow(er) .5 .2 .1 .1		9	X .
Over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500	But not over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500	Married filing jointly Enter or .5 .5 .5 .5 .5 .5	Head of household 1 line 9— .5 .5 .5 .5 .1 .1 .1	Sing	eparately, or lifying widow(er) .5 .2 .1 .1 .1		9	X.
Over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500	But not over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500	Married filing jointly Enter or .5 .5 .5 .5 .5 .5 .5	Head of household 1 line 9— .5 .5 .5 .5 .1 .1 .1	Sing	eparately, or lifying widow(er) .5 .2 .1 .1 .1		9	X .
Over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500	But not over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750	Married filing jointly Enter or .5 .5 .5 .5 .5 .5 .5 .5 .1	Head of household 1 line 9— .5 .5 .5 .2 .1 .1 .1 .1	Sing	eparately, or lifying widow(er) .5 .2 .1 .1 .1 .0 .0	•	9	Х.
Over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750	But not over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750 \$61,000	Married filing jointly Enter or .5 .5 .5 .5 .5 .5 .1 .1 .1	Head of household 1 line 9— .5 .5 .5 .2 .1 .1 .1 .1 .1	Sing s Qua	eparately, or lifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0	•	9	X.
Over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750 \$61,000	But not over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750 \$61,000 Note: If I	Married filing jointly Enter or .5 .5 .5 .5 .5 .5 .1 .1 .1	Head of household 1 line 9 — .5 .5 .5 .2 .1 .1 .1 .1 .0 .0 .0 rou cannot take this compared to the second compared to the c	Sing s Qua	eparately, or lifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0		0	X . 8,163,486
Over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750 \$61,000	But not over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750 \$61,000 Note: If I by line 9	Married filing jointly Enter or .5 .5 .5 .5 .5 .5 .5 .1 .1 .0 ine 9 is zero, stop; y	Head of household 1 line 9 — .5 .5 .5 .2 .1 .1 .1 .1 .0 .0 .0 rou cannot take this compared to the second compared to the c	Sing s Qua	eparately, or lifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0 .0 .0	. 1		
Over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750 \$61,000 Multiply line 7 Limitation bas	But not over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750 \$61,000 Note: If I by line 9	Married filing jointly Enter or .5 .5 .5 .5 .5 .5 .5 .1 .1 .0 ine 9 is zero, stop; y	Head of household 1 line 9— .5 .5 .5 .2 .1 .1 .1 .1 .0 .0 .0 Tou cannot take this conditions in the second seco	Sing s Qua	eparately, or lifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0 .0 .0	. <u>1</u>		
Over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750 \$61,000 Multiply line 7 Limitation basinstructions	But not over— \$18,250 \$19,750 \$27,375 \$29,625 \$30,500 \$36,500 \$39,500 \$45,750 \$61,000 Note: If I by line 9	Married filing jointly Enter or .5 .5 .5 .5 .5 .5 .5 .1 .1 .0 ine 9 is zero, stop; y	Head of household 1 line 9— .5 .5 .5 .2 .1 .1 .1 .1 .0 .0 .0 Tou cannot take this conditions in the second seco	Sing s Qua	eparately, or lifying widow(er) .5 .2 .1 .1 .1 .0 .0 .0 .0 .0 .0 .Worksheet in t	. 1 he . 1	0	8,163,486

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Form **8880**

Department of the Treasury Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

► Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 8880 and its instructions is at www.irs.gov/form8880.

OMB No. 1545-0074

Attachment Sequence No. **54**

(b) Your spouse

Name(s) shown on return

Total Forms Filed = 8,204,999

Your social security number



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$30,500 (\$45,750 if head of household; \$61,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1998, (b) is claimed as a dependent on someone else's 2015 tax return, or (c) was a **student** (see instructions).

(a) You

					(a) You		(b) Your spouse
Tradition contribut		ntributions for 2015.	o not include rollover	1	2,059,927		833,789
				1	2,059,921	-	033,709
			ployer plan, voluntary contributions for 2015				
(see insti				2	10,549,706		1,979,102
Add lines	<i>'</i>			3	12,609,633		2,812,891
			before the due date	3	12,003,000		2,012,031
			(see instructions). If				
			unts in both columns.				
		eption		4	426,405		255.091
Subtract	line 4 from line 3 li	f zero or less, enter -0-		5	12,290,945		2,689,348
		maller of line 5 or \$2,0		6	8,244,287		1,554,420
		If zero, stop; you cann				. 7	9,798,707
			rm 1040A, line 22; or				0,100,101
				8	278,376,135		
Enter the	applicable decima	al amount shown below	v:		2.0,0.0,.00		
	f line 8 is—		And your filing status	is-			
	But not	Married	Head of		le, Married filing		
Over	over—	filing jointly	household		separately, or		
			n line 9—	Qua	lifying widow(er)		
	\$18,250	.5	.5		.5		
\$18,2		.5	.5		.2		
\$19,7		.5	.5		.1	9	Χ.
\$27,3		.5	.2		.1		
\$29,6		.5	.1		.1		
\$30,5		.5	.1		.0		
\$36,5		.2	.1		.0		
\$39,5		.1	.1		.0		
\$45,7		.1	.0		.0		
\$61,0		.0	.0		.0		
	Note:	If line 9 is zero, stop; y	ou cannot take this cre	edit.			
	ine 7 by line 9 .					. 10	1,731,697
		iability. Enter the am	ount from the Credit	t Limit	Worksheet in th		
instruction						. 11	13,675,986
			tions. Enter the smalle		ne 10 or line 11 her		
and on F	orm 1040, line 51;	Form 1040A, line 34; c	or Form 1040NR, line 48	8 .		. 12	1,441,212

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Cat. No. 33394D

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. 53

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

Total Forms Filed =

9,117,844

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

beioi	e you begin: Complete Form 6655, Archer MSAs and Long-Term Care insurance Contrac	JIS, II	requirea.	
Part				ointly
	and both you and your spouse each have separate HSAs, complete a separate Part	I for	each spouse.	
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions)	□ S	elf-only	nily
2	HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	1,445,705	
3	If you were under age 55 at the end of 2015, and on the first day of every month during 2015, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,650 for family coverage). All others, see the instructions for the amount to enter	3	7,786,418	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs	4	26,022	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,785,359	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter	6	7,572,094	
7	If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount	7	049.674	
8	(see instructions)	8	918,674 7,575,913	
9	Employer contributions made to your HSAs for 2015 9 6,826,776	0	7,575,915	
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11	6,849,527	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	7,008,021	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	1.391.655	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			
Part		sepa	rate HSAs, com	plete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2015 from all HSAs (see instructions)	14a	6,100,463	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	97,949	
С	Subtract line 14b from line 14a	14c	6,048,498	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	5,864,366	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	258,857	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line part to the box	17h	232,888	
	line 60. Enter "HSA" and the amount on the line next to the box	17b	232,000	

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. 53

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

Total Forms Filed =

9,117,844

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contrac	cts, if	required.	
Part	HSA Contributions and Deduction. See the instructions before completing this p	art. I	f you are filing jo	ointly
	and both you and your spouse each have separate HSAs, complete a separate Part	I for	each spouse.	·
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions)	S	elf-only Fan	nily
2	HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	4,741,863	
3	If you were under age 55 at the end of 2015, and on the first day of every month during 2015, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,650 for family coverage). All others, see the instructions for the amount to enter	3	42,402,523	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs	4	32,278	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	42,372,008	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter	6	40,377,697	
7	If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions)	7	936,678	
8	Add lines 6 and 7	8	41,314,375	
9	Employer contributions made to your HSAs for 2015 9 16,324,846		41,014,070	
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11	16,488,669	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	25,882,319	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	4,322,792	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			
Part		sepa	rate HSAs, com	plete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2015 from all HSAs (see instructions)	14a	14,551,640	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	199,354	
С	Subtract line 14b from line 14a	14c	14,352,286	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	14,038,071	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also,		,	
	include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	314,215	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	57,754	

Form 8889 (2015) Page **2**

Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instance completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.			
18	Last-month rule	18	*	
19	Qualified HSA funding distribution	19	*	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	*	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	*	

Form **8889** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form 8889 (2015) Page **2**

				•
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instance completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.			
18	Last-month rule	18	*	
19	Qualified HSA funding distribution	19	*	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter			
21	"HSA" and the amount	20	^	
4 1	62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	*	

Form **8889** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

(Rev. December 2010) Department of the Treasury Internal Revenue Service

Domestic Production Activities Deduction

OMB No. 1545-1984

Attachment Sequence No. 143

► Attach to your tax return. ► See separate instructions.

