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IDENTIFICATION \_\_\_\_\_

ADMITTED \_\_\_\_

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

Cat. No. 113208

Form **1040** (2015)

Form 1040 (2015)				Page <b>2</b>
	38	Amount from line 37 (adjusted gross income)	38	398,166
		You were born before January 2, 1951, Blind.		İ
Tax and	39a	Check (lotal boxes		İ
Credits		if: Spouse was born before January 2, 1951, ☐ Blind. checked 39a ☐		Į
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here >39b		İ
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	84,127
for-	41	Subtract line 40 from line 38	41	314,039
People who check any	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d.  Otherwise, see instructions	42	4,480
box on line 39a or 39b or	43	Taxable Income . Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	309,559
who can be	44	Tax (see Instructions). Check if any from: a To Form(s) 8814 b To Form 4972 c To	44	77,683
claimed as a dependent,	45	Alternative minimum tax (see Instructions). Attach Form 6251	45	10,023
see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Instructions. • All others:	47	Add lines 44, 45, and 46.	47	87,706
Single or	48	Foreign tax credit, Attach Form 1116 if required . 48		
Married filing				
separately, \$6,300	49	Credit for child and dependent care expenses. Attach Form 2441 <b>49</b> 1,200		
Married filing	50	Education credits from Form 8863, line 19		
jointly or Qualifying	51	Retirement savings contributions credit. Attach Form 8880 51		
widow(er),	52	Child tax credit. Attach Schedule 8812, if required 52		
\$12,600 Head of	53	Residential energy credit. Attach Form 5695 🐉 🕟 53 300		
household,	54	Other credits from Forma C 3800 b 8801 c 54		
\$9,250	55	Add lines 48 through 54. These are your total credits	55	1,500
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	86,206
	57	Self-employment tax. Attach Schedule SE	57	
Other	58	Unreported social security and Medicare tax from Form: a 4:37 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 🥒 🕒 -	59	4,128
		Household employment taxes from Schedule H	60a	
		First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage	61	
	62	Taxes from: a 🗹 Form 8959 🐿 b 🗌 Form 8960 c 🔲 Instructions; enter codes(s) 📂	62	1,165
	63	Add lines 56 through 62. This is your total tax	63	91,499
Payments	64	Federal income tax withheld from Forms W-2 and 1099 2 . 64 71,782		
	65	2015 estimated tax payments and amount applied from 2014 return 65		
If you have a	668	Earned Income credit (EIC) #	}	
qualifying		Nonlaxable combat pay election 66b	3	
child, attach Schedule	67	Additional child tax credit. Attach Schedule 8812 . 67		
EIC.	68	American opportunity credit from Form 8663, line 8		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file 70  Excess social security and lier 1 RRTA tax withheld 71 1,905	ł	
	71		ł	
	72 73	Credits from Form: a D 2439 b D Reserved c D 8885 d D 73	ł	
		Add lines 64, 65, 66a, and 67 through 73. These are your total payments .	74	73,687
Refund	75		75	0
11010111	76	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here >	76a	0
Direct deposit?	⊳ b			
See .	► d			
instructions.	77	Amount of line 75 you want applied to your 2016 estimated tax > 77		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	17,812
You Owe	79	Estimated tax penalty (see instructions) 79	L	
Third Party	Do y	ou want to allow another person to discuss this return with the IRS (see instructions)? $\Box$ $\gamma_{\epsilon}$		
Designee		gnee's Phone Personal identi	ficatio	1 🕨
200191100	nam	e no. number (PIN)		7

Sign Here Joint return? See	Under penalties of perjury, I declare and belief, they are true, correct, an knowledge.  Your signature  *******	that I have examined this r d complete. Declaration of p	etern and accompa preparer (other than Date 10-20-2016	mylng schedules an h taxpayer) is base Your occupatio	d on all inform	and to the best of attorn of which pro Daytime pho (410) 804-31	ne number	
instructions. Keep a copy for your records.	Spouse's signature. If a joint re	Date 10-20-2016	Spouse's occup ATTORNEY	pation	If the IRS sent you an Identity Frotection PIN, enter it here (see inst.)			
Paid	Print/Type preparer's name SHARIF J SMALL			Date 10-20-2016	Check if self-employed	PTLN P01268429		
Preparer	Firm's name SJS FINANCIAL FIRM LLC					Firm's 6tN > 20-5012561		
Use Only	Firm's address					Phone no. 2991		
	BALTIMORE, MD,	21215						
www.lrs.gov/for	m1040					Fore	a <b>1040</b> /2015)	

