

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 20

Your first name and initial Last name
CAROLYN E CHRISTOV-BAKARGIEV

Your social security number
579-80-6952

If a joint return, spouse's first name and initial Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
NEW YORK NY 10004

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Foreign country name Foreign province/state/county Foreign postal code

Filing Status
1 ☐ Single 4 ☒ Head of household (with qualifying person). (See instructions.)
2 ☐ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter
3 ☐ Married filing separately. Enter spouse's SSN above this child's name here.
Check only one box. 5 ☐ Qualifying widow(er) with dependent child

Exemptions
6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse

Boxes checked on 6a and 6b **1**

c Dependents:
If more than four dependents, see instructions and check here ☐
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instructions)
No. of children on 6c who:
• lived with you **1**
• did not live with you due to divorce or separation (see instructions) **0**
Dependents on 6c not entered above **0**

Add numbers on lines above **2**

d Total number of exemptions claimed

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 **60,000.**
8a Taxable interest. Attach Schedule B if required 8a **31.**
b Tax-exempt interest. Do not include on line 8a 8b **1,215.**
9a Ordinary dividends. Attach Schedule B if required 9a **1,523.**
b Qualified dividends 9b **614.**
10 Taxable refunds, credits, or offsets of state and local income taxes 10 **54.**
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12 **1,259.**
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 **(134.)**
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b
16a Pensions and annuities 16a b Taxable amount 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount 20b
21 Other income. List type and amount 21
22 Combine the amounts in the far right col for lines 7 through 21. This is your total income 22 **62,733.**

Adjusted Gross Income
23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 Deductible part of self-employment tax. Attach Schedule SE 27 **89.**
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Tuition and fees. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 through 35 36 **89.**
37 Subtract line 36 from line 22. This is your adjusted gross income 37 **62,644.**

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

38	Amount from line 37 (adjusted gross income)	38	62,644.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before Jan. 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,585.
41	Subtract line 40 from line 38	41	52,059.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	44,059.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	5,856.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	5,856.
48	Foreign tax credit. Attach Form 1116 if required	48	5.
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	5.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,851.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	178.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 58 through 62. This is your total tax	63	6,029.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	14,276.
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	
b	Nonrefundable combat pay election 66b <input type="checkbox"/>		
67	Additional child tax credit. Attach Form 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	14,276.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	8,247.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	8,247.

Direct deposit? ▶

See instructions. ▶

b	Routing number 021000021	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 748002085365		
77	Amount of line 75 you want applied to your 2016 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
Designee's name ▶ MICHAEL KELLER	Phone no. ▶ 212-741-0202
Personal identification number (PIN) ▶ 11331	

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature	Date
Spouse's signature. If a joint return, both must sign.	Date
Your occupation	Daytime phone number
CURATOR	212-741-0202
Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> If self-employed	PTIN
MICHAEL KELLER		10/02/2016		P01058808
Firm's name ▶ KELLER & VANDERNOTH INC	Firm's EIN ▶ 13-3380701			
Firm's address ▶ 11 BROADWAY SUITE 468	Phone no.			
NEW YORK NY 10004-	212-741-0202			

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

CAROLYN E CHRISTOV-BAKARGIEV

Your social security number

579-80-6952

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38 2 62,644.	2	
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1951, multiply line 2 by 7.5% (.075) instead	3	6,264.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):	5	2,211.
	a <input checked="" type="checkbox"/> Income taxes, or	6	7,437.
	b <input type="checkbox"/> General sales taxes	7	
6	Real estate taxes (see instructions)	8	
7	Personal property taxes		
8	Other taxes. List type and amount ►		
9	Add lines 5 through 8	9	9,648.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	937.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address►	11	
Note: Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	937.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
If you made a gift and got a benefit for it, see instructions.	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2108 or 2108-EZ if required. (See instructions.) ►	21	
	22 Tax preparation fees	22	
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38 25 62,644.	25	
	26 Multiply line 25 by 2% (.02)	26	1,253.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other - from list in the Inst. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$154,950? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	10,585.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 2015

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2015

Attachment
Sequence No. 08

Name(s) shown on return

CAROLYN E CHRISTOV-BAKARGIEV

Your social security number

579-80-6952

Part I

Interest

(See instructions
on back and the
instructions
for Form 1040A, or
Form 1040,
line 8a.)

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 payer
and enter the total
interest shown
on that form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the 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 ►

CHASE

Amount

31.

1

- 2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here & on Form 1040A, or Form 1040, line 8a ►

31.

31.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

**Ordinary
Dividends**

(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)

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.

- 5 List name of payer ►

**CITY NATIONAL
JP MORGAN**

1,523.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►

1,523.

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign
Accounts
and Trusts**

(See
instructions on
back.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instr.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ► **ITALY UNITED KINGDOM**

- 8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

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

Schedule B (Form 1040A or 1040) 2015

BCA

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 of proprietor CAROLYN E CHRISTOV-BAKARGIEV		Social security number (SSN) 579-80-6952
A Principal business or profession, including product or service (see Instructions) CURATOR/ART CRITIC		B Enter code from Instructions ► 712100
C Business name. If no separate business name, leave blank. CAROLYN CHRISTOV		D Employer ID no. (EIN), (see Instr.)
E Business address (including suite or room no.) ► ROME ITALY City, town or post office, state, and ZIP code		

F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G Did you "materially participate" in the operation of this business during 2015? If "No," see Instructions for limit on losses.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2015, check here	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see Instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	32,825.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	32,825.
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	32,825.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see Instructions).		6	
7 Gross income. Add lines 5 and 6		7	32,825.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see Instructions)	18	3,656.
9 Car and truck expenses (see Instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see Instructions):		
11 Contract labor (see Instructions)	11	8,401.	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see Instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	2,933.
b Other	16b		b Deductible meals and entertainment (see Instructions)	24b	2,199.
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	14,377.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	31,566.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29 Tentative profit or (loss). Subtract line 28 from line 7	29	1,259.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see Instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the Instructions to figure the amount to enter on line 30	30		30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see Instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the Instructions to figure the amount to enter on line 30	30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see Instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31		31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see Instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	1,259.
32 If you have a loss, check the box that describes your investment in this activity (see Instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

Part III Cost of Goods Sold (see instructions)

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
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 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) ▶

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
a Business _____ b Commuting (see instr.) _____ 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? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

RESEARCH	1,792.
TELEPHONE	5,068.
LOCATION EXPS	2,449.
LOCAL TRAVEL	5,068.
48 Total other expenses. Enter here and on line 27a	14,377.