Name(s) as shown on return

Total Forms Filed =

871,145

Identifying number

production activiti including oil-relate 1 Domestic producti 2 Allocable cost of	plete column (a), unless you have oil-related es. Enter amounts for all activities in column (b), d production activities.		(a)		/b)
2 Allocable cost of	a production determined.	Oil-r	elated production activ	ities	(b) All activities
2 Allocable cost of	on gross receipts (DPGR)	1	115,868		481,707
simplified overall n	goods sold. If you are using the small business		,		,
	nethod, skip lines 2 and 3	2	77,021	i i	332,517
•	nd losses allocable to DPGR (see instructions).	3	97,415		369,082
4 If you are using the	small business simplified overall method, enter the				
amount of cost of	oods sold and other deductions or losses you				
ratably apportion to	DPGR. All others, skip line 4	4	8,774	1 1	72,626
5 Add lines 2 throug	14	5	107,911		460,406
	n line 1	6	88,056		437,703
7 Qualified product	on activities income from estates, trusts, and				
certain partnership	s and S corporations (see instructions)	7	15,452		320,243
8 Add lines 6 and 7.	Estates and trusts, go to line 9, all others, skip line				
		8			
9 Amount allocated	to beneficiaries of the estate or trust (see				
instructions) .		9			
10a Oil-related qualif	ed production activities income. Estates and				
trusts, subtract lin	e 9, column (a), from line 8, column (a), all others,				
enter amount from	line 8, column (a). If zero or less, enter -0- here .	10a	66,078		
b Qualified product	ion activities income. Estates and trusts, subtract				
line 9, column (b)	from line 8, column (b), all others, enter amount				
from line 8, colum	n (b). If zero or less, enter -0- here, skip lines 11				
through 21, and er	ter -0- on line 22	10b			637,955
11 Income limitation (·				
	es, and trusts. Enter your adjusted gross income				
·	on activities deduction		}		
	our taxable income figured without the domestic pr			11	637,922
•	mpt organizations, see instructions)				
	f line 10b or line 11. If zero or less, enter -0- here, sk		•		
	ne 22			12	627,967
				13	620,107
	f line 10a or line 12	14a			
	elated qualified production activities income. Multiply			14b	52,867
	rom line 13			15	620,107
	see instructions)			16	307,013
=	rom estates, trusts, and certain partnerships and S o	-			
(see instructions)				17	296,680
	7. Estates and trusts, go to line 19, all others, skip lin			18	
	o beneficiaries of the estate or trust (see instructions			19	
	subtract line 19 from line 18, all others, enter amoun			20	576,997
	nitation. Enter 50% of line 20			21	576,997
	f line 15 or line 21.			22	575,261
	on activities deduction from cooperatives. Enter ded				440.007
1099-PATR, box 6				23	146,837
	I group allocation (see instructions)			24	1,145
	tion activities deduction. Combine lines 22 through 1040, line 35; Form 1120, line 25; or the applicable li			OF.	005.050
	Act Notice, see separate instructions.		No. 37712F	25	695,850 Form 8903 (Rev. 12-20

Domestic Production Activities Deduction

OMB No. 1545-1984

Attachment

(Rev. December 2010) Department of the Treasury Internal Revenue Service

Name(s) as shown on return

Total Forms Filed =

871,145

Sequence No. 143 ► Attach to your tax return. ► See separate instructions. Identifying number

	Total Forms Filed = 071,145			
	Note. Do not complete column (a), unless you have oil-related production activities. Enter amounts for all activities in column (b), including oil-related production activities.	(a) ed production activit	ies	(b) All activities
1	Domestic production gross receipts (DPGR)	34,715,203		1,260,104,392
2	Allocable cost of goods sold. If you are using the small business			
	simplified overall method, skip lines 2 and 3	22,768,154		863,090,132
3	Enter deductions and losses allocable to DPGR (see instructions) . 3	8,674,750		236,718,173
4	If you are using the small business simplified overall method, enter the			
	amount of cost of goods sold and other deductions or losses you			
	ratably apportion to DPGR. All others, skip line 4	471,705		55,911,502
5	Add lines 2 through 4	31,914,609		1,155,719,807
6	Subtract line 5 from line 1	2,800,594		104,384,585
7	Qualified production activities income from estates, trusts, and			
	certain partnerships and S corporations (see instructions)	1,295,041		66,899,727
8	Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line			
	9 and go to line 10			
9	Amount allocated to beneficiaries of the estate or trust (see			
	instructions)			
10a	Oil-related qualified production activities income. Estates and			
	trusts, subtract line 9, column (a), from line 8, column (a), all others,	1010010		
	enter amount from line 8, column (a). If zero or less, enter -0- here .	4,910,840		
b	Qualified production activities income. Estates and trusts, subtract			
	line 9, column (b), from line 8, column (b), all others, enter amount			
	from line 8, column (b). If zero or less, enter -0- here, skip lines 11			400 000 000
	through 21, and enter -0- on line 22			189,396,889
11	Income limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured with	hout the		
	domestic production activities deduction			
	All others. Enter your taxable income figured without the domestic production as	,	11	462,754,880
	deduction (tax-exempt organizations, see instructions)			402,734,000
12	Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13			
	and enter -0- on line 22		12	139,602,050
13	Enter 9% of line 12		13	12,564,184
	Enter the smaller of line 10a or line 12			12,001,101
	• Reduction for oil-related qualified production activities income. Multiply line 14a b		14b	98,897
	Subtract line 14b from line 13	· –	15	12,465,288
	Form W-2 wages (see instructions)		16	189,405,775
17	Form W-2 wages from estates, trusts, and certain partnerships and S corporation	s		22, 22,
	(see instructions)		17	126,065,431
18	Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and g	go to line 20	18	, ,
19	Amount allocated to beneficiaries of the estate or trust (see instructions)		19	
20	Estates and trusts, subtract line 19 from line 18, all others, enter amount from line		20	315,471,207
21	Form W-2 wage limitation. Enter 50% of line 20	_	21	157,735,737
22	Enter the smaller of line 15 or line 21		22	11,902,459
23	Domestic production activities deduction from cooperatives. Enter deduction from	n Form		
	1099-PATR, box 6		23	883,985
	Expanded affiliated group allocation (see instructions)	[24	2,754
25	Domestic production activities deduction. Combine lines 22 through 24 and			
	here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your	return	25	12,789,199
For F	Paperwork Reduction Act Notice, see separate instructions. Cat. No. 3	37712F		Form 8903 (Rev. 12-2010)

Form **8910**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Alternative Motor Vehicle Credit

► Attach to your tax return.

9,643

▶ Information about Form 8910 and its separate instructions is at www.irs.gov/form8910.

OMB No. 1545-1998

2015 Attachment Sequence No. 152

Identifying number

Note.						
• Use	this form to claim the credit for certain alternative motor ve	hicle	S.			
• Clai	m the credit for certain plug-in electric vehicles on Form 89	36.				
Par	<u> </u>					
Use a	separate column for each vehicle. If you need more column	ns,	(a) Vahiala 1		(b) Vahiala	າ
use a	dditional Forms 8910 and include the totals on lines 7 and 1	1.	(a) Vehicle 1		(b) Vehicle	2
1	Year, make, and model of vehicle	1				
2	Vehicle identification number (see instructions)	2				
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3	/ /		/ /	
4	Tentative credit (see instructions for amount to enter)	4	9.334		*	
	Next: If you did NOT use your vehicle for business or in	rvest	ment purposes and did no	t have	a credit from a part	nership o
	S corporation, skip Part II and go to Part III. All others, go	to Pa	art II.			
Part	Credit for Business/Investment Use Part of \	/ehi	cle			
5	Business/investment use percentage (see instructions)	5		%		%
6	Multiply line 4 by line 5	6				
7	Add columns (a) and (b) on line 6			7	*	
8	Alternative motor vehicle credit from partnerships and S c			8	*	
9	Business/investment use part of credit. Add lines 7	•	,			
	corporations, stop here and report this amount on Sche		•			
	amount on Form 3800, Part III, line 1r			9	2,005	
Part	Credit for Personal Use Part of Vehicle					
10	If you skipped Part II, enter the amount from line 4. If					
	you completed Part II, subtract line 6 from line 4	10				
11	Add columns (a) and (b) on line 10			11	9,330	
12	Enter the amount from Form 1040, line 47, or Form 1040N	IR, lir	ne 45	12		
13	Personal credits from Form 1040 or 1040NR (see instructi	ons)		13	4,310	
14	Subtract line 13 from line 12. If zero or less, enter -0- and	,			·	
	the personal use part of the credit		-	14	9,643	
15	Personal use part of credit. Enter the smaller of line 1	1 or I	line 14 here and on Form			
	1040. line 54 (or Form 1040NR, line 51). Check box c or					

For Paperwork Reduction Act Notice, see separate instructions.