Software ID:

Software Version:

SSN: -4090

Spouse SSN: -7577

Name: NICHOLAS J & MARILYN J < MOSBY

Header - Primary Name Control: MOSB
Header - Spouse Name Control: MOSB
Line 6c - Dependent 1 Name Control: MOSB

Line 6c - Dependent 2 Name Control: MOSB Line 59 - Retirement Tax Plan Literal Code: NO

Line 66a - EIC Eligibility Literal Code: NO
Top Left Margin - Refund Anticipation Loan Code: NO BANK PRODUCT

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 162216940202					1694020216			
1		ORRECTED (if c	hecked)					
PAYER'S name, street address, city or to foreign postal code FIDELITY INVESTMENTS 100 COVINGTON, KY 41015				41,277	2015 Form 1099-R		itributions From ilons, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2bTaxable amo not determ		Total distribution		Copy B Report this Income on your	
PAYER's federal identification number	RECIPIENT'S id number	dentification	3 Capital gain (i in box 2a)		4 Federal Income withheld		federal tax return. If this form shows federal income	
<b>6107</b>		4090	\$	O	\$	8,255	tax withheld in box 4, attach	
RECIPIENT'S name NICHOLAS J MOSBY			5 Employee cont /Designated R contributions insurance pre	toth or	6 Net unrealized appreciation in employer's securit	ies	this copy to your return.	
			\$	0	\$	0		
Street address (including apt. no.)			7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other	9	This information is being furnished to the Internal Revenue Service.	
City or town, state or province, country BALTIMORE, MD 21217	, and ZIP or forei	gn postal code	<b>9a</b> Your perce total dist		9b Total employee contributions	0		
10 Amount allocable to IRR within 5 years	11 1st year	of desig. Roth contrib.	12 State tax w	ithheid 3,199	13 State/Payer's state MD/	\$	State distribution 41,277	
\$			\$	h		\$		
Account number (see instructions)			15 Local tax v	vithheld	16 Name of localit	y 1:	7Local distribution	
Form 1099-R		1RS.90V/F	\$ erm1099r		Department of the Trea	!\$ sury - Inte	rnat Revenue Service	

Software ID:

Software Version:

SSN: -4090

Spouse SSN: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

Payer Name Control: FIDE Standard or NonStandard Cd: S

efile GRAPHIC pri	nt - DO NOT PROCESS	ORIGINAL DAT	A - Production [		DLN:	16221694020216
2441	Child and D	ependent Car	e Expenses		<u></u>	OMB No. 1545-0074
	Attach to f	orm 1040, Form 1040	A, or Form 1040NF	12	80 808 808	2015
partment of the Treasury email Revenue Servic (99)	1	out Form 2441 and its	•	_	Taur /	Attachment
		at www.irs.gov/form			14.1.11	Sequence No. 21
me(s) shown on retui CHOLAS ] & MARILYN					Your social 409	security number )
	Organizations Who F more than two care pr			ete this part.		
(a) Care provid			Address	(c	Identifying	(d) Amount paid
name		(number, street, apt. n		P code)	number SN or EIN)	(see instructions)
C	l	T A LEGIS		3	0-0762321	18,00
:C		BALTIMOREMD 21209				
	Did you receive dependent care bene		o Cor			ext.
fetails,see the inst	re was provided in your ructions for Ferm 1040, Child and Dependent	line 60a, or Form 10	employment taxes 40NR, line 59a.	. If you do, y	ou cannot file	Form 1040A. For
	at your qualifying pers		ore than two qual	ifving person	s, see the inst	tructions.
	Qualifying person's name		(b)Qualifying persor	a a	(c)Qualifi	ed expenses you
First		ast	security numb			paid in 2015 for the ted in column (a)
	МС		8160	)	PU.3011 113	10,00
	MQ M		7206	3		8,00
	in column (c) of line 2. <b>Do</b> for two or more persons. I			om		6,0
Enter your earne	d income. See instructions			4		142,4
	ointly, enter your spouse's see the instructions); all of			<del></del>		214,4
6 Enter the smalle	stof line 3, 4, or 5			6		6,0
7 Enter the amount 1040NR, line 37	from Form 1040, line 38;	Form 1040A, line 22; or	Form 7	398,166		
3 Enter on line 8 th If line 7 i	e decimal amount shown b s:	elow that applies to the If line 7 is:	amount on line 7	A COLUMN TO THE PARTY OF THE PA		
	But not Decimal ver amount is	But not Over over	Decimal amount is			
\$0 1		\$29,000 31,000	.27			
15,000 3 17,000 1		31,000 — 33,000 33,000 — 35,000	.26			
19,000 - 2	21,000 .32	35,000 37,000 37,000 39,000	.24 ,23	8		0
21,000 — 2 23,000 — 2		39,000 39,000 39,000 41,000	.22			
25,000 — 2 27,000 — 2	27,000 .29	41,000 — 43,000 43,000 — No limit	.21 .20			
,	19,000 .28 the decimal amount on line					
the Instructions				9	1	1,2
the Instructions	Enter the amount from the	Credit Limit		1		
the instructions  Tax liability limit.	Enter the amount from the instructions	. 1	10	87,706		
the instructions  Tax liability limit. Worksheet in the  Credit for child		enses. Enter the small		87,706 here and		1,2

