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Form 1040 U.S. Individual Income Tax Return 2015 Department of the Treasury—Internal Revenue Service (99) OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 01-01-2015, ending 12-31-2015. Your first name and initial: NICHOLAS J & MARILYN J MOSBY. Last name: MOSBY. Your social security number: [redacted]-4090. Spouse's social security number: [redacted]-7577. Home address: [redacted] N. City: BALTIMORE, MD 21217. Foreign country name, province/state/county, and postal code.

Filing Status: 1 Single, 2 Married filing jointly (even if only one had income), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child. Check only one box.

Exemptions: 6a Yourself, 6b Spouse, 6c Dependents. Boxes checked on 6a and 6b: 2. No. of children on 6c who lived with you: 2. Add numbers on lines above: 4.

Income: 7 Wages, salaries, tips, etc. 356,889. 8a Taxable interest. 8b Tax-exempt interest. 9a Ordinary dividends. 9b Qualified dividends. 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). 13 Capital gain or (loss). 14 Other gains or (losses). 15a IRA distributions. 15b Taxable amount. 16a Pensions and annuities. 16b Taxable amount. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss). 19 Unemployment compensation. 20a Social security benefits. 20b Taxable amount. 21 Other income. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income: 398,166.

Adjusted Gross Income: 23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. 25 Health savings account deduction. 26 Moving expenses. 27 Deductible part of self-employment tax. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid. 31b Recipient's SSN. 32 IRA deduction. 33 Student loan interest deduction. 34 Tuition and fees. 35 Domestic production activities deduction. 36 Add lines 23 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income: 398,166.

CERTIFIED TRUE COPY No. of Pages 28 Date 3-17-22 By: [Signature] Title: Senior Disclosure Specialist Internal Revenue Service Kansas City, MO

GOVT. EXHIBIT NO. 12 CASE NO. LKG-22-007 IDENTIFICATION ADMITTED

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

Cat. No. 11320B

Form **1040** (2015)

Tax and Credits

Standard Deduction for-
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see Instructions.
• All others: Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,250

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56. Line 38: 398,166. Line 40: 84,127. Line 41: 314,039. Line 42: 4,480. Line 43: 309,559. Line 44: 77,683. Line 45: 10,023. Line 46: 87,706. Line 47: 1,500. Line 48: 86,206.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63. Line 57: 4,128. Line 58: 1,165. Line 59: 91,499. Line 60a: 71,782. Line 61: 1,905. Line 62: 73,687. Line 63: 0.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74. Line 64: 71,782. Line 65: 1,905. Line 66a: 73,687. Line 67: 0. Line 68: 0. Line 69: 0. Line 70: 0. Line 71: 1,905. Line 72: 0. Line 73: 0. Line 74: 73,687.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77. Line 75: 0. Line 76a: 0. Line 77: 17,812.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79. Line 78: 17,812. Line 79: 0.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. [X] No
Designee's name Phone no. Personal Identification number (PIN)

Sign Here

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

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

Your signature *****	Date 10-20-2016	Your occupation COUNCILMAN	Daytime phone number (410) 804-3763
Spouse's signature. If a joint return, both must sign. *****	Date 10-20-2016	Spouse's occupation ATTORNEY	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name SHARIF J SMALL	Preparer's signature	Date 10-20-2016	Check <input type="checkbox"/> if self-employed	PTIN P01268429
Firm's name ▶ SJS FINANCIAL FIRM LLC	Firm's EIN ▶ 20-5012561			
Firm's address ▶ [REDACTED]	Phone no. ▶ [REDACTED] 7901			

BALTIMORE, MD, 21215

www.irs.gov/form1040

Form **1040** (2015)

Additional Data**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

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<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code FIDELITY INVESTMENTS 100 COVINGTON, KY 41015		1 Gross distribution \$ 41,277		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold;">2015</div> Form 1099-R	
		2a Taxable amount \$ 41,277			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S federal identification number [REDACTED] 8107		RECIPIENT'S identification number [REDACTED] 4690		3 Capital gain (included in box 2a) \$ 0	
				4 Federal Income tax withheld \$ 8,255	
RECIPIENT'S name NICHOLAS J MOSBY Street address (including apt. no.) [REDACTED] 4 [REDACTED] N [REDACTED] City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21217		5 Employee contributions / Designated Roth contributions or insurance premiums \$ 0		6 Net unrealized appreciation in employer's securities \$ 0	
		7 Distribution code(s) 1		8 Other \$ 0	
		9a Your percentage of total distribution		9b Total employee contributions \$ 0	
10 Amount allocable to IRR within 5 years \$		11 1st year of deslg. Roth contrib.		12 State tax withheld \$ 3,199	
				13 State/Payer's state no. MD/	
				14 State distribution \$ 41,277	
Account number (see instructions)		15 Local tax withheld \$		16 Name of locality	
				17 Local distribution \$	