Total Forms Filed =

Cat. No. 37720F

Form **8910** (2015)

9,330

the space next to that box. If line 14 is smaller than line 11, see instructions $% \left(1\right) =\left(1\right) \left(1\right) +\left(1\right) \left(1\right)$

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8910**

Department of the Treasury Internal Revenue Service

Alternative Motor Vehicle Credit

► Attach to your tax return.

▶ Information about Form 8910 and its separate instructions is at www.irs.gov/form8910.

OMB No. 1545-1998

2015

Attachment
Sequence No. 152

Name(s) shown on return

Total Forms Filed = 9,643

Identifying number

Use this form to claim the credit for certain alternative motor vehicles.
Claim the credit for certain plug-in electric vehicles on Form 8936.

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

	S corporation, skip Part II and go to Part III. All others, go to Part II.			
Part	Credit for Business/Investment Use Part of Vehicle			
5	Business/investment use percentage (see instructions) 5	%		%
6	Multiply line 4 by line 5			
7	Add columns (a) and (b) on line 6	. 7	*	
8	Alternative motor vehicle credit from partnerships and S corporations (see instruction		*	
9	Business/investment use part of credit. Add lines 7 and 8. Partnerships at corporations, stop here and report this amount on Schedule K. All others, report	t this		
	amount on Form 3800, Part III, line 1r	. 9	822	
Part	III Credit for Personal Use Part of Vehicle			
10	If you skipped Part II, enter the amount from line 4. If you completed Part II, subtract line 6 from line 4 10			
11	Add columns (a) and (b) on line 10	. 11	32,117	
12	Enter the amount from Form 1040, line 47, or Form 1040NR, line 45	. 12		
13	Personal credits from Form 1040 or 1040NR (see instructions)	. 13	5,551	
14	Subtract line 13 from line 12. If zero or less, enter -0- and stop here. You cannot of the personal use part of the credit		395,683	
15	Personal use part of credit. Enter the smaller of line 11 or line 14 here and on I 1040, line 54 (or Form 1040NR, line 51). Check box c on that line and enter "891 the space part to that box. If line 14 is smaller than line 11, see instructions	0" in	20.092	
	the space next to that box. If line 14 is smaller than line 11, see instructions	. 15	20.082	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37720F

Form **8910** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8911**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Alternative Fuel Vehicle Refueling Property Credit

► Attach to your tax return.

▶ Information about Form 8911 and its instructions is at www.irs.gov/form8911.

OMB No. 1545-1981

2015
Attachment
Sequence No. 151

Identifying number

Total Forms Filed = 3.891 Part I Total Cost of Refueling Property Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax year (see **What's New** in the instructions) 3,887 Credit for Business/Investment Use Part of Refueling Property 2 2 Business/investment use part (see instructions) 3 Section 179 expense deduction (see instructions) 3 4 4 5 5 6 Maximum business/investment use part of credit (see instructions) 6 7 7 Alternative fuel vehicle refueling property credit from partnerships and S corporations (see 8 8 Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations. stop here and report this amount on Schedule K. All others, report this amount on Form 3800, 9 160 **Credit for Personal Use Part of Refueling Property** Part III Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a 10 10 11 11 12 Maximum personal use part of credit (see instructions) 12 3,881 13 13 14 Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46; or the sum of the amounts from Form 1040NR, lines 42 and 44. 14 • Other filers. Enter the regular tax before credits from your return. Credits that reduce regular tax before the alternative fuel vehicle refueling property credit: 15 а 15a Certain allowable credits (see instructions) 15b Add lines 15a and 15b 15c 1,620 16 Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not 16 3.881 17 Tentative minimum tax (see instructions): • Individuals. Enter the amount from Form 6251, line 33. 2,874 17 • Other filers. Enter the tentative minimum tax from your alternative minimum tax form or schedule. 18 Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are 18 3,740 19 Personal use part of credit. Enter the smaller of line 13 or line 18 here and on Form 1040, line 54; Form 1040NR, line 51; or the appropriate line of your return. If line 18 is smaller 19 3,740

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 37721Q

Form **8911** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

8911

Department of the Treasury Internal Revenue Service Name(s) shown on return

Alternative Fuel Vehicle Refueling Property Credit

► Attach to your tax return.

▶ Information about Form 8911 and its instructions is at www.irs.gov/form8911.

OMB No. 1545-1981

2015
Attachment
Sequence No. 151

Identifying number

3.891 Total Forms Filed = Part I Total Cost of Refueling Property Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax year (see What's New in the instructions) 11,909 Part II Credit for Business/Investment Use Part of Refueling Property 2 Business/investment use part (see instructions) 2 3 Section 179 expense deduction (see instructions) 3 4 4 5 Multiply line 4 by 30% (.30) 5 6 Maximum business/investment use part of credit (see instructions) 6 7 8 Alternative fuel vehicle refueling property credit from partnerships and S corporations (see 8 9 Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, 9 Part III, line 1s . 533 **Credit for Personal Use Part of Refueling Property** Part III Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a 10 10 11 11 Maximum personal use part of credit (see instructions) 12 12 2,309 13 13 14 Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46; or the sum of the amounts from Form 1040NR, lines 42 and 44. 14 • Other filers. Enter the regular tax before credits from your return. Credits that reduce regular tax before the alternative fuel vehicle refueling property credit: 15 15a Certain allowable credits (see instructions) 15b Add lines 15a and 15b 2.478 15c 16 Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not 16 340,582 17 Tentative minimum tax (see instructions): • Individuals. Enter the amount from Form 6251, line 33. 17 287,712 Other filers. Enter the tentative minimum tax from your alternative minimum tax form or schedule. 18 Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are 18 54,083 19 Personal use part of credit. Enter the smaller of line 13 or line 18 here and on Form 1040, line 54; Form 1040NR, line 51; or the appropriate line of your return. If line 18 is smaller 19 1,518

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 37721Q

Form **8911** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8917**

Department of the Treasury Internal Revenue Service

Tuition and Fees Deduction

► Attach to Form 1040 or Form 1040A.

Information about Form 8917 and its instructions is at www.irs.gov/form8917.

OMB No. 1545-0074

2015
Attachment
Sequence No. 60

Name(s) shown on return

Before you begin:

Total Forms Filed =

1,662,923

Your social security number

	A	
	•	T
	i	
CA	16.7	ON

You cannot take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.

	✓ If you file Form 1040, figure any write-in adjustmer 1040, line 36. See the 2015 Form 1040 instructions		ottea	line next to Form	l
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)		(c) Adjusted qualified expenses (see instructions)	
		Student 1		1,661,311	
		Student 2		46,235	
		Student 3 Student 4		*	
2	Add the amounts on line 1, column (c), and enter the total		2	1,661,311	
3	Enter the amount from Form 1040, line 22, or Form 1040A, line 15				
4	Enter the total from either:				
	• Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or				
	• Form 1040A, lines 16 through 18				
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 stop ; you cannot take the deduction for tuition and fees	if married filing jointly),	5	1,656,944	
	*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding inc see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> 6, to figure the amount to enter on line 5.				
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,00 filing jointly)?	00 (\$130,000 if married			
	Yes. Enter the smaller of line 2, or \$2,000.		6	1,655,586	
	No. Enter the smaller of line 2, or \$4,000.				
	Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.				

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

Cat. No. 37728P

Form **8917** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8917**

Department of the Treasury Internal Revenue Service

Tuition and Fees Deduction

► Attach to Form 1040 or Form 1040A.

Information about Form 8917 and its instructions is at www.irs.gov/form8917.

OMB No. 1545-0074

2015

Attachment
Sequence No. 60

Name(s) shown on return

Before you begin:

filing jointly)?

Total Forms Filed =

1,662,923

Your social security number

	A	
7	I	
CA	UTI	ON

You **cannot** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.

	✓ If you file Form 1040, figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. See the 2015 Form 1040 instructions for line 36.							
1	(a) Student's name (as shown on page 1 of your tax return) (b) Student's social secur number (as shown on page 1 of your tax return) First name Last name 1 of your tax return)			n pag	,	, , , , , ,		
				Student 1			10,656,214	
				Student 2			197,895	
				Student 3 Stude	nt 4		*	,
2	Add the amounts on line 1, column (c), and enter the total				2	10,863,458	
3	Enter the amount from Form 1040, li	ne 22, or Form 1040A, line 15	3					
4	Enter the total from either:							
	• Form 1040, lines 23 through 33, pl entered on the dotted line next to Fo	•						
	• Form 1040A, lines 16 through 18.		4					
5	Subtract line 4 from line 3.* If the re stop; you cannot take the deduction	•		~ .	y),	5	103,916,813	
	Stop, you cannot take the deduction				_	3	103,910,013	
*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970, chapter 6, to figure the amount to enter on line 5.								
6	Tuition and food deduction is the	amount on line 5 more than \$6	85 OO	0 (\$130 000 if marri	24			

Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.