Form	2441 (2015)		Page Z
Pa	ert III Dependent Care Benefits		
12	Enter the total amount of <b>dependent care benefits</b> you received in 2015. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> 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	
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the grace period. See instructions	13	
14	Enter the amount, If any, you forfeited or carried forward to 2016. See Instructions	14	()
15	Combine lines 12 through 14. See instructions	15	
16	Enter the total amount of <b>qualified expenses</b> incurred		
	In 2015 for the care of the qualifying person(s) 16	4	
17	Enter the smallerof line 15 or 16	4	
18	Enter your earned income. See Instructions 18	-	
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.		
20	Enter the smallest of line 17, 18, or 19	1	
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		
23	Yes, Enter the amount here	22	
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> 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	
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."		
	To claim the child and dependent care		
	credit, complete lines 27 through 31 below.		
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	. 28	
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2014 expenses in 2015, see the instructions for line 9	29	
30	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here		
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11		

Form **2441** (2015)

Software ID:

Software Version:

SSN: 4-4090 Spouse SSN: -7577

efile	e GRAPHIC prir	t - DO NOT PROCESS   ORIGINAL DATA - Prod	uction	DLN: 16221694020216
Form	5695	Residential Energy	Credit	OMB No. 1545-0074
	ment of the Treasury Revenue Sarvice	► Information about Form 5695 and its se www.irs.gov/form56 ► Attach to Form 1040 or For	95.	2015 Attachment Sequence No. 158
	e(s) shown on retur OLAS 3 MOSBY & M	ARILYN I MOSBY	4	ocial security number 090
Þai	rt I Resident	ial Energy Efficient Property Credit (See instruct		rt.)
Note	e.Skip Ilnes 1 th	rough 11 if you only have a credit carryforward	from 2014.	
1	Qualified solar ele	ctric property costs		1
2	Qualified solar wa	ter heating property costs		2
3	Qualified small wi	nd energy property costs	· · · · · · · · · · · · · · · · · · ·	3
4		nal heat pump property costs		4
5	Add lines 1 throug	;h4		5
6 7a	-main home locate	property. Was qualified fuel cell property installed on or in co d in the United States? (See instructions)		7a
ь	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	8	:
9	Multiply line 8 by	30% (.30)	9	
10	Kilowatt capacity	of property on line 8 above 🛌 x \$1,000	10	
11	Enter the smaller	of line 9 or line 10	, , , , , , , , , , , ,	11
12	Credit carryforwa	rd from 2014. Enter the amount, if any, from your 2014 Form	л 5695, line 16	12
13	Add lines 6, 11, a	nd 12		13
14	Limit Worksheet (	on tax liability. Enter the amount from the Residential Energy see Instructions)		14
15	this amount on Fo	rgy efficient property credit. Enter the smaller of line 13 orm 1040, line 53, or Form 1040NR, line 50		15
16	line 15 from line :	rd to 2016. If line 15 is less than line 13, subtract	16	
Eau E		tion Act Motice, egg your tay return Instructions	Cat. No. 13540P	Form 5695/2015)