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Additional Data**Software ID:****Software Version:****SSN:** [REDACTED]-4090**Spouse SSN:** [REDACTED]-7577**Name:** NICHOLAS J & MARILYN J<MOSBY**Payer Name Control:** FIDE**Standard or NonStandard Cd:** S

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Form **2441**
Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

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



OMB No. 1545-0074
2015
Attachment
Sequence No. **21**

Name(s) shown on return
NICHOLAS J & MARILYN J < MOSBY
Your social security number
[REDACTED] 4090

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
UEC UEC	[REDACTED] [REDACTED]	[REDACTED] / E [REDACTED] BALTIMOREMD21209	30-0762321	18,000

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

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

Part II Credit for Child and Dependent Care Expenses

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

	(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2015 for the person listed in column (a)
	First Last		
N	[REDACTED] [REDACTED]	[REDACTED] 8160	10,000
A	[REDACTED] [REDACTED]	[REDACTED] 7206	8,000

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	6,000																																				
4	Enter your earned income. See instructions	4	142,485																																				
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5	214,404																																				
6	Enter the smallest of line 3, 4, or 5	6	6,000																																				
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	398,166																																				
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	0.2																																				
If line 7 is: <table border="1"> <thead> <tr> <th>But not Over</th> <th>Decimal amount is</th> <th>But not Over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0 — 15,000</td> <td>.35</td> <td>\$29,000 — 31,000</td> <td>.27</td> </tr> <tr> <td>15,000 — 17,000</td> <td>.34</td> <td>31,000 — 33,000</td> <td>.26</td> </tr> <tr> <td>17,000 — 19,000</td> <td>.33</td> <td>33,000 — 35,000</td> <td>.25</td> </tr> <tr> <td>19,000 — 21,000</td> <td>.32</td> <td>35,000 — 37,000</td> <td>.24</td> </tr> <tr> <td>21,000 — 23,000</td> <td>.31</td> <td>37,000 — 39,000</td> <td>.23</td> </tr> <tr> <td>23,000 — 25,000</td> <td>.30</td> <td>39,000 — 41,000</td> <td>.22</td> </tr> <tr> <td>25,000 — 27,000</td> <td>.29</td> <td>41,000 — 43,000</td> <td>.21</td> </tr> <tr> <td>27,000 — 29,000</td> <td>.28</td> <td>43,000 — No limit</td> <td>.20</td> </tr> </tbody> </table>		But not Over	Decimal amount is	But not Over	Decimal amount is	\$0 — 15,000	.35	\$29,000 — 31,000	.27	15,000 — 17,000	.34	31,000 — 33,000	.26	17,000 — 19,000	.33	33,000 — 35,000	.25	19,000 — 21,000	.32	35,000 — 37,000	.24	21,000 — 23,000	.31	37,000 — 39,000	.23	23,000 — 25,000	.30	39,000 — 41,000	.22	25,000 — 27,000	.29	41,000 — 43,000	.21	27,000 — 29,000	.28	43,000 — No limit	.20		
But not Over	Decimal amount is	But not Over	Decimal amount is																																				
\$0 — 15,000	.35	\$29,000 — 31,000	.27																																				
15,000 — 17,000	.34	31,000 — 33,000	.26																																				
17,000 — 19,000	.33	33,000 — 35,000	.25																																				
19,000 — 21,000	.32	35,000 — 37,000	.24																																				
21,000 — 23,000	.31	37,000 — 39,000	.23																																				
23,000 — 25,000	.30	39,000 — 41,000	.22																																				
25,000 — 27,000	.29	41,000 — 43,000	.21																																				
27,000 — 29,000	.28	43,000 — No limit	.20																																				
9	Multiply line 6 by the decimal amount on line 8. If you paid 2014 expenses in 2015, see the instructions	9	1,200																																				
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	87,706																																				
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	1,200																																				