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

Yes. Enter the smaller of line 2, or \$2,000.

No. Enter the smaller of line 2, or \$4,000.

Cat. No. 37728P

Form **8917** (2015)

3,918,501

6

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8936**

Department of the Treasury

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles)

► Attach to your tax return.

► Information about Form 8936 and its separate instructions is at www.irs.gov/form8936.

OMB No. 1545-2137

2015

Attachment
Seguence No. 125

iterrial nevertue service			ocquerios ito: 120
lame(s) shown on return	Total Forms Filed = 45,483	Identifying	number

- Use this form to claim the credit for certain plug-in electric vehicles.
- Claim the credit for certain alternative motor vehicles on Form 8910.

	separate column for each vehicle. If you need more column dditional Forms 8936 and include the totals on lines 12 and		(a) Vehicle 1	(b) Vehicle 2
1	Year, make, and model of vehicle	1		
2	Vehicle identification number (see instructions)	2		
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3		
4	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, enter the tentative credit (see instructions)	4		

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

	Credit for Business/Investment Use Part of V	/ehic	cle			
5	Business/investment use percentage (see instructions)	5		%		%
6	Multiply line 4 by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6				
7	Section 179 expense deduction (see instructions)	7				
8	Subtract line 7 from line 6	8				
9	Multiply line 8 by 10% (0.10)	9				
10	Maximum credit per vehicle	10				
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11				
12 13		 t fro		12	4,121	
14	Business/investment use part of credit. Add lines 12 corporations, stop here and report this amount on Sche amount on Form 3800, Part III, line 1y	2 and edule	13. Partnerships and S K. All others, report this	14	4.384	

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Form **8936**

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles)

► Attach to your tax return.
► Information about Form 8936 and its separate instructions is at www.irs.gov/form8936.

OMB No. 1545-2137

2015

Attachment
Sequence No. 125

Department of the Treasury Internal Revenue Service Name(s) shown on return

shown on return		Identifying number
s) shown on return	Total Forms Filed = 45,483	identifying number

•	-	•	-	

- Use this form to claim the credit for certain plug-in electric vehicles.
- Claim the credit for certain alternative motor vehicles on Form 8910.

Par	Tentative Credit			
	separate column for each vehicle. If you need more colum dditional Forms 8936 and include the totals on lines 12 and	,	(a) Vehicle 1	(b) Vehicle 2
1	Year, make, and model of vehicle	1		
2	Vehicle identification number (see instructions)	2		
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3		
4	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, enter the tentative credit (see instructions)	4		

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part	Credit for Business/Investment Use Part of V	/ehi	cle			
5	Business/investment use percentage (see instructions)	5		%		%
6	Multiply line 4 by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6				
7	Section 179 expense deduction (see instructions)	7				
8	Subtract line 7 from line 6	8				
9	Multiply line 8 by 10% (0.10)	9				
10	Maximum credit per vehicle	10				
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11				
12	Add columns (a) and (b) on line 11			12	12,394	
13	Qualified plug-in electric drive motor vehicle credicorporations (see instructions)	t fro	m partnerships and S	13	1,068	
14	Business/investment use part of credit. Add lines 12 corporations, stop here and report this amount on Sche amount on Form 3800, Part III, line 1y	edule	K. All others, report this	14	13,462	

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Form 8936 (2015) Page **2**

Part	Credit for Personal Use Part of Vehicle					_
			(a) Vehicle 1		(b) Vehicle 2	
15	If you skipped Part II, enter the amount from line 4. If you completed Part II, subtract line 6 from line 4. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15				
16	Multiply line 15 by 10% (0.10)	16				
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17				
18	For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17	18				
19	Add columns (a) and (b) on line 18			19	43,059	
20	Enter the amount from Form 1040, line 47, or Form 1040N	NR, lir	ne 45	20		_
21	Personal credits from Form 1040 or 1040NR (see instruction	ions)		21	17,259	
22	Subtract line 21 from line 20			22	45,287	
23	Personal use part of credit. Enter the smaller of line 1 1040, line 54, or Form 1040NR, line 51. Check box c or the space next to that box. If line 22 is smaller than line 19	n that	line and enter "8936" in	23	42,868	

Form **8936** (2015)

Form 8936 (2015) Page **2**

Part	III Credit for Personal Use Part of Vehicle					
			(a) Vehicle 1		(b) Vehicle 2	
15	If you skipped Part II, enter the amount from line 4. If you completed Part II, subtract line 6 from line 4. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15				
16	Multiply line 15 by 10% (0.10)	16				
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17				
18	For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17	18				
19	Add columns (a) and (b) on line 18			19	260,553	
20	Enter the amount from Form 1040, line 47, or Form 1040N	NR, lir	ne 45	20		
21	Personal credits from Form 1040 or 1040NR (see instruct	ions)		21	119,116	
22	Subtract line 21 from line 20			22	6,947,889	
23	Personal use part of credit. Enter the smaller of line 1 1040, line 54, or Form 1040NR, line 51. Check box c or the space next to that box. If line 22 is smaller than line 19	n that	: line and enter "8936" in	23	251,617	

Form **8936** (2015)

Form **8941**

Credit for Small Employer Health Insurance Premiums

OMB No. 1545-2198

Department of the Treasury Internal Revenue Service ► Attach to your tax return.

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

Attachment Sequence No. **65**

Name(s	s) shown on return	Total Forms Filed =	5,085	Ident	tifying number
Α	Did you pay premiums during your tax yea Health Options Program (SHOP) Marketpla				
	 Yes. Enter Marketplace Identifier (if any No. Stop. Do not file Form 8941 (se cooperative, estate, or trust). 		ception that may apply to a	partr	nership, S corporation,
В	Enter the employer identification number different from the identifying number listed		ployment taxes for individuals	inclu	ided on line 1 below if
Cau	rtion: See the instructions and complete Wor	ksheets 1 through 7 as no	eeded.		
1	Enter the number of individuals you er employees for purposes of this credit (total			1	
2	Enter the number of full-time equivalent Worksheet 2, line 3). If you entered 25 or m		• • •	2	
3	Average annual wages you paid for the tax a multiple of \$1,000. If you entered \$52,00 line 12	00 or more, skip lines 4	through 11 and enter -0- on	3	
4	Premiums you paid during the tax year for coverage under a qualifying arrangement (to	or employees included or	n line 1 for health insurance	4	3,488
5	Premiums you would have entered on line average premium for the small group mark	ket in which the employe	e enrolls in health insurance		
_	coverage (total from Worksheet 4, column (` '/		5	3,475
6				6	3,475
7	Multiply line 6 by the applicable percentage				
	Tax-exempt small employers, multiply line	. ,			0.475
8	 All other small employers, multiply line 6 the line 2 is 10 or less, enter the amount from 			7	3,475
Ü	5, line 6			8	
9	If line 3 is \$25,000 or less, enter the ame			0	3,475
Ŭ				9	3,459
10	Enter the total amount of any state premiur				3,439
	you for premiums included on line 4 (see in			10	0
11	Subtract line 10 from line 4. If zero or less,	enter -0		11	3,488
12	Enter the smaller of line 9 or line 11			12	3.459
13	If line 12 is zero, skip lines 13 and 14 and 14 employees included on line 1 for whom insurance coverage under a qualifying arran	you paid premiums dur	ring the tax year for health	13	
14	Enter the number of FTEs you would have				
	included on line 13 (from Worksheet 7, line			14	
15	Credit for small employer health insura cooperatives, estates, and trusts (see instru			15	*
16	Add lines 12 and 15. Cooperatives, est employers, skip lines 17 and 18 and go to and report this amount on Schedule K. A 3800, Part III, line 4h	o line 19. Partnerships an Il others, stop here and	nd S corporations, stop here report this amount on Form	16	4,748
17	Amount allocated to patrons of the coopinstructions)	perative or beneficiaries	of the estate or trust (see	17	7,170
18	Cooperatives, estates, and trusts, subtract on Form 3800, Part III, line 4h	line 17 from line 16. Stop	here and report this amount	18	
19	Enter the amount you paid in 2015 for taxe (see instructions)	es considered payroll taxe	es for purposes of this credit	19	
20	Tax-exempt small employers, enter the sn line 44f	maller of line 16 or line 1	19 here and on Form 990-T,	20	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37757S

Form **8941** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

8941

Credit for Small Employer Health Insurance Premiums

OMB No. 1545-2198

Department of the Treasury Internal Revenue Service ► Attach to your tax return.