US Schedule D

Schedule D Tax Worksheet

2015

Name: CAROLYN E CHRISTOV-BAKARGIEV

SSN: 579-80-6952

1	Taxable income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet				44,059.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	614.			
3	Line 4g of Form 4952				
4	Line 4e of Form 4952				
5	Subtract line 4 from line 3				
6	Subtract line 5 from line 2. If -0- or less, enter -0-		614.		
7	Smaller of line 15 or line 16 of Schedule D				
8	Smaller of line 3 or line 4				
9	Subtract line 8 from line 7. If -0- or less, enter -0-				
10	Add lines 6 and 9			614.	
11	Add lines 18 and 19 of Schedule D				
12	Smaller of line 9 or line 11				614.
13	Subtract line 12 from line 10. If -0- or less, -0-				43,445.
14	Subtract line 13 from line 1. If -0- or less, -0-				
15	\$74,900 if married filing jointly or qualifying widow(er); \$37,450, if single or married filing separately; \$50,200 if head of household	50,200.			
16	Smaller of line 1 or line 15			44,059.	
17	Smaller of line 14 or line 16			43,445.	
18	Subtract line 10 from line 1. If -0- or less, -0-		43,445.		
19	Larger of line 17 or line 18			43,445.	
20	Subtract line 17 from line 16. This line is taxed at 0%			614.	

If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42.
Otherwise, go to line 21.

21	Smaller of line 1 or line 13				
22	Amount from line 20				
23	Subtract line 22 from line 21				
24	\$413,200 if single; \$232,425 if married filing separately; \$464,850 if married filing jointly or qualifying widow(er); or \$439,000 if head of household				
25	Smaller of line 1 or line 24				
26	Add lines 18 and 20				
27	Subtract line 26 from line 25				
28	Smaller of line 23 or line 27				
29	Multiply line 28 by 15%				
30	Add lines 22 and 28				

If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42.
Otherwise, go to line 31.

31	Subtract line 30 from line 21				
32	Multiply line 31 by 20%				

If Schedule D, line 19, is zero, skip lines 33 through 38 and go to line 39.
Otherwise, go to line 33.

33	Smaller of line 9 above or Schedule D, line 19				
34	Add lines 10 and 19				
35	Amount from line 1				
36	Subtract line 35 from line 34. If -0- or less, -0-				
37	Subtract line 36 from line 33. If -0- or less, -0-				
38	Multiply line 37 by 25%				

If Schedule D, line 18, is zero, skip lines 39 through 41 and go to line 42.
Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31 and 37				
40	Subtract line 39 from line 1				
41	Multiply line 40 by 28%				
42	Tax on line 19 amount				5,856.
43	Add lines 29, 32, 38, 41, and 42				5,856.
44	Tax on line 1 amount				5,954.
45	Tax on all taxable income. Smaller of lines 43 or 44				5,856.

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**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

2015Attachment
Sequence No. **12**

Name(s) shown on return

CAROLYN E CHRISTOV-BAKARGIEV

Your social security number

579-80-6952**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) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	51574.	51261.		313.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 313.

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) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	5291.	6428.		-1137.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 690.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -447.

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

Schedule D (Form 1040) 2015

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	(134.)
<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) Note. When figuring which amount is smaller, treat both amounts as positive numbers.	21	(134.)
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> 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). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2015

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

CAROLYN E CHRISTOV-BAKARGIEV

Social security number of person

with self-employment income ▶

579-80-6952

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

- A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
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	()
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. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	1,259.
3	Combine lines 1a, 1b, and 2	3	1,259.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3. Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	1,163.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	1,163.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	1,163.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015	7	118,500 00
8a	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	8a	60,000.
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	60,000.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	58,500.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	144.
11	Multiply line 6 by 2.9% (.029)	11	34.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	178.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	89.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$7,320, or (b) your net farm profits² were less than \$5,284.

14	Maximum income for optional methods	14	4,880 00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,880. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,284 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

Caution. You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ 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.

Form **1116****Foreign Tax Credit**
(Individual, Estate, or Trust)

OMB No. 1545-0121

2015Attachment
Sequence No. **19**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Identifying number as shown on page 1 of your tax return

Name

CAROLYN E CHRISTOV-BAKARGIEV**579-80-6952**Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.☒ **a** Passive category income☐ **c** Section 901(j) income☐ **e** Lump-sum distributions☐ **b** General category income☐ **d** Certain income re-sourced by treaty**f** Resident of (name of country) ▶ **ITALY**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶ UNITED KING				
1a Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS				
	48.			1a 48.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see Inst.) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See Inst.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income (see instr.)	48.			
e Gross income from all sources (see Inst.)	95,648.			
f Divide line 3d by line 3e (see instructions)	0.0005			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see Inst.):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the Instr.)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 48.

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued (i) Date paid or accrued	Foreign taxes paid or accrued								(s) Total foreign taxes paid or accrued (add cols. (v) through (t))
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	
		(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents & royalties	(q) Interest		
A 12/31/2015						6.				6.
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 8, page 2 ▶ **8** 6.

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

BCA

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	6.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	6.	
12	Reduction in foreign taxes (see instructions)	12	()	
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		6.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	48.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	48.	
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	52,059.	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.0009
20	Individuals: Enter the amount from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions	20		5,856.
21	Multiply line 20 by line 19 (maximum amount of credit)	21		5.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)	22		5.

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		
28	Enter the smaller of line 20 or line 27	28		5.
29	Reduction of credit for international boycott operations. See instructions for line 12	29		
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 48; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	30		5.