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

Cat. No. 11852M

Form 2441 (2015)

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2015. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
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 qualified expenses incurred in 2015 for the care of the qualifying person(s)	16	
17	Enter the smaller of line 15 or 16	17	
18	Enter your earned income . See instructions	18	
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
20	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)	21	
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	
23	Subtract line 22 from line 15	23	
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
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."	26	

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, stop . You cannot take the credit. Exception. If you paid 2014 expenses in 2015, see the instructions for line 9	29	
30	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<-MOSBY

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Form 5695

Residential Energy Credit

OMB No. 1545-0074

Information about Form 5695 and its separate instructions is at www.irs.gov/form5695. Attach to Form 1040 or Form 1040NR.

2015

Attachment Sequence No. 158

Department of the Treasury Internal Revenue Service

Name(s) shown on return: NICHOLAS J MOSBY & MARILYN J MOSBY Your social security number: 4090

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a credit carryforward from 2014.

Form 5695 table with 16 rows and columns for credit calculations. Includes sections for solar property costs, fuel cell property, and credit carryforward.

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 13540P Form 5695(2015)

Form 5695 (2015)

Page 2

Part II 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) 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.

2104 BOLTON ST
Number and street Unit No.

BALTIMORE, MD 21217
City, State, ZIP code

17c Were any of these improvements related to the construction of this main home? 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** 0

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

b 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 appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home. **19c** 0

d Exterior windows and skylights that meet or exceed the Energy Star program requirements **19d** 0

e Maximum amount of cost on which the credit can be figured **19e** 2000

f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, 2011, 2012, or 2013 enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- **19f** 0

g Subtract line 19f from line 19e. If zero or less, enter -0- **19g** 2,000

h Enter the smaller of line 19d or line 19g **19h** 0

20 Add lines 19a, 19b, 19c, and 19h **20** 0

21 Multiply line 20 by 10% (.10) **21** 0

22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).

a 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

25 Maximum credit amount. (If you jointly occupied the home, see instructions) **25** 500

26 Enter the amount, if any, from line 18 **26** 0

27 Subtract line 26 from line 25. If zero or less, stop; 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 5695(2015)

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

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Form 6251

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2015

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.

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR NICHOLAS J & MARILYN J-MOSBY

Your social security number 4090

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

Table with 28 rows for Part I Alternative Minimum Taxable Income. Columns include line number and amount. Total for line 28 is 359,683.

Part II Alternative Minimum Tax (AMT)

Table with 5 rows for Part II Alternative Minimum Tax (AMT). Includes exemption amounts for different filing statuses and final AMT calculation. Total for line 35 is 10,023.

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

Cat. No. 13600G

Form 6251 (2015)

Form 6251 (2015)

Page 2

Part III

Tax Computation Using Maximum Capital Gains Rates

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

Form 6251 (2015)

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

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

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Form 8959

Additional Medicare Tax

OMB No. 1545-0074

2015

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 71

Name(s) shown on return NICHOLAS J & MARILYN J<MOSBY

Your social security number -4090

Part I Additional Medicare Tax on Medicare Wages

Table with 7 rows for Medicare wages and tips, unreported tips, wages from Form 8919, add lines 1 through 3, filing status amounts, and additional Medicare tax on Medicare wages.

Part II Additional Medicare Tax on Self-Employment Income

Table with 13 rows for self-employment income from Schedule SE, filing status amounts, and additional Medicare tax on self-employment income.

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

Table with 17 rows for railroad retirement (RRTA) compensation and tips, filing status amounts, and additional Medicare tax on RRTA compensation.

Part IV Total Additional Medicare Tax

Table with 18 rows for total additional Medicare tax, including lines 7, 13, and 17.

Part V Withholding Reconciliation

Table with 24 rows for Medicare tax withheld, regular Medicare tax withholding, and total additional Medicare tax withholding.