	5695 (2015)		Page 2
Par	t II Nonbusiness Energy Property Credit	<u> </u>	
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 properly 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.		
	2104 BOLTON ST  Number and street Unit No.		
	Number and street Unit No.		
	BALTIMORE, MD 21217		
	City, State, ZIP code		
	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	Q
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).		,
a	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	0
ь	Exterior doors that meet or exceed the Energy Star program requirements	19b	0
c	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has		
d	appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home.  Exterior windows and skylights that meet or exceed the Energy Star program requirements	19c	0
_	134		
e f	Maximum amount of cost on which the credit can be figured		
,	2009, 2010, 2011, 2012, or 2013 enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0		
g	Subtract line 19f from line 19e. If zero or less, enter -0	1 '	
h	Enter the smaller of line 19d or line 19g ,	19h	0
20	Add Ilnes 19a, 19b, 19c, and 19h	20	0
21	Multiply line 20 by 10% (.10)	21	<u>0</u>
22	Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).		
а	Energy-efficient building property, Do not enter more than \$300	22a	300
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150	22b	0
C	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 .	22c	0
23	Add lines 22a through 22c	23	300
24	Add lines 21 and 23	24	300 500
25	Maximum credit amount. (If you jointly occupied the home, see instructions)	25 26	0
26	Enter the amount, If any, from line 18	-20	0
27	Subtract line 26 from line 25. If zero or less, <b>stop</b> ; you cannot take the nonbusiness energy property credit	27	500
28	Enter the smaller of line 24 or line 27	28	300
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)	29	86,506
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	300
			Form <b>5695</b> (2015)

Software ID:

Software Version:

**SSN:** -4090

Spouse SSN: -7577

efil	e GRAPHIC print - DO NOT PROCESS   ORIGINAL DATA - Production	DLN	: 16221694020216
***************************************	6251 Alternative Minimum Tax—Individuals		OMB No. 1545-0074
			2015
	ment of the Treasury    Information about Form 6251 and its separate instructions is at www.irs.g    Revenue Service (99)	ov/form6251.	Altachment Sequence No. <b>32</b>
	e(s) shown an Form 1040 or Form 1040NR		I security number
NICH	OLAS J & MARILYN J <mosby< th=""><th>409</th><th>90</th></mosby<>	409	90
Pa	rt I Alternative Minimum Taxable Income (See instructions for how to complet	e 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	1.1	
_	negative amount.)	·   1	314,039
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	O
٦.	Taxes from Schedule A (Form 1040), line 9		48,292
	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions		
_	for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	0
6	If Form 1040, line 38, is \$154,950 or less, enter -0 Otherwise, see instructions	6	(2,648)
7	Tax refund from Form 1040, line 10 or line 21	7	(0)
_	Investment interest expense (difference between regular tax and AMT)	8	
		9	
10		10	100
	Alternative tax net operating loss deduction	11 12	(0)
13	Interest from specified private activity bonds exempt from the regular tax		
		14	
		15	0
		16	
17		17	C
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	. 0
19	Passive activities (difference between AMT and regular tax income or loss)	19	Ö
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
	Circulation costs (difference between regular tax and AMT)	21	
	Long-term contracts (difference between AMT and regular tax income)	22	
	Mining costs (difference between regular tax and AMT)	23	
	Research and experimental costs (difference between regular tax and AMT)		
	• •	25	()
	Intangible drilling costs preference	27	
	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately, ar	F	
20	line 28 is more than \$246,250, see instructions.)	28	359,683
Dar	rt II. Alternative Minimum Tax (AMT)		, , , , , , , , , , , , , , , , , , , ,
	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	1	
	Married filing jointly or qualifying widow(er) 158,900 83,400	<b>!</b>	
	Married filing separately	29	33,204
	If line 28 is over the amount shown above for your filing status, see instructions.	' <del> </del>	33,23
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	9 30	326,479
31	<ul> <li>If you are filing Form 2555 or 2555-EZ, see Instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified</li> </ul>		
	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	31	87,708
	amount from line 64 here.  • All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply		
	fine 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	
	Tentative minimum tax. Subtract line 32 from line 31	33	87,706
	Add Form 1040 line 44 (minus any tax from Form 4972) and Form 1040, line 46. Subtract from the re		
	any foreign tax credit from Form 1040, line 48. If you used Schedule I to figure your tax on Form 104	0,	
25	line 44, refigure that tax without using Schedule J before completing this line (see instructions).  AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	34	77,683
	- 101 (Mar)	35	10,023
	Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 13600G 6251 (2015)		Form <b>6251</b> (2015) Page 2
	2 TTF		rage A