Form **4562**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

2015Attachment
Sequence No. **178**

Name(s) shown on return

CAROLYN E CHRISTOV-BAKARGIEV

Business or activity to which this form relates

MUSEUM CURATOR

Identifying number

579-80-6952

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.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
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	13	

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.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BCA For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)



Department of Taxation and Finance

**Nonresident and Part-Year Resident
Income Tax Return**

New York State • New York City • Yonkers • MCTM

For the year January 1, 2015, through December 31, 2015, or fiscal year beginning
and ending**IT-203**

15

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial CAROLYN E		Your last name (for a joint return, enter spouse's name on line below) CHRISTOV-BAKARGIEV		Your date of birth (mmddyyyy) 09021957	Your social security number 579-80-6952
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box) [REDACTED]				Apartment number	New York State county of residence
City, village, or post office NEW YORK		State NY	ZIP code 10004	Country (if not United States)	School district name
Taxpayer's permanent home address (see Instr., pg 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Taxpayer's date of death Spouse's date of death	
				Decedent information	

- A Filing status** (mark an **X** in one box):
- ① ☐ Single
- ② ☐ Married filing joint return (enter both spouses' social security numbers above)
- ③ ☐ Married filing separate return (enter both spouses' social security numbers above)
- ④ ☒ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2015 federal income tax return? Yes ☒ No ☐

C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

D1 Did you have a financial account located in a foreign country? (see page 15) Yes ☒ No ☐

D2 Yonkers residents and Yonkers part-year residents only:

- (1) Did you receive a property tax freeze credit? (see page 15) Yes ☐ No ☐
- (2) If Yes, enter the amount00

E New York City part-year residents only (see page 15)

- (1) Number of months you lived in NY City in 2015 ...
- (2) Number of months your spouse lived in NY City in 2015

F Enter your 2-character special condition code(s) if applicable (see page 15)**G New York State part-year residents (see page 16)**

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an **X** in one box):

- 1) Lived in NYS ☐
- 2) Lived outside NYS; received income from NYS sources during nonresident period ☐
- 3) Lived outside NYS; received no income from NYS sources during nonresident period ☐

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2015? Yes ☒ No ☐

(If Yes, complete Form IT-203-B)

**I Dependent exemption information (see page 16)**

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

If more than 6 dependents, mark an **X** in the box. ☐

203001151045



For office use only

Enter your social security number

579-80-6952

Federal income and adjustments (see page 17)

	Federal amount Whole dollars only	New York State amount Whole dollars only
1 Wages, salaries, tips, etc.	1 60000.00	1 .00
2 Taxable interest income	2 31.00	2 31.00
3 Ordinary dividends	3 1523.00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4 54.00	4 54.00
5 Alimony received	5 .00	5 .00
6 Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) ..	6 1259.00	6 1259.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) ..	7 -134.00	7 .00
8 Other gains or losses (submit a copy of federal Form 4797)	8 .00	8 .00
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9 .00	9 .00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11 .00	11 .00
12 Rental real estate included in line 11 (federal amount) 12 .00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13 .00	13 .00
14 Unemployment compensation	14 .00	14 .00
15 Taxable amount of social security benefits (also enter on line 26)	15 .00	15 .00
16 Other income (see page 23) Identify: 16 .00	16 .00	16 .00
17 Add lines 1 through 11 and 13 through 16	17 62733.00	17 1344.00
18 Total federal adjustments to income (see page 23) Identify: ONE-HALF SE TAX 18 89.00	18 89.00	18 .00
19 Federal adjusted gross income (subtract line 18 from line 17) 19 62644.00	19 62644.00	19 1344.00

New York additions (see page 25)

20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20 .00	20 .00
21 Public employee 414(h) retirement contributions	21 .00	21 .00
22 Other (Form IT-225, line 9)	22 .00	22 .00
23 Add lines 19 through 22	23 62644.00	23 1344.00

New York subtractions (see page 26)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24 54.00	24 54.00
25 Pensions of NYS and local governments and the federal government (see page 26)	25 .00	25 .00
26 Taxable amount of social security benefits (from line 15)	26 .00	26 .00
27 Interest income on U.S. government bonds	27 .00	27 .00
28 Pension and annuity income exclusion	28 .00	28 .00
29 Other (Form IT-225, line 18)	29 .00	29 .00
30 Add lines 24 through 29	30 54.00	30 54.00
31 New York adjusted gross income (subtract line 30 from line 23)	31 62590.00	31 1290.00

32 Enter the amount from line 31, **Federal amount** column

32 62590.00

Standard deduction or itemized deduction (see page 28)

33 Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-203-D).

Mark an X in the appropriate box: ☒ Standard - or - ☐ Itemized

33	11100.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34 51490.00
35 Dependent exemptions (enter the number of dependents listed in item 1; see page 28)	35 1000.00
36 New York taxable income (subtract line 35 from line 34)	36 50490.00

203002151045



Name(s) as shown on page 1

CAROLYN E CHRISTOV-BAKARGIEV

Enter your social security number

579-80-6952

IT-203 (2015) Page 3 of 4

Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2)	37	50490.00
38 New York State tax on line 37 amount (see page 29)	38	2753.00
39 New York State household credit (page 29, table 1, 2, or 3)	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	2753.00
41 New York State child and dependent care credit (see page 30)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	2753.00
43 New York State earned income credit (see page 30)	43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	2753.00

45 Income percentage New York State amount from line 31 1290.00 ÷ Federal amount from line 31 62590.00 = 45 0.0206
(see page 30) Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	57.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	57.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	57.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-380.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0.00	

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00
57b Missing/Exploited Children Fund	57b	.00
57c Breast Cancer Research Fund	57c	.00
57d Alzheimer's Fund	57d	.00
57e Olympic Fund (\$2 or \$4)	57e	.00
57f Prostate and Testicular Cancer Research and Education Fund	57f	.00
57g 9/11 Memorial	57g	.00
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i Teen Health Education	57i	.00
57j Veterans Remembrance	57j	.00
57k Homeless Veterans	57k	.00
57l Mental Illness Anti-Stigma Fund	57l	.00
57m Women's Cancers Education and Prevention Fund	57m	.00

