1040 Depart	lment of th i. Indi	he Tressury - Internal Revenu ividual Income	re Service (99) Tax Return	2015	OMB No. 154	45-007 <u>4</u>	IRS Use On		rite or staple in this space.
For the year Jan. 1-Dec. 31, 2				,2015, anding	. ,2	20			parate instructions.
Your first name and initia		*	Last name						ocial security number -80-6952
If a joint return, spouse's			Last name					Spouse	e's social security number
Home address (number a	and stree	st), If you have a P.O. box	x, see Instructions.				Apl. no.		ake sure the SSN(s) above and on line 6c are correct.
City, town or post office,		nd ZIP code. If you have a	o foreign address,	also complete space:	below (see 1	instructions	s).	Chack her	ential Election Campaign re if you, or your spouse if filing int \$3 to go to this fund. Check-
Foreign country name			Foreign provin	ice/state/county		n postal co		or refund.	x below will not change your tax You Spouse
Filing Status	1 2	Single Married filing jointly			If the	qualifylm	g person is a		erson). (See instructions not your dependent, ente
Check only one	3	Married filing separa and full name here.	ately. Enter spou				me here.▶ low(er) with d	lependent	child
box. Exemptions	6a			you as a depende	_			7	Boxes chacked on
	b	Spouse		, , , , , , , , , , , , , , , , , , ,					6a and 6b
	c	Dependents:		(2) Dependents		Depende	and I my	If child under in 17 qualitying r child lax credit	No. of children on 6c who:
if more than (1) Firs	-	Last n	ame	social security number		ationahip to		child lax credit on instructions)	Itved with you
four depen- dents, see		-		THE RESERVE OF THE PERSON NAMED IN	Lips spice by	111170		H	<ul> <li>did not five with you due to divorce or separation</li> </ul>
Instructions	7.00		2 2		-			-	(see instructions)
and check	0.00			-				+	Dependents on 6c not entered above
here									Add numbers
	d	Total number of exem	ptions claimed			• • • • •			on lines above
Income	7	Wages, salaries, tips,	etc. Attach Form	n(s) W-2				. 7	60,000.
		Taxable Interest. Att						. 8a	31.
		Tax-exempt interest.		•	8b		1,215		
Attach Forms(s)	9a	Ordinary dividends. /	Attach Schedule	B if required .				. 9a	1,523.
W-2 here. Also					9b		614	THY COLUMN	
attach Forms W-2G and	10	Taxable refunds, cred	lits, or offsets of	state and local inc	ome taxes				54.
1099-R if tax		Alimony received						11	1,259.
was withheld.		Business Income or (						12	1,259.
		Capital gain or (loss).						13	(134.
If you did not		Other gains or (losse:		4/97					
get a W-2, see instructions.		IRA distributions .	15a				ount		
man manel 13:	16a	Pensions and annuitie	es . 16a	hima Caranta			ount Schadula E		
		Rental real estate, reg			o, uusis, el	o. AIRCI	Schedulio E	17	
		Farm income or (loss Unemployment comp		1910 F				. 19	
		Unemployment comp Social security benefit				xable am	ount	. 20b	
	20a 21	Other Income. List ty			I 11 IB	as attl		21	
	21 22	Combine the amount	s in the fer daht.	col for lines 7 three	ugh 21.This	ls your to	otal income	_	50 777
	23	Educator expenses		· · · · · · · · · · · ·				1	
Adjusted	23 24	Certain business exp			_				
Gross		and fee-basis gov. of							
Income	25	Health savings accou				13 - 13			
-	26	Moving expenses. A	ttach Form 3903	3	26	5			
	27	Deductible part of se	lf-employment ta	ax. Attach Scheduk	e SE 27	_	8	9.	
	28	Self-employed SEP,	SIMPLE, and qu	ualified plans	28				1
	29	Self-employed health				-		0.00	
	30	Penalty on early with					/-		1
		• • • • • • • • • • • • • • • • • • • •					200		3
	32	IRA deduction							
	33	Student loan interest				-			
	34	Tuition and fees. Alta						28	
	35	Domestic production							89
	36	Add lines 23 through						36	60 614
	27	Cublenal line 20 form	line 22 This is	work adjusted or	nee Incom	e e		. ▶ 37	02,044