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

Cat. No. 59475X

Form 8959 (2015)

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221694020216

TY 2015 Other Tax Statement

Name: NICHOLAS J & MARILYN J<MOSBY

SSN: [REDACTED]-4090

Spouse SSN: [REDACTED]-7577

Other Tax Literal	Other Tax Amount
FROM FORM 8959	1,165

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221694020216

TY 2015 Other Withholding Statement

Name: NICHOLAS J & MARILYN J<MOSBY

SSN: [REDACTED]-4090

Spouse SSN: [REDACTED]-7577

Withholding Code	Withholding Amount
FORM 1099	8,255

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221694020216

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

NICHOLAS J & MARILYN J-MOSBY

Your social security number

-4090

Table with columns for line number, description, amount, and total. Rows include Medical and Dental Expenses, Taxes You Paid, Interest You Paid, Gifts to Charity, Casualty and Theft Losses, Job Expenses and Certain Miscellaneous Deductions, and Total Itemized Deductions.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Cat. No. 17145C

Schedule A (Form 1040) 2015

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 16221694020216		
a Employee's social security number [REDACTED]-7577		OMB No. 1545-0008		Safe, accurate, FAST! Use Visit the IRS website at www.irs.gov/efile .		
b Employer identification number (EIN) 52-6000769		1 Wages, tips, other compensation 214,404		2 Federal income tax withheld 45,185		
c Employer's name, address, and ZIP code MAYOR [REDACTED] E [REDACTED] E [REDACTED] BALTIMORE, MD 21202		3 Social security wages 118,500		4 Social security tax withheld 7,347		
		5 Medicare wages and tips 230,164		6 Medicare tax withheld 3,609		
		7 Social security tips 0		8 Allocated tips 0		
d Control number		9 Verification code		10 Dependent care benefits 0		
e Employee's first name and initial Marilyn J Mosby		Last name Mosby		Suff. [REDACTED]		
f Employee's address and ZIP code [REDACTED] [REDACTED] N [REDACTED] BALTIMORE, MD 21217		11 Nonqualified plans 0		12a See instructions for box 12 c o d e G 15,760		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
15 State MD	Employer's state ID number	16 State wages, tips, etc. 214,404	17 State income tax 17,157	18 Local wages, tips, etc.	19 Local income tax	20 Locality name


Form **W-2** Wage and Tax Statement **2015** Department 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.

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 16221694020216		
a Employee's social security number [REDACTED]-4-4090		OMB No. 1545-0008		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile.		
b Employer identification number (EIN) 52-6000769		1 Wages, tips, other compensation 62,457		2 Federal income tax withheld 5,939		
c Employer's name, address, and ZIP code MAYOR AND CITY COUNCIL OF BALTIMORE [REDACTED] E [REDACTED] BALTIMORE, MD 21202		3 Social security wages 62,457		4 Social security tax withheld 3,872		
		5 Medicare wages and tips 62,457		6 Medicare tax withheld 906		
		7 Social security tips 0		8 Allocated tips 0		
d Control number		9 Verification code		10 Dependent care benefits 0		
e Employee's first name and initial Last name Suff. NICHOLAS J MOSBY		11 Nonqualified plans 0		12a See instructions for box 12 C 114		
		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b CD 16,844		
f Employee's address and ZIP code [REDACTED] [REDACTED] N [REDACTED] BALTIMORE, MD 21217		14 Other		12c C O D E		
				12d C O D E		
15 State MD	Employer's state ID number	16 State wages, tips, etc. 62,457	17 State income tax 4,288	18 Local wages, tips, etc.	19 Local income tax	20 Locality name


Form **W-2** Wage and Tax Statement **2015** Department 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.

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 16221694020216	
a Employee's social security number [REDACTED] 1090		OMB No. 1545-0008		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 52-0280210		1 Wages, tips, other compensation 80,028		2 Federal income tax withheld 12,131	
c Employer's name, address, and ZIP code BALTIMORE GAS AND ELECTRIC [REDACTED] BALTIMORE, MD 21203		3 Social security wages 86,772		4 Social security tax withheld 5,380	
		5 Medicare wages and tips 86,772		6 Medicare tax withheld 1,258	
		7 Social security tips 0		8 Allocated tips 0	
d Control number		9 Verification code		10 Dependent care benefits 0	
e Employee's first name and initial Last name Suff. NICHOLAS J MOSBY		11 Nonqualified plans 0		12a See instructions for box 12 code C 196	
f Employee's address and ZIP code [REDACTED] BALTIMORE, MD [REDACTED]		13 Statutory Retirement Third-party employee plan side pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b code D 6,743	
		14 Other		12c code	
				12d code	
15 State Employer's state ID number MD	16 State wages, tips, etc. 80,028	17 State income tax 6,149	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2015** Department 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.

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S