57 Total voluntary contributions (add lines 57a through 57m)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	57.00

203003161045



Enter your social security number

579-80-6952

59 Enter amount from line 58

59 57.00

Payments and refundable credits (see page 34)

60 Part-year NYC school tax credit (also complete E on front; see page 34)	60	.00	If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00	
62 Total New York State tax withheld	62	.00	
63 Total New York City tax withheld	63	.00	
64 Total Yonkers tax withheld	64	.00	
65 Total estimated tax payments/amount paid with Form IT-370	65	.00	
66 Total payments and refundable credits (add lines 60 through 65)	66	.00	

Your refund, amount you owe, and account information (see pages 36 through 38)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	.00	See page 36 for information about your three refund choices. See page 37 for payment options.
68 Amount of line 67 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit (fill in line 73) - or - <input type="checkbox"/> debit card - or - <input type="checkbox"/> paper check	68	.00	
69 Amount of line 67 that you want applied to your 2016 estimated tax (see instructions)	69	.00	See page 40 for the proper assembly of your return.
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input checked="" type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	70	57.00	
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37)	71	.00	
72 Other penalties and interest (see page 37)	72	.00	

73 Account information for direct deposit or electronic funds withdrawal (see page 38).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38) ☐73a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number 021000021 73c Account number 748002085365

74 Electronic funds withdrawal (see page 38) Date 10112016 Amount 56.00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Print designee's name MICHAEL KELLER		Designee's phone number 212-741-0202		Personal identification number (PIN) 11331	
E-mail:		Preparer's signature MICHAEL KELLER		Preparer's NYTPRIN 11408605		NYTPRIN excl. code	
Firm's name (or yours, if self-employed) KELLER & VANDERNOTH INC		Preparer's PTIN or SSN P01058808		Employer identification number 13-3380701		Date 10022016	
Address 11 BROADWAY SUITE 468 NEW YORK NY 10004-		E-mail:		Taxpayer(s) must sign here			
				Your signature			
				Your occupation CURATOR			
				Spouse's signature and occupation (if joint return)			
				Date			
				Daytime phone number 212-741-0202			
				E-mail:			

See instructions for where to mail your return.

203004151045





Department of Taxation and Finance

Nonresident and Part-Year Resident Income Allocation IT-203-B
And College Tuition Itemized Deduction Worksheet

Name(s) and occupation(s) as shown on Form IT-203 CAROLYN E CHRISTOV-BAKARGIEV	Your social security number 579-80-6952
---	--

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Schedule A – Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

An additional Schedule A section is provided on the back of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the *New York State amount* column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
- You had a job for only part of the year; or
- You and your spouse each had a job that requires allocation.

1a Total days (see instructions)	1a	
1b Saturdays and Sundays (not worked)	1b	
1c Holidays (not worked)	1c	
1d Sick leave	1d	
1e Vacation	1e	
1f Other nonworking days	1f	
1g Total nonworking days (add lines 1b through 1f)	1g	
1h Total days worked in year at this job (subtract line 1g from line 1a)	1h	
1i Total days included in line 1h worked outside New York State	1i	
1j Enter number of days worked at home included in line 1i amount	1j	
1k Subtract line 1j from line 1i	1k	
1l Days worked in New York State (subtract line 1k from line 1h)	1l	
1m Enter number of days from line 1h above	1m	

1n Divide line 1l by line 1m; round the result to the fourth decimal place	1n	
--	----	--

1o Wages, salaries, tips, etc. (to be allocated)	1o		.00
--	----	--	-----

1p New York State allocated wage and salary income (multiply line 1n by line 1o)	1p		.00
--	----	--	-----

Include the line 1p amount on Form IT-203, line 1, in the *New York State amount* column.**Schedule B – Living quarters maintained in New York State by a nonresident**Mark an X in the box if NYS living quarters were maintained for you or by you for the entire tax year ☐

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. For column E, mark an X in the box if the living quarters are still maintained for or by you.

A – Street address	B – City, village, or post office	C	D – ZIP code	E
	NEW YORK	NY	10028-	<input type="checkbox"/>
		NY		<input type="checkbox"/>
		NY		<input type="checkbox"/>
		NY		<input type="checkbox"/>

Enter the number of days spent in New York State in this tax year ...

Any part of a day spent in New York State is considered a day spent in New York State.

234001151045





Department of Taxation and Finance

New York State E-File Signature Authorization for Tax Year 2015
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: CAROLYN E CHRISTOV-BAKARGIE

Spouse's name: _____

(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our Web site at www.tax.ny.gov to view this document. Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.**General instructions**Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2015 Form IT-370*.**Part A – Tax return information**

1 Federal adjusted gross income (from applicable line)	1. _____ 62644
2 Refund	2. _____
3 Amount you owe	3. _____ 57

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2015 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2015 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2015 electronic return, and I authorize my financial institution to withdraw the amount from my account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: _____

Date: 10/05/2016Spouse's signature: _____
(jointly filed return only)

Date: _____

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2015 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2015 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2015 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2015 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____

Date: 10/05/2016Print name: MICHAEL KELLER

Paid preparer's signature: _____

Date: 10/02/2016Print name: MICHAEL KELLER



Department of Taxation and Finance

Instructions for Form IT-201-V
Payment Voucher for Income Tax Returns**IT-201-V**
(12/15)**How to use this form**

If you are paying New York State Income tax by check or money order, you must include Form IT-201-V with your payment.

Pay online

Before mailing in your payment, consider paying online.

- The Tax Department's Web site is an easy, fast, and safe way to make payments.
- Visit www.tax.ny.gov to learn more.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write your social security number, the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete all information on the voucher.

- If filing a joint return, include information for both spouses.
- Foreign address -- Enter the city, province, or state all in the **City** box, and the full country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.