Form 1040 (2015)		AROLYN E CHRISTOV-BA	KARGIEV		579-8	30-6952	Page 2
Contractor (2010)	38	Amount from line 37 (adjusted gross inc	THE RESERVE THE PARTY OF THE PA			38	62,644
Tax and		Check You were born before Ja		Blind. To		(2000)	
Credits	034	If: Spouse was born before			ecked ► 39a		
Standard	٦	If your spouse itemizes on a separate ratum of				250	
Deduction		Itemized deductions (from Schedule A	A you were a ougrand	deduction	(ego left mornin)	40	10,585.
for-	40					41	52,059.
People who check any	41	Subtract line 40 from line 38					8,000.
box on line	42	Exemptions, If line 38 is \$154,950 or less, multi					44,059.
39a or 39b or who can be	43	Taxable income. Subtract line 42 from					5,856.
claimed as a	44	Tax (see instructions). Check if any from:				44	3,830.
dependent,	45	Alternative minimum tax (see instruc					
instructions.	46	Excess advance premium tax credit rep-	ayment. Attach For	m 8962 🔒 .			F 05.6
All others:	47	Add lines 44, 45, and 48					5,856.
Single or Married filing	48	Foreign tax credit. Attach Form 1116 if r	required	48		5.	
separately,	49	Credit for child and dependent care expenses					
\$8,300	50	Education credits from Form 8863, line					
Married filing lointly or	51	Retirement savings contributions credit.	Altach Form 8880	51			
Jointly or Qualifying	52	Child lax credit. Altach Schedule 8812,		52			
widow(er), \$12,600	53	Residential energy credits. Attach Form				988	
Head of	54	Other credits from Form: a 3800 b		54		( )	
household, \$9,250	1	Add lines 48 through 54. Those are you				. 55	5.
45,255	55	Subtract line 55 from line 47. If line 55 is	s more than line 47	enter A		. ▶ 56	5,851.
	56						178.
	57	Self-employment tax. Attach Schedule			Ь  В919 .		2.70
Other	58	Unreported social security and Medicar				-	
Taxes	59	Additional tax on IRAs, other qualified re					
	60a	Household employment taxes from Sch					
	b	First-time homebuyer credit repayment.					
	61	Health care: individual responsibility (se			verage 🛛		
	62	Taxes from: a Form 8959 b Form 8	3960 c Instruction	s; enter code(	9)		C 000
	63	Add lines 56 through 62. This is your to	otal tax			. ▶ 83	6,029.
Payments	64	Federal income tax withheld from Form	s W-2 and 1099	64	14,27	6.	
If you have a	65	2015 estimated tax payments and amount ap	pplied from 2014 return	85			
qualifying	66a	Earned Income credit (EIC)		66a	1210		
child, attach	Ь	Nontaxable combat pay election 66b					
Schedule EIC.	-J 67	Additional child tax credit. Attach Form	8812	67	10.00		
	68	American opportunity credit from Form				100	
	69	Net premium tax credit. Attach Form 89					
	70	Amount paid with request for extension					
	71	Excess social security and tier 1 RRTA				949	
	72	Credit for federal tax on fuels. Attach F					
		Credits from Form: a 2439 b Revenue		73			
	73	Add lines 64, 65, 66a, and 67 through 7			nte	. ▶ 74	14,276.
	74	If line 74 is more than line 63, subtract					8,247.
Refund	75						8,247.
	76a	Amount of line 75 you want refunded to	to you. If Form 888		kina		0,217.
Direct deposit?	► b	number 02100021	► C Typ	e:X Checi	ritid		
See instructions.	<b>▶</b> d	748002085365		J <sub>11 17</sub>			
		Amount of line 75 you want applied to your		▶ 77		PhRA!	
Amount	78	Amount you owe. Subtract line 74 from	line 63. For details on	how to pay, 8	ee instructions	. ▶ 78	- American Market Company
You Owe	79	Estimated tax penalty (see instructions		. 79		1525	
Third Party	Da yau	vant to allow another person to discuss t	his return with the I	RS (see insti	ructions)?	Yes. Com Personal ki	plete below. No
Designee	Designoo'i	MICHAEL KELLER	Phone no.	212-741		number (F	(M) ► TY22T
Sign	Under pen	thiss of perjury, I declare that I have examined this ret is, correct, and complete. Declaration of preparer (oth	um and accompanying so	hadules and stat	ements, and to the bea	d of my knowledg	e and belief,
	vney are un Your sign		Date	Your occupa	tion	Da	ytime phone number
Joint return?	_		ķ	CURATOR			2-741-0202
See instructions.	Spause's	signature. If a joint return, both must sign.	Date	Spouse's occ	cupation		na IRS sent you an Identity dection PIN, enter
Keep a copy for your records.	- p			·			era (see inst.)
	Type on	parer's name Prepurer's	aignature		Date	Check	If PTIN
		KELLER			10/02/201		l" 1
Proparer		► KELLER & VANDERNOTH II	NC			Fīrm's EIN ▶	13-3380701
1 1 10111	's name	▶ 11 BROADWAY SUITE 468		<del></del>		Phone no.	
- Firm	\$ #QQ[0\$	NEW YORK NY 10004-				212-741	-0202
	40	HEM TOWN HI TOOO4.	-			<del></del>	Form 1040 (2015)