36	Tax Computation Using Maximum Capital Gains Rates  Enter the amount from Form 6251. The 30, 10 you are filling form 2555 or 2555-EZ, enter the amount from line 30 the workshee from line 30 the workshe	in the i	nstructions.
	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
41	Subtract line 40 from line 36	41	
42	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	42	
43	Enter:  \$74,900 if married filing jointly or qualifying widow(er),  \$37,450 if single or married filing separately, or  \$50,200 if head of household.	43	
	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 EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0	45	
46	Enter the <b>smaller</b> 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	
	Enter:		
43	• \$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	
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-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	
55	Multiply line 54 by 15% (.15)	55	
56	Add lines 47 and 54 ,	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (.20)	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (.25)	61	
	Add lines 42, 55, 58, and 61	62	
	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26%		
	(.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filling separately) from the result	63	
64	Enter the <b>smaller</b> of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	
	mass	1 17 7	

Form **6251** (2015)

Software ID:

Software Version:

SSN: -4090

Spause SSN: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

Part II, Line 30 - RPI Special Processing Code: RPI

efile	e GRAPHIC pri		AL DATA - P	AND RESIDENCE	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO		DLN	1: 16221694020216
	8959	Additio	onal Medi	care	Tax			OMB No. 1545-0074
Form U J J J If any line does not apply to you, leave it blank. See separate instruction  ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.  Department of the Treasury Information about Form 8959 and its instructions is at www.irs.gov/form						5.		2015 Attachment Sequence No. 71
	s) shown on return DLAS J & MARILYN	J <mosby< th=""><th></th><th></th><th></th><th></th><th>Your s</th><th>ocial security number -4090</th></mosby<>					Your s	ocial security number -4090
Par	rt I Addition	al Medicare Tax on Medicare Way	ges					
1		and tips from Form W-2, box 5. If you have		·····			T	Min
	more than one Fo from box 5	rm W-2, enter the total of the amounts		1		379,393		
2		rom Form 4137, line 6		2		0		
3		8919, line 6		3				
4		gh3		4		379,393		
5	Married filing Join	g amount for your filling status: tly	\$250,000 \$125,000 \$200,000	5	-	250,000		
6		om line 4. If zero or less, enter -0					6	129,393
7	Additional Medica	re tax on Medicare wages. Multiply line 6 l			r here and		,	1,165
Date		al Medicare Tax on Self-Employn						
8		income from Schedule SE (Form 1040),	terre Arreonic	<u>-</u>	1			
Ū	Section A, line 4,	or Section B, line 5. If you had a loss, ent R and Form 1040-S5 filers, see instruction		8		e		
9	Married filing join Married filing sep	g amount for your filing status: tly	\$250,000 \$125,000 \$200,000	9		250,000		
10	Enter the amount	from line 4		10		379,393	ļ	
11	Subtract line 10 f	rom line 9. If zero or tess, enter -0-		11		C		
12		rom line 8. If zero or less, enter -0-		. —			12	0
13	Additional Medica	re Tax on self-employment income. Multip ort III				, .	13	0
Par	III Addition	nal Medicare Tax on Railroad Reti	rement Tax	Act (	RRTA) Comp	ensation		
14	Railroad retireme box 14 (see instr	nt (RRTA) compensation and tips from Foructions)	rm(s) W-2,	14		0		
15	Married filing join Married filing sep	ig amount for your filing status: itly arately ousehold, or Qualifying widow(er)	\$250,000 \$125,000 \$200,000	15		250,000		
16		rom line 14. If zero or less, enter -0-					16	0
17	Additional Medica 0.9% (.009). Ent	re Tax on railroad retirement (RRTA) corn er here and go to Part IV	pensation, Mul	tiply lir	ne 15 by	. ,	17	0
Par	t IV Total Ac	ditional Medicare Tax	·	_			-	
18	and 1040-55 file				1040NR, 1040-P		18	1,165
Pa		ding Reconciliation			·			
19		theid from Form W-2, box 6. If you have orm W-2, enter the total of the amounts		19		5,773		
20	Enter the amount			20		379,393		
21	Multiply line 20 b	y 1.45% (.0145). This is your regular sholding on Medicare wages		2.1		5,501		
22		from line 19. If zero or less, enter -0 This	s is your Additi	onal M	edicare Tax	, .	22	272
23		re Tax withholding on railroad retirement	(RRTA) compe	nsatio:	r from Form W-2	·	23	0
24	Total Additiona	I Medicare Tax withholding. Add lines 2 ex withholding on Form 1040, line 64 (Form	m 1040NR, 104	10-PR,	e this amount w and 1040-SS file	ith rs,	24	272
E 1		tion Act Notice, see your tax return in			Cat. No.	59475X		Form <b>8959</b> (2015)
FOF	aperwork Kedu	auon act notice, see your tax return ir	istructions,		Cat. NO.	227720		rorm (2015)