Mailing address**E-filed and previously filed returns**

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

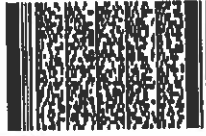
**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

STOP: Pay this electronically on our Web site.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns**IT-201-V**
(12/15)

Tax year (yyyy) 2015		Make your check or money order payable in U.S. funds to New York State Income Tax . Be sure to write your social security number, the tax year, and Income Tax on your payment.			
Your first name and middle initial CAROLYN E	Your last name (for a joint return, enter spouse's name on line below) CHRISTOV-BAKARGIEV	Your social security number (SSN) 579-80-6952			
Spouse's first name and middle initial	Spouse's last name	Spouse's SSN (enter only if filing a joint return)			
Mailing address [REDACTED]		Apartment number	Country (if not United States)		
City, village or post office NEW YORK	State NY	ZIP code 10004	Payment amount Dollars 1 Cents 00		
E-mail: 040001151045					



For office use only

0401151045 579806952 8

NY IT-201

Federal Adjustments to Income

2015

Adjustments	Amount
ONE-HALF SE TAX	89.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (998)

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 of proprietor CAROLYN E CHRISTOV-BAKARGIEV		Social security number (SSN) 579-80-6952
A Principal business or profession, including product or service (see instructions) CURATOR/ART CRITIC		B Enter code from instructions ► 712100
C Business name. If no separate business name, leave blank. CAROLYN CHRISTOV		D Employer ID no. (EIN), (see instr.)
E Business address (including suite or room no.) ► ROME ITALY City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2015, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions).		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	32,825.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	32,825.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	32,825.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).	6	
7 Gross income. Add lines 5 and 6	7	32,825.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	3,656.
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	8,401.	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	2,933.
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	2,199.
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	14,377.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	31,566.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	1,259.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	1,259.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

Part III Cost of Goods Sold (see instructions)

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? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 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) ▶ _____

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instr.) _____ 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? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

RESEARCH	1,792.
TELEPHONE	5,068.
LOCATION EXPS	2,449.
LOCAL TRAVEL	5,068.
48 Total other expenses. Enter here and on line 27a	48 14,377.

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**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

2015Attachment
Sequence No. 12

Name(s) shown on return

CAROLYN E CHRISTOV-BAKARGIEV

Your social security number

579-80-6952

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) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	51574.	51261.		313.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 313.

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) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	5291.	6428.		-1137.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 690.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -447.

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

Schedule D (Form 1040) 2015

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	(134.)
<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) <input type="checkbox"/> Note. When figuring which amount is smaller, treat both amounts as positive numbers.	21	134.)
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> 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). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2015

Illinois Department of Revenue
2015 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Do not write above this line.

Step 1: Personal Information

- A** Social Security numbers in the order they appear on your federal return

579-80-6952

Your Social Security number

Spouse's Social Security number

- B** Personal Information

CAROLYN

E

Your first name and initial

CHRISTOV-BAKARGIEV

Your last name

Spouse's first name and initial

Spouse's last name

Mailing address (See instructions if foreign address)

NEW YORK

City

Apartment number

NY

State

10004

ZIP or Postal Code

Foreign Nation, if not United States (do not abbreviate)

- C** Filing status (see instructions)

☒ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

- D** Check if you or your spouse are a military veteran and want your name and address shared with the Illinois Department of Veterans' Affairs. ☐ You ☐ Spouse

Step 2: 1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or (Whole dollars only)
U.S. 1040EZ, Line 4 1 62644

Income 2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;
or U.S. 1040EZ 2 1215

3 Other additions. Attach Schedule M. 3 0

4 Total income. Add Lines 1 through 3. 4 63859

Step 3: 5 Social Security benefits and certain retirement plan income
received if included in Line 1. Attach Page 1 of federal return. 5 0

Base 6 Illinois Income Tax overpayment included in U.S. 1040, Line 10 6 0

Income 7 Other subtractions. Attach Schedule M. 7 0

Check if Line 7 includes any amount from Schedule 1299-C. ☐

8 0

8 Add Lines 5, 6, and 7. This is the total of your subtractions. 8 0

9 Illinois base income. Subtract Line 8 from Line 4. 9 63859

Step 4: 10 a Number of exemptions from your federal return 2 x \$2,150 a 4300

Exemptions b If someone can claim you as a dependent, see instructions. x \$2,150 b 0

c Check if 65 or older: ☐ You + ☐ Spouse = x \$1,000 c 0

d Check if legally blind: ☐ You + ☐ Spouse = x \$1,000 d 0

Exemption allowance. Add Lines a through d. 10 4300

Step 5: 11 Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12. 11 0

Net 12 Nonresidents and part-year residents:

Check the box that applies to you during 2015 ☒ Nonresident ☐ Part-year resident, and

enter the Illinois base income from Schedule NR. Attach Schedule NR. 12 60000

Step 6: 13 Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. 13 2098

Tax 14 Nonresidents and part-year residents: Enter the tax from Schedule NR. 14 0

15 Recapture of investment tax credits. Attach Schedule 4255. 15 2098

15 Income tax. Add Lines 13 and 14. Cannot be less than zero.

Step 7: 16 Income tax paid to another state while an Illinois resident. 16 0

Attach Schedule CR.