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

Attachment Sequence No. **65**

Name(s	(s) shown on return Total Forms Filed = 5,08	5	Ident	lifying number	
A	Did you pay premiums during your tax year for employee health insurance Health Options Program (SHOP) Marketplace (or do you qualify for an exception of the control of the				siness
	 Yes. Enter Marketplace Identifier (if any): No. Stop. Do not file Form 8941 (see instructions for an exception cooperative, estate, or trust). 	that may apply to a	partr	nership, S corpo	ration,
В	Enter the employer identification number (EIN) used to report employment different from the identifying number listed above	nt taxes for individuals	inclu	ded on line 1 be	elow if
Cau	aution: See the instructions and complete Worksheets 1 through 7 as needed.				
1	Enter the number of individuals you employed during the tax year verified employees for purposes of this credit (total from Worksheet 1, column (a))	who are considered	1		
2	Enter the number of full-time equivalent employees (FTEs) you had for Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and 6		2		
3	Average annual wages you paid for the tax year (from Worksheet 3, line 3). a multiple of \$1,000. If you entered \$52,000 or more, skip lines 4 through line 12	11 and enter -0- on	3		
4	Premiums you paid during the tax year for employees included on line 1 coverage under a qualifying arrangement (total from Worksheet 4, column (b)	for health insurance	4	44,973	
5	Premiums you would have entered on line 4 if the total premium for each eleaverage premium for the small group market in which the employee enrolls	s in health insurance			
	coverage (total from Worksheet 4, column (c))		5	57,287	
6	Enter the smaller of line 4 or line 5		6	41,514	
7	Multiply line 6 by the applicable percentage:				
	 Tax-exempt small employers, multiply line 6 by 35% (0.35) 				
_	• All other small employers, multiply line 6 by 50% (0.50)		7	20,743	
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount 5, line 6				
•	5, line 6		8	20,519	-
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, en Worksheet 6, line 7				
10	Enter the total amount of any state premium subsidies paid and any state ta		9	11,749	+-
10	you for premiums included on line 4 (see instructions)		10	•	
11	Subtract line 10 from line 4. If zero or less, enter -0		11	0 44,973	\vdash
12	Enter the smaller of line 9 or line 11		12	11.749	
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, ϵ			11,749	
	employees included on line 1 for whom you paid premiums during the insurance coverage under a qualifying arrangement (total from Worksheet 4,	tax year for health	13		
14	Enter the number of FTEs you would have entered on line 2 if you only included on line 13 (from Worksheet 7, line 3)				
45	Credit for small employer health insurance premiums from partnershi		14		
15	cooperatives, estates, and trusts (see instructions)		15	*	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17 employers, skip lines 17 and 18 and go to line 19. Partnerships and S cor and report this amount on Schedule K. All others, stop here and report t 3800, Part III, line 4h	rporations, stop here this amount on Form	16	16,121	
17	Amount allocated to patrons of the cooperative or beneficiaries of the instructions)	estate or trust (see	17	10,121	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here are on Form 3800, Part III, line 4h	nd report this amount	18		
19	Enter the amount you paid in 2015 for taxes considered payroll taxes for pu (see instructions)	urposes of this credit	19		
20	Tax-exempt small employers, enter the smaller of line 16 or line 19 here line 44f	and on Form 990-T,	20		
			20		

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37757S

Form **8941** (2015)

^{*} Data not shown because of the small number of sample returns on which it is based.

Form **8959**

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

▶ 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.

2015 Attachment Sequence No. 71

OMB No. 1545-0074

Name(s) shown on return

Total Forms Filed = 4 253 279

Your social security number

Part					
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	4,046,203		
2	Unreported tips from Form 4137, line 6	2	*		
3	Wages from Form 8919, line 6	3	1,395		
4	Add lines 1 through 3	4	4,046,207		
5	Enter the following amount for your filing status:		•		
	Married filing jointly				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	5	4,227,692		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	3,028,203
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by	 . n ao/			
-	go to Part II			7	3,026,988
Part				•	5,525,555
	Self-employment income from Schedule SE (Form 1040),		-		
8	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	1,135,118		
•	•	8	1,133,116		
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	3,990,453		
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11	1,177,048		
12	Subtract line 11 from line 8. If zero or less, enter -0			12	1,006,560
13	Additional Medicare Tax on self-employment income. Multiply				
	here and go to Part III			13	1,006,506
	<u> </u>				, ,
Part		Tax	Act (RRTA) Compensa		,,,,,,,,,
Part 14		Tax	Act (RRTA) Compensa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Additional Medicare Tax on Railroad Retirement	Tax 14	Act (RRTA) Compensa		, ,
	Additional Medicare Tax on Railroad Retirement Railroad retirement (RRTA) compensation and tips from	Tax	Act (RRTA) Compensa		, ,
14	Additional Medicare Tax on Railroad Retirement Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	Tax	Act (RRTA) Compensa		, , , , , ,
14	Additional Medicare Tax on Railroad Retirement Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) Enter the following amount for your filing status: Married filing jointly \$250,000	Tax	Act (RRTA) Compensa		
14	Additional Medicare Tax on Railroad Retirement Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000	Tax	Act (RRTA) Compensa		
14 15	Additional Medicare Tax on Railroad Retirement Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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	14	Act (RRTA) Compensa 6,060 3,863,904	tion	2,838
14 15 16	Additional Medicare Tax on Railroad Retirement Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0	14 15	6,060 3,863,904		
14 15	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14 15 	6,060 3,863,904	tion 16	
14 15 16 17	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14 15 	6,060 3,863,904	tion	2,838
14 15 16 17	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0	14 15 	6,060 3,863,904 n. Multiply line 16 by	tion 16	2,838
14 15 16 17	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0 Additional Medicare Tax on railroad retirement (RRTA) comper 0.9% (.009). Enter here and go to Part IV	14 15 	6,060 3,863,904	16 17	2,838
14 15 16 17 Part 18	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0	14 15 	6,060 3,863,904	tion 16	2,838
14 15 16 17 Part 18	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14 15 	6,060 3,863,904	16 17	2,838
14 15 16 17 Part 18	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14 15 	6,060 3,863,904	16 17	2,838
14 15 16 17 Part 18	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14 15 sation 	6,060 3,863,904	16 17	2,838
14 15 16 17 Part 18 Part 19	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0 Additional Medicare Tax on railroad retirement (RRTA) comper 0.9% (.009). Enter here and go to Part IV	14 15 sation 	6,060 3,863,904	16 17	2,838
14 15 16 17 Part 18 Part 19	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0 Additional Medicare Tax on railroad retirement (RRTA) comper 0.9% (.009). Enter here and go to Part IV	14 15 sation 	6,060 3,863,904	16 17	2,838
14 15 16 17 Part 18 Part 19	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0 Additional Medicare Tax on railroad retirement (RRTA) comper 0.9% (.009). Enter here and go to Part IV	14 15 	6,060 3,863,904 n. Multiply line 16 by line 62, (Form 1040NR,	16 17	2,838
14 15 16 17 Part 18 Part 19	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14 15 sation 1040, /	6,060 3,863,904 n. Multiply line 16 by line 62, (Form 1040NR, 4,040,520	16 17	2,838
14 15 16 17 Part 18 Part 19	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14 15 sation 1040, /19 20 21 our Ac	6,060 3,863,904	16 17	2,838 2,838 3,486,938
14 15 16 17 Part 18 Part 19	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14 15 sation 1040, /19 20 21 our Ac	6,060 3,863,904	16 17	2,838
14 15 16 17 Part 18 Part 19	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14 15 	6,060 3,863,904	16 17 18	2,838 2,838 3,486,938
14 15 16 17 Part 18 Part 19 20 21	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0 Additional Medicare Tax on railroad retirement (RRTA) comper 0.9% (.009). Enter here and go to Part IV	14 15 1040 / 19 20 21 our Ac	6,060 3,863,904	16 17	2,838 2,838 3,486,938
14 15 16 17 Part 18 Part 19 20 21	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0 Additional Medicare Tax on railroad retirement (RRTA) comper 0.9% (.009). Enter here and go to Part IV	14 15 1040 / 19 20 21 our Ac RTA) c	6,060 3,863,904	16 17 18	2,838 2,838 3,486,938
14 15 16 17 Part 18 Part 19 20 21 22 23	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 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 Subtract line 15 from line 14. If zero or less, enter -0 Additional Medicare Tax on railroad retirement (RRTA) comper 0.9% (.009). Enter here and go to Part IV	14 15 1040 / 19 20 21 our Ac 23. / e 64 (F	6,060 3,863,904	16 17 18	2,838 2,838 3,486,938

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

Cat. No. 59475X

Form **8959** (2015)

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions. ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