Software ID:

Software Version:

**SSN:** -4090

Spouse SSN: -7577

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TY 2015 Other Tax Statement

Name: NICHOLAS J & MARILYN J < MOSBY

**SSN:** -4090 **Spouse SSN:** -7577

The Constitution of the Co	Other Tax Literal	Other Tax Amount
FROM FO		1,165

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TY 2015 Other Withholding Statement

Name: NICHOLAS J & MARILYN J<MOSBY

**SSN:** 4-4090

Withholding Code	Withholding Amount
FORM 1099	8,255
Legisla service de la companion de la companio	to the transfer of the control of th

efile GRAPH	ĭ¢	print - DO NOT PROCESS ORIGINAL DATA - Production	I	D	LN:	16221694020216
SCHEDULE A (Form 1040)	With the same of	Itemized Deductions	en <del>ere 1-11.</del>			OMB No. 1545-0074
Department of the Tre Internal Revenue Serv	Attachment Sequence No. 07					
Name(s) shown	on f	Form 1040			Your	social security number
NICHOLAS J & N	1AA1					-4090
		Caution. Do not include expenses reimbursed or paid by others.	1			
Medical		Medical and dental expenses (see instructions)  Enter amount from Form 1040, fine 38	<u> </u>			
and Dental	2	Multiply line 2 by 10% (.10). But if either you or your spouse was	1			
Expenses	.,	born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3			
	4	A CONTRACTOR OF THE CONTRACTOR	,		4	
Taxes You	5	State and local (check only one box):	5	43,272		,
Paid		a 🗹 Income taxes, or	-	-5/6/2		
		b  General sales taxes	6	5,020		
	6 7	Real estate taxes (see instructions)	7	0		
	8	Other taxes. List type and amount				
	-	- Настройна при при при при при при при при при при	8			
	9	Add lines 5 through 8			9	48,292
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	16,902		
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid				
		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		arannarananrande-korke-k	11			
deduction may be limited (see	12	Points not reported to you on Form 1098. See Instructions for				
Instructions).		special rules	12	0		
	13	Mortgage insurance premiums (see instructions)	13	0		
	14	investment interest. Attach Form 4952 If required. (See Instructions.)	14			
	15		<u> </u>		15	16,902
Gifts to Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	21,091		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see	1.7	500		
glift and got a benefit for it,		instructions. You must attach Form 8283 if over \$500	17	0	1	
see Instructions.	18 19	Carryover from prior year  Add lines 16 through 18	L		19	21,581
Casualty and Theft Losses		Casualty or theft loss(es), Attach Form 4684, (See instructions.)			20	0
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	0		
Deductions		Tax preparation fees	22	9		
	23	Other expenses—investment, safe deposit box, etc. List type and amount				
		The same and the same of the same should be should be should be same should be same and same same same same same same same same	23	o		
	24	Add lines 21 through 23	24	0		
	25	Enter amount from Form 1040, line 38 25				
	26	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0
Other Miscellaneous	28	Other — from list in instructions. List type and amount				
Deductions		Le Eagn 1040 line 20 pure \$154,0503			28	
Total	29	Is Form 1040, line 38, over \$154,950?			1	
Itemized Deductions		No. Your deduction is not limited. Add the amounts in the far right through 28. Also, enter this amount on Form 1040, line 40.		<b>}.</b>	29	84.127
	20	Yes. Your deduction may be limited. See the Itemized Deductions In the instructions to figure the amount to enter.  If you elect to itemize deductions even though they are less than your		j	Ī	
	.3U	deduction, check here	الادفوات			
Enr Panerwor	V Do	duction Act Notice, see Form 1040 instructions. Cat. No. 1	7145	C Sche	dule	A (Form 1040) 2015