Tax After 17 Property tax and K-12 education expense credit amount from 17 0

Non- 18 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18 0

refundable 19 Add Lines 16, 17, and 18. This is the total of your credits. 19 0

Credits 20 Tax after nonrefundable credits. Subtract Line 19 from Line 15. 20 2098

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



	21	Tax after nonrefundable credits from Page 1, Line 20	21	<u>2098</u>
Step 8:	22	Household employment tax. See instructions.	22	<u>0</u>
Other	23	Use tax on Internet, mail order, or other out-of-state purchases from	23	<u>0</u>
Taxes	24	UT Worksheet or UT Table in the instructions. Do not leave blank.	24	<u>0</u>
	25	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	25	<u>2098</u>
	25	Total Tax. Add Lines 21, 22, 23, and 24.		
Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	<u>2211</u>
Payments	27	Estimated payments from Forms IL-1040-ES and IL-505-I,	27	<u>0</u>
and	28	Including any overpayment applied from a prior year return	28	<u>0</u>
Refundable	29	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	29	<u>0</u>
Credit	30	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	30	<u>2211</u>
	30	Total payments and refundable credit. Add Lines 26 through 29.		
Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	<u>113</u>
Result	32	Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	<u>0</u>
Step 11:	33	Late-payment penalty for underpayment of estimated tax.	33	<u>0</u>
Underpayment	a	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
of Estimated Tax	b	Check if you or your spouse are 65 or older and permanently	<input type="checkbox"/>	
Penalty and	c	living in a nursing home.	<input type="checkbox"/>	
Donations	d	Check if your income was not received evenly during the year and	<input type="checkbox"/>	
	e	you annualized your income on Form IL-2210. Attach Form IL-2210.	<input type="checkbox"/>	
	f	Check if you were not required to file an Illinois Individual Income Tax	<input type="checkbox"/>	
	g	return in the previous tax year.	<input type="checkbox"/>	
	34	Voluntary charitable donations. Attach Schedule G.	34	<u>0</u>
	35	Total penalty and donations. Add Lines 33 and 34.	35	<u>0</u>
Step 12:	36	If you have an overpayment on Line 31 and this amount is greater than	36	<u>113</u>
Refund or	37	Line 35, subtract Line 35 from Line 31. This is your remaining overpayment.	37	<u>113</u>
Amount	38	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.		
You Owe	38	I choose to receive my refund by		
		<input checked="" type="checkbox"/> direct deposit - Complete the information below if you check this box.		
		Routing number <u>021000021</u> <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings		
		Account number <u>748002085365</u>		
		<input type="checkbox"/> Illinois Individual Income Tax refund debit card		
		<input type="checkbox"/> paper check		
	39	Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions.	39	<u>0</u>
	40	If you have an underpayment on Line 32, add Lines 32 and 35. OR		
		If you have an overpayment on Line 31 and this amount is less than Line 35, subtract		
		Line 31 from Line 35. This is the amount you owe. See instructions.	40	<u>0</u>
Step 13:	Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.			
Sign and	Your signature		Date	
Date	<u>10/02/2016</u>		<u>212-741-0202</u>	
	Your spouse's signature		Date	
	<u>13-3380701</u>		<u>212-741-0202</u>	
	Paid preparer's signature		Preparer's phone number	
	<u>212-741-0202</u>		<u>13-3380701</u>	
Third Party	<input checked="" type="checkbox"/> Check, and complete the designee's name and phone number below, to allow another person to discuss this return			
Designee	and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.			
	<u>MICHAEL KELLER</u>		<u>212-741-0202</u>	
	Designee's name (please print)		Designee's phone number	
Form 1099-G	<input type="checkbox"/> If you are unable to obtain your Form 1099-G from our website, you may check the box to receive a paper			
Information	1099-G form next year. We will mail you a 1099-G form if you meet the criteria requiring us to issue one to you.			



If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001



If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001



Illinois Department of Revenue

1385272016285f000619

Submission ID

2015 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

CAROLYN E CHRISTOV-BAKARGIEV			579-80-6952
First name and middle initial	Spouse's first name (and last name if different)	Last name	Social Security number
NEW YORK NY 10004			Spouse's Social Security number
			212-741-0202
City	State	ZIP	Daytime phone number

Step 2: Complete information from tax return

1	Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51	1	55958	00
2	Tax from Form IL-1040, Line 13	2	2098	00
3	Illinois Income Tax withheld from Form IL-1040, Line 26 only (enter "0" if none)	3	2211	00
4	Overpayment from Form IL-1040, Line 36	4	113	00
5	Total amount due from Form IL-1040, Line 40	5		00
6	Filing status: <input checked="" type="checkbox"/> Single/head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed			

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (i.e., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7	Routing no. (RN):	021000021
8	Account no. (AN):	748002085365
9	Type of account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
10	Date the payment is to be electronically withdrawn:	
11	Electronic funds withdrawal amount:	00
12	Name on account:	

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- ☒ I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2015 Illinois Individual Income Tax Return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign

here	Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
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Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO use only	ERO's signature	11/11/2016	Check if paid preparer: <input type="checkbox"/> (See instructions.)
	KELLER & VANDERNOTH INC	Date	P01058808
	Firm's name or your name if self-employed		Your Social Security number (SSN) or PTIN
	11 BROADWAY SUITE 468		13-3380701
	Mailing address		Federal employer identification number (FEIN)
	NEW YORK NY 10004-		212-741-0202
	City State ZIP		Phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

IL-8453 (R-12/15) ID: 2DP

Illinois Department of Revenue
2015 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

CAROLYN E CHRISTOV-BAKARGIEV
 Your name as shown on your Form IL-1040

579-80-6952
 Your Social Security number

Step 1: Provide the following information

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
☐ Yes ☒ No If you answered "Yes," **STOP** you cannot use this form (see instructions).
- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2015.
 a I lived in Illinois from 15 to 15 I lived in State from 15 to 15
 Month Day Year Month Day Year
 b My spouse lived in Illinois from 15 to 15 and State from 15 to 15
 Month Day Year Month Day Year
- 3 If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisconsin ☐ Military Spouse
- 4 If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.
NY

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B Instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5 60,000.	60,000.
6 Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6 31.	
7 Ordinary dividends (federal Form 1040 or 1040A, Line 9a)	7 1,523.	
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Line 10)	8 54.	
9 Alimony received (federal Form 1040, Line 11)	9	
10 Business income or loss (federal Form 1040, Line 12)	10 1,259.	
11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	11 (134.)	
12 Other gains or losses (federal Form 1040, Line 14)	12	
13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	13	
14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	14	
15 Rents, royalties, partnerships, S corporations, trusts, and estates (federal Form 1040, Line 17)	15	
16 Farm income or loss (federal Form 1040, Line 18)	16	
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	17	
18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	18	
19 Other income. See instructions. (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19	
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.		20 60,000.