Attachment Sequence No. 71

OMB No. 1545-0074

▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Name(s) shown on return Your social security number Total Forms Filed = 4,253,279 Part I **Additional Medicare Tax on Medicare Wages** 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 1,579,229,575 * 2 2 Unreported tips from Form 4137, line 6 3 3 58,952 4 1,579,302,156 4 Add lines 1 through 3 5 Enter the following amount for your filing status: Married filing separately \$125,000 1,004,755,462 Single, Head of household, or Qualifying widow(er) \$200,000 717,074,779 6 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and 7 6.453.670 Additional Medicare Tax on Self-Employment Income Part II 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.) 250,807,347 8 9 Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 9 949,374,638 10 10 Enter the amount from line 4 143,731,193 Subtract line 10 from line 9. If zero or less, enter -0-... 11 11 173,674,235 Subtract line 11 from line 8. If zero or less, enter -0- 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter 13 1,563,074 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation Railroad retirement (RRTA) compensation and tips from 1,416,297 Form(s) W-2, box 14 (see instructions) 14 15 Enter the following amount for your filing status: Married filing separately \$125,000 918,800,908 Single, Head of household, or Qualifying widow(er) \$200,000 15 335.432 16 16 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 3,019 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, 8,019,763 1040-PR, and 1040-SS filers, see instructions) and go to Part V Part V Withholding Reconciliation Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts 19 29,264,380 Enter the amount from line 1 20 20 21 Multiply line 20 by 1.45% (.0145). This is your regular 22,898,829 Medicare tax withholding on Medicare wages 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 6.451.386 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form 23 5.117 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, 6.456.503

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

Cat. No. 59475X

24

Form **8959** (2015)

Form **8960**

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

► Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. 1545-2227

2015

Attachment Sequence No. 72

Your social security number or EIN Name(s) shown on your tax return Total Forms Filed = 3,891,211 ☐ Section 6013(g) election (see instructions) Boxes checked = 272 **Investment Income** ☐ Section 6013(h) election (see instructions) Boxes checked = * Boxes checked = 11,640 Regulations section 1.1411-10(g) election (see instructions) 3,490,968 2 Ordinary dividends (see instructions) 2 3,032,148 3 Annuities (see instructions) 3 78.729 4a Rental real estate, royalties, partnerships, S corporations, trusts, 4a 2,045,567 Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) 4b 1,311,421 4c 1,404,324 2,966,537 Net gain or loss from disposition of property (see instructions) . 5a 5a Net gain or loss from disposition of property that is not subject to 337,059 net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation 11.910 5c d 5d 2,907,945 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7,390 7 Other modifications to investment income (see instructions) 7 733,056 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. . . 8 3.879.705 Investment Expenses Allocable to Investment Income and Modifications Investment interest expenses (see instructions) 521,718 b State, local, and foreign income tax (see instructions) 2,834,582 Miscellaneous investment expenses (see instructions) 9c 527.679 9d 3,013,143 Additional modifications (see instructions) 10 10 199,802 Total deductions and modifications. Add lines 9d and 10 11 11 3,028,762 Part III Tax Computation Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-12 3,855,067 17. Estates and trusts complete lines 18a–21. If zero or less, enter -0- 12 Individuals: 13 Modified adjusted gross income (see instructions) 3,890,297 14 Threshold based on filing status (see instructions) 3,891,211 15 Subtract line 14 from line 13. If zero or less, enter -0-15 3,850,868 3,831,172 16 16 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and 3,828,608 17 **Estates and Trusts:** 18a Net investment income (line 12 above) Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) 18b c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- 18c **19a** Adjusted gross income (see instructions) 19a Highest tax bracket for estates and trusts for the year (see 19b **c** Subtract line 19b from line 19a. If zero or less, enter -0-19c 20 20 21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions) 21

* Data not shown because of the small number of sample returns on which it is based.

Form **8960**

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. 1545-2227

2015

Attachment
Sequence No. 72

Name(s)	shown on your tax return Total Forms Filed = 3,891,211			Your so	cial security number or	EIN
Part	Investment Income ☐ Section 6013(g) election (see instruct	ions)				
	Section 6013(h) election (see instruction)	ions)				
	Regulations section 1.1411-10(g) elec	ction (see instructions)			
1	Taxable interest (see instructions)			1	51,926,965	
2	Ordinary dividends (see instructions)			2	153,011,038	
3	Annuities (see instructions)			3	2,993,687	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,					
	etc. (see instructions)	4a	546,864,697			
b	Adjustment for net income or loss derived in the ordinary course of					
	a non-section 1411 trade or business (see instructions)	4b	-465,435,247			
С	Combine lines 4a and 4b		554,657,536	4c	81,429,450	
5a	Net gain or loss from disposition of property (see instructions) .	5a	334,037,330			
b	Net gain or loss from disposition of property that is not subject to	l	-95,231,416			
	net investment income tax (see instructions)	5b	00,201,110	_		
С	Adjustment from disposition of partnership interest or S corporation	_	-18,049,286			
	stock (see instructions)	5c				
d	Combine lines 5a through 5c			5d	111,070,000	
6 7	Adjustments to investment income for certain CFCs and PFICs (see in		•		457,572	
8	Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				-1,322,235	
Part				0	729,873,311	
9a	Investment interest expenses (see instructions)	9a				Π
b	State, local, and foreign income tax (see instructions)	9b	10,987,475 42,177,536			
C	Miscellaneous investment expenses (see instructions)	9c	16,672,033			
d	Add lines 9a, 9b, and 9c			9d	69,837,044	
10	Additional modifications (see instructions)			10		
11	Total deductions and modifications. Add lines 9d and 10				,	
Part					10,201,011	
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Inc	dividu	als complete lines 13	3-		
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-				660,532,992	
	Individuals:					
13	Modified adjusted gross income (see instructions)	13	2,734,209,128			
14	Threshold based on filing status (see instructions)	14	922,638,040			
15	Subtract line 14 from line 13. If zero or less, enter -0	15	1,818,066,640		500 074 000	
16	Enter the smaller of line 12 or line 15			16	580,071,930	
17	Net investment income tax for individuals. Multiply line 16 by 3.8				, 22,042,756	
	include on your tax return (see instructions)			17	, 22,042,730	
	Estates and Trusts:	1	1			
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and					
	deductions under section 642(c) (see instructions)	18b				
С	Undistributed net investment income. Subtract line 18b from 18a (see					
40	instructions). If zero or less, enter -0	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see	406				
_	instructions)	19b 19c				
20 20	Enter the smaller of line 18c or line 19c			20		
20	Net investment income tax for estates and trusts. Multiply line 20 k					
21	and include on your tax return (see instructions)	-	, ,	re 21		

Form **8962**

Department of the Treasury Internal Revenue Service Name shown on your return

Premium Tax Credit (PTC)

► Attach to Form 1040, 1040A, or 1040NR.

▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

OMB No. 1545-0074

2015
Attachment
Sequence No. 73

Your social security number

	,	Total For	ms Filed =	6,144,360)					
You	annot claim the	PTC if your filing status	s is married filing s	separately unles	s you are eligibl	e for an exception	n (see inst	ructions). If you quali	fy, che	eck the box.
Par	i Annı	ual and Monthly	/ Contribution	on Amount						
1		ize. Enter the number				040A, line 6d,	or Form	1040NR, line 7d	1	6,144,360
2a	Modified AGI. Enter your modified AGI (see instructions) 2a 6,122,440 b Enter the total of your dependents modified AGI (see instructions)								2b	101,296
3	•	ncome. Add the amo							3	6,023,278
4	Federal pov	ions). Check the 8 states and DC	4	7,833						
5		ncome as a percentag	•			Hawaii c			5	6,143,364 %
6	Did you ente	er 401% on line 5? (§	See instructions	s if you entered	d less than 10	0%.)				
	No. Cor	ntinue to line 7.								
		u are not eligible to rt your excess advar			yment of the	PTC was made	e, see the	e instructions for		
7	Applicable F	ructions	7	7 5,697,493						
8a	Annual contribution amount. Multiply line 3 by line 7 8a 5,588,135 b Monthly contribution amount. Divide line 8a by 12. Round to whole dollar amount									5,580,737
Par	II Pren	nium Tax Credit	t Claim and	Reconcilia	tion of Ad	vance Payn	nent of	Premium Tax	Cre	edit
9	Yes. Skip	to Part IV, Shared Poctions to determine if you	olicy Allocation, or u can use line 11 or	r Part V, Alterna r must complete	tive Calculation	for Year of Marr 23.	_	No. Continue to	line '	
		ontinue to line 11. Co e to line 24.	. ,		en skip lines			J No. Continue four monthly PTC a		nes 12–23. Compute ontinue to line 24.
С	Annual alculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual appl SLCSP prem (Form(s) 1095 line 33B)	iium 5-A, contr	(c) Annual ribution amount (line 8a)	(d) Annual m premium ass (subtract (c) fr zero or less, 6	sistance rom (b), if	(e) Annual premium credit allowed (smaller of (a) or ((f) Annual advance payment of PTC (Form (s) 1095-A, line 33C)
11	Annual Totals	1,708,343	1,677,63	31 3	,139,437	1,558,	003	1,556,996		1,757,102
		1,708,343 (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)		olicable conti (Form 21–32, or alte	,139,437 (c) Monthly ribution amount unt from line 8b ernative marriage hly contribution)	(d) Monthly n	naximum sistance rom (b), if	1,556,996 (e) Monthly premiun credit allowed (smaller of (a) or (control of (a))	n tax	1,757,102 (f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C)
	Monthly	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premiun credit allowed	n tax p d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21-32,
С	Monthly alculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premiun credit allowed (smaller of (a) or (a) 1,534,836 1,849,844	n tax d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945
C 12	Monthly alculation January	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premium credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962	n tax d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298
12 13 14 15	Monthly alculation January February March April	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premium credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341	n tax d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298 2,877,052
12 13 14 15 16	Monthly alculation January February March April May	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premiun credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521	n tax d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006
12 13 14 15 16 17	Monthly alculation January February March April May June	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premiun credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868	n tax d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199
12 13 14 15 16 17 18	Monthly alculation January February March April May June July	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premiun credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020	n tax d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506
12 13 14 15 16 17 18	Monthly alculation January February March April May June July August	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premiun credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965	n tax d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21-32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206
12 13 14 15 16 17 18	Monthly alculation January February March April May June July	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premium credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372	n tax d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206 2,598,226
12 13 14 15 16 17 18 19 20	January February March April May June July August September	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premium credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372 2,303,640	n tax p	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21-32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206
12 13 14 15 16 17 18 19 20 21	Monthly alculation January February March April May June July August September October	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines	olicable conti (Form 21–32, or alte	(c) Monthly ribution amount unt from line 8b ernative marriage	(d) Monthly n premium ass (subtract (c) fi	naximum sistance rom (b), if	(e) Monthly premium credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372	n tax [(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206 2,598,226 2,543,706
12 13 14 15 16 17 18 19 20 21 22	Monthly alculation January February March April May June July August September October November December	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	(b) Monthly app SLCSP premium (s) 1095-A, lines column B	olicable (Form 21–32,)	(c) Monthly ribution amount unt from line 8b ernative marriage hly contribution)	(d) Monthly n premium ass (subtract (c) fi zero or less, e	naximum sistance rom (b), if enter -0-)	(e) Monthly premiun credit allowed (smaller of (a) or (c) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372 2,303,640 2,274,755 2,207,944	n tax [(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206 2,598,226 2,543,706 2,518,101 2,452,254 5,002,765
12 13 14 15 16 17 18 19 20 21 22 23	Monthly alculation January February March April May June July August September October November December Total premiu	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly app SLCSP premium (s) 1095-A, lines column B	onticable (continue) (amo or after mont) (amo	(c) Monthly ribution amount unt from line 8b ernative marriage hly contribution)	(d) Monthly n premium ass (subtract (c) fi zero or less, e	naximum sistance rom (b), if enter -0-)	(e) Monthly premiun credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372 2,303,640 2,274,755 2,207,944 or the total here	n tax r	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21-32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206 2,598,226 2,543,706 2,518,101 2,452,254
12 13 14 15 16 17 18 19 20 21 22 23 24	January February March April May June July August September October November December Total premiu Advance pa Net premium 1040, line 69;	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) Improvement of the state of the stat	(b) Monthly app SLCSP premium (s) 1095-A, lines column B; the amount from the amount from the amount from 5 greater than line or Form 1040NR	n line 11(e) or m line 11(f) or e 25, subtract I	add lines 12(e and lines 12(e ine 25 from line all lected the alt	(d) Monthly n premium ass (subtract (c) fi zero or less, e)) through 23(e)) through 23(f) 24. Enter the dernative calculat	and ente	(e) Monthly premiun credit allowed (smaller of (a) or (a) or (b) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372 2,303,640 2,274,755 2,207,944 or the total here or the total here there and on Formarriage, enter zero.	n tax (d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206 2,598,226 2,543,706 2,518,101 2,452,254 5,002,765 5,718,907
12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	January February March April May June July August September October November December Total premium Advance par Net premium 1040, line 69; If line 24 equa	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) Important tax credit. Enter the tax credit. If line 24 is Form 1040A, line 45; als line 25, enter zero.	the amount from the amount from 5 greater than line or Form 1040NR Stop here. If line	n line 11(e) or me 11(f) or e 25, subtract Is, line 65. If you 25 is greater the control of the	add lines 12(e and lines 12 from line 25 from line 1 elected the alt lan line 24, leav	(d) Monthly n premium ass (subtract (c) fi zero or less, e)) through 23(e)) through 23(f) e 24. Enter the dernative calculate this line blank	and ente and ente ion for ma and contin	(e) Monthly premiun credit allowed (smaller of (a) or (a) or (b) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372 2,303,640 2,274,755 2,207,944 or the total here or the total here there and on Formarriage, enter zero.	n tax (d))	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21–32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206 2,598,226 2,543,706 2,518,101 2,452,254 5,002,765
12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	Monthly alculation January February March April May June July August September October November December Total premium Advance par Net premium 1040, line 69; If line 24 equa	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) In tax credit. Enter the syment of PTC. Enter tax credit. If line 24 is Form 1040A, line 45; als line 25, enter zero.	the amount from the amount from 1040NR Stop here. If line	n line 11(e) or me 25, subtract 18, line 65. If you 25 is greater the control of	add lines 12(er add lines 12(ine 25 from line alta lan line 24, leavof the Pren	(d) Monthly n premium ass (subtract (c) fixero or less, e) through 23(e) through 23(f) e 24. Enter the dernative calculate this line blank nium Tax C	and enter and enter ion for ma and contin	(e) Monthly premiun credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372 2,303,640 2,274,755 2,207,944 or the total here of the total h	n tax (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206 2,598,226 2,543,706 2,518,101 2,452,254 5,002,765 5,718,907
12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	Monthly alculation January February March April May June July August September October November December Total premiu Advance pa Net premium 1040, line 69; If line 24 equa Excess adva	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A) am tax credit. Enter the tax credit. If line 24 is Form 1040A, line 45; als line 25, enter zero. Tayment of PTC. ayment of PTC. ayment of PTC.	the amount from the amount from 5 greater than line or Form 1040NR Stop here. If line 25 is greater than 25	n line 11(e) or me 25, subtract 18, line 65. If you 25 is greater the control of	add lines 12(er add lines 12(ine 25 from line alta lan line 24, leavof the Pren	(d) Monthly n premium ass (subtract (c) fixero or less, e) through 23(e) through 23(f) e 24. Enter the dernative calculate this line blank nium Tax C	and enter and enter ion for ma and contin	(e) Monthly premiun credit allowed (smaller of (a) or (a) 1,534,836 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372 2,303,640 2,274,755 2,207,944 or the total here of the total h	n tax (d)) 24 25 26	(f) Monthly advance payment of PTC (Form(s 1095-A, lines 21-32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206 2,598,226 2,543,706 2,518,101 2,452,254 5,002,765 5,718,907 2,343,256 3,291,733
12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	Monthly alculation January February March April May June July August September October November December Total premiu Advance pa Net premium 1040, line 69; If line 24 equi Excess adva Repayment	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) In tax credit. Enter the syment of PTC. Enter tax credit. If line 24 is Form 1040A, line 45; als line 25, enter zero.	the amount from the amount from or Form 1040NP Stop here. If line 25 is greatertions)	n line 11(e) or om line 11(f) or e 25, subtract I R, line 65. If you 25 is greater than line 24.	add lines 12(e add lines 12(fine 25 from line all and line 24, leaver of the Prenda, subtract line	(d) Monthly n premium ass (subtract (c) fi zero or less, e) through 23(e) through 23(f) e 24. Enter the dernative calculate this line blank nium Tax C	and enter and enter ion for mand continuments and enter and continuents and co	(e) Monthly premiun credit allowed (smaller of (a) or (a) or (b) 1,849,844 2,550,962 2,551,341 2,520,521 2,480,868 2,394,020 2,371,965 2,350,372 2,303,640 2,274,755 2,207,944 or the total here	n tax (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C) 1,742,829 2,098,945 2,881,298 2,877,052 2,815,006 2,766,199 2,659,506 2,619,206 2,598,226 2,543,706 2,518,101 2,452,254 5,002,765 5,718,907

Form **8962**

Department of the Treasury Internal Revenue Service

Premium Tax Credit (PTC)