#### OMB No. 1545-0074 SCHEDULE A **Itemized Deductions** (Form 1040) 2015 ▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedules. Attachment Department of the Treasury Internal Revenue Service (99) Sequence No. 07 ➤ Attach to Form 1040. Your social security number Name(s) shown on Form 1040 CAROLYN E CHRISTOV-BAKARGIEV 579-80-6952 Caution: Do not include expenses reimbursed or paid by others. Medical and Medical and dental expenses (see instructions) Dental Enter amount from Form 1040, line 38 62,644. Expenses Multiply line 2 by 10% (.10). But if either you or your spouse was 6,264. 3 born before Jan. 2, 1951, multiply line 2 by 7.5% (.075) instead Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 Taxes You State and local (check only one box): 2,211. Paid a X Income taxes, or 5 General sales taxes 7,437. 6 Real estate taxes (see instructions) Personal property taxes ..... Other taxes. List type and amount Я 9,648. 9 937. Interest Home mortgage interest and points reported to you on Form 1096 10 You Paid Home mortgage interest not reported to you on Form 1098. If paid 11 to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address> Note: Your mortgage 11 interest deduction may Points not reported to you on Form 1098. See Instructions for be limited (see 12 instructions). Mortgage insurance premiums (see instructions) 13 13 Investment Interest. Attach Form 4952 if required. (See Instructions.) 14 937. 15 Add lines 10 through 14 . . . . . . . . . . Gifts to Gifts by cash or check, if you made any gift of \$250 or more, 16 Charity see instructions Other than by cash or check. If any gift of \$250 or more, see If you made a 17 Instructions. You must attach Form 8283 if over \$500 . . . gift and got a 18 benefit for it. see instructions. Add lines 16 through 18 Casualty and 20 Casualty or theft loss(es). Attach Form 4684. (See Instructions.) Theft Losses Job Expenses Unreimbursed employee expenses - job travel, union dues, and Certain job education, etc. Attach Form 2106 or 2106-EZ if required. Miscellaneous (See instructions,) ▶ 21 22 **Deductions** 22 Other expenses - investment, safe deposit box, etc. List type and amount > 23 24 Add lines 21 through 23 62,644. 25 Enter amount from Form 1040, line 38 1,253 Multiply line 25 by 2% (.02) 26 26 .............. 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . Other Other - from list in the Inst. List type and amount Miscellaneous 28 **Deductions** Total Is Form 1040, line 38, over \$154,950? X No. Your deduction is not limited. Add the amounts in the far right column itemized 10,585. 29 **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 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

### SCHEDULE B

(Form 1040A or 1040)