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**SSN:** -4090

Spouse SSN: -7577

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<i>5</i>	a Employee's social security number -7577	OMB No. 1545-0	Safe, acci 0008 FAST! U:		ه للنه	Visit the IRS website at www.irs.gov/efile.	
<b>b</b> Employer identifica 52-6000769	tion number (EIN)		1 Wages, tips, oth	er compensation 214,404	2 Fee	ieral income tax withheld 45,185	
© Employer's name, address, and ZIP code € MAYOR			3 Social security in 5 Medicare wages	wages 118,500		dal security tax withheld 7,347 dicare tax withheld	
E E	•		5 ricelease mages	230,164	3,609		
BALTIMORE, MD	21202		7 Social security (	tips 0	8 All	ocated tips O	
d Control number			9 Verification cod	e	10 De	pendent care benefits O	
e Employee's first na MARILYN J MOSB		Suff.	11 Nonqualified pt	O ant Third-party	6 G	te instructions for box 12	
f Employee's addres			employee plan	sick pay	12c		
15 State Employer's	s state ID number 16 Statewages, lips, etc. 1	.7 State income tax 17,157	18 Local wayes, Fps. etc.	19 Eocal inco	me tax	20 Locality name	
orm W-2	Wage and Tax Statement	2015	D	opartment of the	Treasury	Internal Revenue Service	

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

Software ID:

Software Version:

SSN: 4-4090

Spouse SSN: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S

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. <b>J</b>	a Employee's social sect 4-4090		OM8 No. 1545-0		fe, accur ST! Use			Visit the IRS v	
b Employer identificati 52-6000769	ion number (EIN)			1 Wages,	tips, other	compensation 62,457	2 F	ederal income tax	withheld 5,939
	idress, and ZIP code			3 Social s	ecurity w	ages	4 5	ocial security tax v	vithheld
MAYOR AND CITY COL	INCIL OF BALTIMORE					62,457			3,872
E A	<b>-</b>			5 Medican	e wages a	and tips 62,457	6 14	tedicare tax withi	held 906
BALTIMORE, MD 2	1202			7 Social s	ecurity tip	os 0	B A	llocated tips	n
						0			
d Control number				9 Verificat	tion cade		10 0	Dependent care b	enefits O
e Employee's first nan	ne and initial Last ne	ame	Suff.	11 Nonqua	lified pla	ns		See instructions fo	r box 12
NICHOLAS ) MOSB	Y					0	, C		114
				13Statutory amployee	Retiremen plan	t Third-party sick pay	12b 5 00		16,844
f Employee's address	and ZIP code			14 Other			125		
BALTIMORE, MD 2	1217						12d		
							<u></u>		
15 State Employer's :	state ID number 15 State	e wages, lips, elc 1 62,457	7 State income tax 4,288	18 Local wages.	. tips. elc.	19 Local Inco	me tax	20 Locality nam	œ
	Wage and Tax Statement		2015	,	Der	partment of the	Treasu	! ry—Internal Reveo	nue Service

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Spouse \$\$N: -7577

Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S

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J		s social security number 090	OMB No. 1545-0	Safe, acci 008 FAST! U:			Visit the IRS website at www.irs.gov/efile.	
	yer identification number (EIN 280210	)		1 Wages, fips, oth	or compensation 80,028	2 Fede	eral income tax withheld 12,131	
	yer's name, address, and 21P of fore GAS AND ELECTRIC	ode 🎜		3 Social security	wages 86,772	4 Soci	al security tax withheld 5,380	
			5 Medicare wages	86,772		6 Medicare tax withheld 1,258		
BALTI	MORE, MD 21203			7 Social security	tips 0	olfA B	cated tips ()	
d Contro	of number			9 Verification cod	e	<b>10</b> Dep	endent care benefits O	
e Emplo	yee's first name and initial	Łast name	Suff.	11 Nonqualified pl	ans O	12a See	instructions for box 12	
NICH	OLAS J MOSBY			13Statutory Relatement		12b	196	
				employee plan	sick pay	. D	6,743	
f Emplo	yee's address and ZIP code			14 Other		120		
BALTI	MORE, MD					12d		
						•		
15 State MD	Employer's state ID number	16 Slate wages, tips, etc. 80,028	17 State Income tax 6,149	18 Local wages, tips, etc.	19 Local Incom	me tax 2	Locality name	
	Woos and	<u> </u>				Y2000000	⊐Internal Revenue Service	

Form W-2Wage and Tax Statement 2015

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Name: NICHOLAS J & MARILYN J<MOSBY

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