Schedule NR - Page 2

Step 3: Continued

	Column A Federal Total	Column B Illinois Portion
Adjustments to Income		
21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21 60,000.
22 Reserved (federal Form 1040, Line 23; or 1040A, Line 16)	22	
23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	23	
24 Health savings account deduction (federal Form 1040, Line 25)	24	
25 Moving expenses (federal Form 1040, Line 26)	25	
26 Deductible part of self-employment tax (federal Form 1040, Line 27)	26 89.	
27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	27	
28 Self-employed health insurance deduction (federal Form 1040, Line 29)	28	
29 Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29	
30 Alimony paid (federal Form 1040, Line 31a)	30	
31 IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31	
32 Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	32	
33 Reserved (federal Form 1040, Line 34; or 1040A, Line 19)	33	
34 Domestic production activities deduction (federal Form 1040, Line 35)	34	
35 Other adjustments (see instructions)	35	
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.		36
37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 62,644.	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.		38 60,000.

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments		
39 Federally tax-exempt interest income (Form IL-1040, Line 2)	39 1,215.	
40 Other additions (Form IL-1040, Line 3)	40	
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41 60,000.
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	
43 Illinois Income Tax overpayment included on your U.S. 1040, Line 10. (Form IL-1040, Line 6)	43	
44 Other subtractions (Form IL-1040, Line 7)	44	
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45

Step 5: Figure your Illinois income and tax

Tax Calculations		
46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. Enter this amount on your Form IL-1040, Line 12. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	→	46 60,000.
47 Enter the base income from Form IL-1040, Line 9.	47 63,859.	
48 Divide Line 46 by Line 47 (carry to three decimal places). Enter the appropriate decimal. If Line 48 is greater than Line 47, enter 1.000.	48 0.940	
49 Enter your exemption allowance from your Form IL-1040, Line 10.	49 4,300.	
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.		50 4,042.
51 Subtract Line 50 from Line 46. This is your Illinois net income.		51 55,958.
52 Multiply the amount on Line 51 by 3.75% (.0375). This amount may not be less than zero. This is your tax. Enter this amount on your Form IL-1040, Line 13.	→	52 2,098.



Form 1040 Department of the Treasury - Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015** 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 .2015, ending .20 See separate instructions.

Your first name and initial **CAROLYN E** Last name **CHRISTOV-BAKARGIEV** Your social security number **579-80-6952**

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲ Make sure the SSN(s) above and on line 8c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **NEW YORK NY 10004**

Foreign country name Foreign province/state/country Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status 1 ☐ Single 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **2** ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **5** ☐ Qualifying widow(er) with dependent child

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a 6b ☐ Spouse Boxes checked on 6a and 6b **1**

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instructions) No. of children on 6c who: • lived with you **1** • did not live with you due to divorce or separation (see instructions) **0** Dependents on 6c not entered above **0** Add numbers on lines above **2**

d Total number of exemptions claimed **2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 60,000.** 8a Taxable interest. Attach Schedule B if required **8a 31.** b Tax-exempt interest. Do not include on line 8a **8b 1,215.** 9a Ordinary dividends. Attach Schedule B if required **9a 1,523.** b Qualified dividends **9b 614.** 10 Taxable refunds, credits, or offsets of state and local income taxes **10 54.** 11 Alimony received **11** 12 Business income or (loss). Attach Schedule C or C-EZ **12 1,259.** 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13 (134.)** 14 Other gains or (losses). Attach Form 4797 **14** 15a IRA distributions **15a** b Taxable amount **15b** 16a Pensions and annuities **16a** b Taxable amount **16b** 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** 18 Farm income or (loss). Attach Schedule F **18** 19 Unemployment compensation **19** 20a Social security benefits **20a** b Taxable amount **20b** 21 Other income. List type and amount **21** 22 Combine the amounts in the far right col for lines 7 through 21. This is your total income **22 62,733.**

Adjusted Gross Income 23 Educator expenses **23** 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ **24** 25 Health savings account deduction. Attach Form 8889 **25** 26 Moving expenses. Attach Form 3903 **26** 27 Deductible part of self-employment tax. Attach Schedule SE **27 89.** 28 Self-employed SEP, SIMPLE, and qualified plans **28** 29 Self-employed health insurance deduction **29** 30 Penalty on early withdrawal of savings **30** 31a Alimony paid b Recipient's SSN **31a** 32 IRA deduction **32** 33 Student loan interest deduction **33** 34 Tuition and fees. Attach Form 8917 **34** 35 Domestic production activities deduction. Attach Form 8903 **35** 36 Add lines 23 through 35 **36 89.** 37 Subtract line 36 from line 22. This is your adjusted gross income **37 62,644.**

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

38	Amount from line 37 (adjusted gross income)	38	62,644.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	If: <input type="checkbox"/> Spouse was born before Jan. 2, 1951, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,585.
41	Subtract line 40 from line 38	41	52,059.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	44,059.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	5,856.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	5,856.
48	Foreign tax credit. Attach Form 1118 if required	48	5.
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	5.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,851.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	178.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8980 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	6,029.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	14,276.
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Form 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8805 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	14,276.