► Attach to Form 1040, 1040A, or 1040NR.
► Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

OMB No. 1545-0074

2015
Attachment
Sequence No. 73

Name shown on your return

Total Forms Filed = 6,144,360

Your social security number

You	cannot claim the	PTC if your filing status	s is married	I filing separate	ely unless you	are eligible	for an exception (see inst	ructions). If you quali	fy, che	ck the box.				
Pai	t I Δnnι	ual and Monthly	Contri	bution An	nount									
1						r Form 10	40A, line 6d, or Form	1040NR, line 7d	1	12,683,344 *				
2a	Modified A	GI. Enter your mo	odified		,888,847	b Ente	r the total of you ified AGI (see instruction	ur dependents'	2b					
3	•	ncome. Add the amo	_		,				3	116,625,883				
4						hle 1-1 1	-2, or 1-3 (see instruct	ions) Check the						
7		box for the federal p							4					
5	Household in	ncome as a percentag	ge of fede	ral poverty lir	ne (see instruc	ctions) .			5	%				
6	Did you ente													
	No. Cor													
		instructions for												
_	how to repo	_												
7	Applicable F		7											
8a		tribution amount. M	8a 6,3	71 386		hly contribution amount.	•	8b	531,120					
Par														
9							se the alternative calcu							
							_							
10	Yes. Skip to Part IV, Shared Policy Allocation, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10. See the instructions to determine if you can use line 11 or must complete lines 12 through 23.													
Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12–23														
	and continue to line 24. your monthly PTC and continue to line 24.													
	Annual	(a) Annual enrollment		al applicable P premium	(c) An		(d) Annual maximum premium assistance	(e) Annual premium		(f) Annual advance				
С	Calculation premiums (Form(s) (Form		(Form	n(s) 1095-A, Contribution			(subtract (c) from (b), if	credit allowed (smaller of (a) or (c		payment of PTC (Form (s) 1095-A, line 33C)				
44	A T - t - -	,		e 33B)	,		zero or less, enter -0-)		- "	2 275 202				
11	Annual Totals	4,414,975	,	68,472	1,224 (c) Moi		3,195,902	3,109,692		3,275,282				
	Monthly	(a) Monthly enrollment premiums (Form(s)		hly applicable remium (Form	contribution	n amount	(d) Monthly maximum premium assistance	(e) Monthly premiun	n tax	(f) Monthly advance ayment of PTC (Form(s)				
С	alculation	1095-A, lines 21–32,	(s) 1095-A	A, lines 21–32,	(amount fro		(subtract (c) from (b), if	credit allowed (smaller of (a) or (c	li li	1095-A, lines 21-32,				
		column A)	col	lumn B)	monthly cor	_	zero or less, enter -0-)	(ornalior or (a) or (column C)				
12	January							116,596		126,217				
13	February							227,534		246,624				
14	March							345,862		369,248				
15	April							546,752		581,117				
16	May							834,640		889,891				
17	June							847,803		906,945				
18	July							862,654		926,258				
19	August							874,869 872,861		940,777 942,819				
20 21	September October							870,469		935,584				
22	November							871,063		932,897				
23	December							857,947		919,844				
24		ım tax credit. Enter t	the amour	nt from line 1	1(e) or add li	nes 12(e)	through 23(e) and ente		24	11,175,462				
25	•				` '	` '	through 23(f) and ente		25	11,993,488				
26	Not promium	tax aradit If line 24 is	aroator ti	han lina 25. sı	ubtract line 25	from line	24. Enter the difference	hara and an Earm						
20							native calculation for ma							
	If line 24 equa	als line 25, enter zero.	Stop here.	. If line 25 is g	reater than line	e 24, leave	this line blank and contin		26	1,010,733				
Par		ayment of Exce												
27				is greater tha	n line 24, sub	tract line 2	4 from line 25. Enter the	e difference here	27	1,828,759				
28	• •	limitation (see instru	•						28					
29							or line 28 here and on			1 424 469				
	46; Form 10	40A, line 29; or Fort	m 1040NF	۲, line 44 .					29	1,431,168				

Form 8962 (2015) Page 2 **Shared Policy Allocation** Part IV Complete the following information for up to four shared policy allocations. See instructions for allocation details. **Shared Policy Allocation 1** (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage applied to monthly Percentage amounts **Shared Policy Allocation 2** (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage Percentage applied to monthly amounts **Shared Policy Allocation 3** (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage Percentage applied to monthly amounts **Shared Policy Allocation 4** (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage applied to monthly Percentage amounts 34 Have you completed shared policy allocation information for all allocated Forms 1095-A? Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add allocated amounts across all allocated policies with amounts for non-allocated policies from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24. No. See the instructions to report additional shared policy allocations. **Alternative Calculation for Year of Marriage** Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a)	Alternative family size	(b)	Monthly contribution	(c)	Alternative start month	(d)	Alternative stop month
36	Alternative entries for your spouse's SSN	(a)	Alternative family size	(b)	Monthly contribution	(c)	Alternative start month	(d)	Alternative stop month

Form **8962** (2015)

Form 8962 (2015) Page **2**

Part	Shared Police		harad policy allocations	Coolington	and for allogation data!!				
			nared policy allocations	. See instruction	ons for allocation details.				
	ed Policy Allocation		(In) CON of other town		(a) Allanation start of		(d) Allonotion at an areath		
30	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start n	nontn	(d) Allocation stop month		
	Allocation percentag applied to monthly amounts	e (e) Pre	mium Percentage	(f) SL	CSP Percentage	(g) A	dvance Payment of the PTC Percentage		
Share	ed Policy Allocation 2	2							
31	(a) Policy Number (Fo		(b) SSN of other taxp	aver	(c) Allocation start n	nonth	(d) Allocation stop month		
31	(a) I oney Number (i	7, mic 2)	(b) CON OF OTHER LAXP	ayoi	(c) Anocation start in	ionin	(a) Allocation stop month		
	Allocation percentag applied to monthly amounts	e (e) Prei	mium Percentage	(f) SLO	CSP Percentage	(g) Advance Payment of the P			
Ch au	ad Daliau Allacation (
32	ed Policy Allocation ((b) SSN of other taxp	aver	(c) Allocation start n	nonth	(d) Allocation stop month		
32	(a) I olicy Number (i	(a) Policy Number (Form 1095-A, line 2)		ayei	(c) Anocation start in	IOIIII	(d) Anocation stop month		
	Allocation percentag applied to monthly amounts	e (e) Pre	mium Percentage	(f) SL	CSP Percentage	(g) Advance Payment of the PTC Percentage			
	ed Policy Allocation		(le) CON of other town		(a) Allanation stant in		(d) Allocation at an areath		
33	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start n	nontn	(d) Allocation stop month		
	Allocation percentag applied to monthly amounts	e (e) Prei	mium Percentage	(f) SL0	CSP Percentage	(g) Advance Payment of the PTC Percentage			
34	Yes. Multiply the apolicies with amounts total for each month o	amounts on Form 1 for non-allocated p n lines 12–23, colum	olicies from Forms 1095	percentages of percen	entered by policy. Add a compute a combined total	al for ea	d amounts across all allocated ch month. Enter the combined (e), and continue to line 24.		
Part	V Alternative C	Calculation for \	ear of Marriage						
	lete line(s) 35 and/or 36 mplete line(s) 35 and/or 3				-	election,	, see the instructions for line 9.		
35	Alternative entries for your SSN		nily size (b) Monthly c		c) Alternative start mon	th ((d) Alternative stop month		
36	Alternative entries for your spouse's	(a) Alternative fam	nily size (b) Monthly c	ontribution (c) Alternative start mon	th ((d) Alternative stop month		

Form **8962** (2015)

orm **8965**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0074

2015

Attachment
Sequence No. 75

Name as shown on return

Total Forms Filed = 13,842,413

Your social security number

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

		(a) Name of Individual					(b) SSN					(c) Exemption Certificate Number							
1								424,577											
			125,032																
2						58,	665												
3					35,427														
4			20,735																
5						11,	054												
6 Part I	Coverage Exemption	s Claimed on	Your Reti	urn fo	or Yo	ur H	ouse	hold											
	Are you claiming an exemption Are you claiming a hardship exe Coverage Exemption household are claimin	emption because s	your gross i Your Ret i	ncome	e is be or Inc	elow t	he filir uals.	ng thre	esholo	i? .	a mei	 3,	779,2	Yes 253 Yes	8,9	72,840 No 96,89 No			
	(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	(I) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec			
8		9,463,780																	
9		3,860,003																	
10		1,738,801																	
10						_		_		I		1		_					
11		978,238																	
		978,238 446,935																	

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37787G

Form **8965** (2015)

Note: Individuals may receive multiple exemptions.