Refund

Direct deposit? ☐ See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	8,247.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	8,247.
b	Routing number <input type="checkbox"/> 021000021	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="checkbox"/> 748002085365		
77	Amount of line 75 you want applied to your 2016 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input checked="" type="checkbox"/> Yes. Complete below.	No
Designee's name <input type="checkbox"/> MICHAEL KELLER	Phone no. <input type="checkbox"/> 212-741-0202	Personal identification number (PIN) <input type="checkbox"/> 11331

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Your signature <input type="checkbox"/>	Date <input type="checkbox"/>	Your occupation <input type="checkbox"/> CURATOR	Daytime phone number <input type="checkbox"/> 212-741-0202
Spouse's signature. If a joint return, both must sign.	Date <input type="checkbox"/>	Spouse's occupation <input type="checkbox"/>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	

Paid Preparer Use Only

Print/Type preparer's name <input type="checkbox"/> MICHAEL KELLER	Preparer's signature <input type="checkbox"/>	Date <input type="checkbox"/> 10/02/2016	Check <input type="checkbox"/> If self-employed	PTIN <input type="checkbox"/> P01058808
Firm's name <input type="checkbox"/> KELLER & VANDERNOTH INC	Firm's EIN <input type="checkbox"/> 13-3380701			
Firm's address <input type="checkbox"/> 11 BROADWAY SUITE 468 NEW YORK NY 10004-	Phone no. <input type="checkbox"/> 212-741-0202			

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

CAROLYN E CHRISTOV-BAKARGIEV

Your social security number

579-80-6952

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	62,644.
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1951, multiply line 2 by 7.5% (.075) instead	3	6,264.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):	5	2,211.
	a <input checked="" type="checkbox"/> Income taxes, or		
	b <input type="checkbox"/> General sales taxes	6	7,437.
6	Real estate taxes (see instructions)	7	
7	Personal property taxes	8	
8	Other taxes. List type and amount ►		
9	Add lines 5 through 8	9	9,648.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	937.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address►	11	
	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	937.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22 Tax preparation fees	22	
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38	25	62,644.
	26 Multiply line 25 by 2% (.02)	26	1,253.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other - from list in the inst. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$154,950?	29	10,585.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 2015

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2015

Attachment
Sequence No. 08

Name(s) shown on return

CAROLYN E CHRISTOV-BAKARGIEV

Your social security number

579-80-6952

Part I

Interest

(See instructions
on back and the
instructions
for Form 1040A, or
Form 1040,
line 8a.)

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 payer
and enter the total
interest shown
on that form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the 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 ▶

CHASE

Amount

31.

1

- 2 Add the amounts on line 1 2 31.
3 Excludable interest on series EE and U.S. savings bonds issued after 1989.
Attach Form 8815 3
4 Subtract line 3 from line 2. Enter the result here & on Form 1040A, or Form 1040, line 8a ▶ 4 31.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

**Ordinary
Dividends**

(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)

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.

- 5 List name of payer ▶

CITY NATIONAL
JP MORGAN

1,523.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶ 6 1,523.

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign
Accounts
and Trusts**

(See
instructions on
back.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See Instr. X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN form 114 and its instructions for filing requirements and exceptions to those requirements X

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ ITALY UNITED KINGDOM

- 8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back X

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

Schedule B (Form 1040A or 1040) 2015

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

CAROLYN E CHRISTOV-BAKARGIEV

Social security number of person
with self-employment income ▶

579-80-6952

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
1b	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	()
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. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	1,259.
3	Combine lines 1a, 1b, and 2	3	1,259.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	1,163.
4b	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	1,163.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	1,163.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015	7	118,500 00
8a	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	8a	60,000.
8b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
8c	Wages subject to social security tax (from Form 8919, line 10)	8c	
8d	Add lines 8a, 8b, and 8c	8d	60,000.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	58,500.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	144.
11	Multiply line 6 by 2.9% (.029)	11	34.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	178.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	89.

Part II Optional Methods To Figure Net Earnings (see instructions)

14	Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$7,320, or (b) your net farm profits ² were less than \$5,284. Maximum income for optional methods	14	4,880 00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,880. Also include this amount on line 4b above	15	
16	Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,284 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times. Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ 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.

Form **1116****Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2015Attachment
Sequence No. 19Department of the Treasury
Internal Revenue Service (99)▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Name

CAROLYN E CHRISTOV-BAKARGIEV

Identifying number as shown on page 1 of your tax return

579-80-6952

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.a ☒ Passive category incomec ☐ Section 901(j) incomee ☐ Lump-sum distributionsb ☐ General category incomed ☐ Certain income re-sourced by treatyf Resident of (name of country) ▶ **ITALY**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶ UNITED KING				
1a Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS				
	48.			1a 48.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see inst.) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See inst.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income (see inst.)				
e Gross income from all sources (see inst.)	95,648.			
f Divide line 3d by line 3e (see instructions)	0.0005			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see inst.):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the inst.)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 48.

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued (j) Date paid or accrued	Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:		(r) Other foreign taxes paid or accrued	
		(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents & royalties		
A	12/31/2015					6.			6.
B									
C									
8	Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶								8 6.

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

BCA

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	6.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	6.	
12	Reduction in foreign taxes (see instructions)	12	()	
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		6.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	48.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	48.	
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	52,059.	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.0009
20	Individuals: Enter the amount from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 Caution: If you are completing line 20 for separate category a (lump-sum distributions), see instructions	20		5,856.
21	Multiply line 20 by line 19 (maximum amount of credit)	21		5.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)	22		5.

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		
28	Enter the smaller of line 20 or line 27	28		5.
29	Reduction of credit for international boycott operations. See instructions for line 12	29		
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	30		5.

Form **4562**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

2015Attachment
Sequence No. 179

Name(s) shown on return

CAROLYN E CHRISTOV-BAKARGIEV

Business or activity to which this form relates

MUSEUM CURATOR

Identifying number

579-80-6952

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.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married, filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
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	13	

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.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BCA For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Form **8949****Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

2015Department of the Treasury
Internal Revenue Service▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return

CAROLYN E CHRISTOV-BAKARGIEV

Social security number or taxpayer identification number

579-80-6952

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ A
☐ B
☐ C

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (g) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instr.	(g) Amount of adjustment	
	CITY NATIONAL	01/01/2015	12/31/2015	51574.	51261.			313.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				51574.	51261.			313.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see instructions.

Form **8949** (2015)

BCA

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification number

CAROLYN E CHRISTOV-BAKARGIEV

579-80-6952

Before you checked Box D, E, or F below, see whether you received any Form(s) 1099-B substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☐

(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

☐

(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (g) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instr.	(g) Amount of adjustment	
	CITY NATIONAL	05/21/2014	12/30/2015	5291.	6428.			-1137.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				5291.	6428.			-1137.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.