Department of the Treesury 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

CAROLYN E	CHRISTOV-BAKARGIEV 5		80-6952		
Part I	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer		Amo	ount	
	used the property as a personal residence, see instructions on back and list				
Interest	this interest first. Also, show that buyer's social security number and address				
	<u> </u>	ļ			
(See instructions					
on back and the					
instructions	CHASE			31	
for Form 1040A, or					
Form 1040,		1			
line 8a.)					
			<u> </u>		
Note: If you receive					
a Form 1099-INT,					
Form 1099-OID, or					
substitute statement from a brokerage					
firm, list the firm's					
name as the payer					
and onter the total	2 Add the amounts on line 1	2		3.	1.
Interest shown	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
on that form.	Attach Form 8815	_3_			
	4 Subtract line 3 from line 2. Enter the result here & on Form 1040A, or Form 1040, line 8a ▶	4			1.
	Note: If line 4 is over \$1,500, you must complete Part III.		Am	ount	
Part II	5 List name of payer ▶				
Ordinary		İ		,52	2
Dividends	CITY NATIONAL		ļ <u> </u>	, 32.	<u> </u>
	JP MORGAN				
(See instructions on back and the			<u> </u>		
instructions for					
Form 1040A, or Form 1040,					
line 9a.)		_			
Note: If you	<u> </u>	5			
received a Form 1099-DIV or					
substitute			ļ		
statement from			<b></b>		
a brokerage firm, list the firm's	· · · · · · · · · · · · · · · · · · ·	İ			
name as the					
payer and enter the ordinary			<del></del>		
dividends shown		1	<del> </del>		
on that form.	4040 - F 4040 -	6	1	,52	<del>a</del> —
14	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶ Note: If line 6 is over \$1,500, you must complete Part III.			702	
	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends;	(b) ha	ed a		
Part III	foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			Yes	No
	7a At any time during 2015, did you have a financial interest in or signature authority over a financial interest in or si			# 3	奶奶
Foreign	(such as a bank account, securities account, or brokerage account) located in a foreign count	ry? S	ee Instr.	X	- Contract
Accounts	•			(S.S.)	1
and Trusts	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts	(FBAR),		
(See	to report that financial interest or signature authority? See FinCEN form 114 and its instruction requirements and exceptions to those requirements	NIS IOI	ming	X	No. all Control
instructions on	b If you are required to fite FinCEN Form 114, enter the name of the foreign country where the			基級	装展
back.)	financial account is located ITALY UNITED KINGDOM				
		forel	n frue!?	i i i	
	8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, or if "Yes," you may have to file Form 3520. See Instructions on back			CONTRACTOR OF THE PARTY OF THE	X

#### SCHEDULE C (Form 1040)

# 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

Depart				rate instructions is at www.irs.gov.			Attachment
Interna	il Revenue Service (99) ► Attach to For	m 1040,	, 1040NR, or 1041; p	partnerships generally must file For	m 106	5,	Sequenca No. 09
	of proprietor						ity number (SSN) -80–6952
	ROLYN E CHRISTOV-BAK						
	Principal business or profession, including	produc	t or service (see Insti	ructions)			ie from instructions
	RATOR/ART CRITIC			<u> </u>	<b>&gt;</b>		
	Business name. If no separate business r	iame, le	ave blank.		DE	mploye	r ID no. (EIN), (see Instr.)
	ROLYN CHRISTOV				<u> </u>		
	Business address (including suite or room		ROME I	raly		-	
	City, town or post office, state, and ZIP co	ode	1	lou e ea s			
F	Accounting method: (1) X Cash	(2)	Accrual (3)	Other (specify)	II ala da		. X Yes No
G	Did you "materially participate" in the ope	ration of	this business during	2015? If "No," see Instructions for lift	il au io	sses.	
Н	If you started or acquired this business du	ıring 20°	15, check here	The second second second second			Yes X No
ı	Did you make any payments in 2015 that	would re	equire you to file Fon	m(s) 10997 (see instructions)			''  Had ''   Had   L.
J	If "Yes," did you or will you file required F	orms 10	997				168   110
	rt l Income			# N *			
1	Gross receipts or sales. See instructions	for line 1	and check the box i	i this income was reported to you on	. [	4	32,825.
	Form W-2 and the "Statutory employee" I	ox on ti	nat form was checked	<b>0</b> . , , ,		2	32,023.
2	Returns and allowances					3	32,825.
3 ,	Subtract line 2 from line 1				• • •	4	32,023.
4	Cost of goods sold (from line 42)					5	32,825.
5	Gross profit. Subtract line 4 from line 3			and the desired from the second	• • •	6	32/020
8	Other income, including federal and state	gasolin	e of thei fax credit or	reiund (see instructions)		7	32,825.
7	Gross income. Add lines 5 and 6			hannanting 20		,	32/0201
	rt II Expenses. Enter expenses		siness use of your	18 Office expense (see Instruction	.1	18	3,656.
8	Advertising	8			-	19	37050.
9	Car and truck expenses			19 Pension and profit-sharing plan			
	(see Instructions)	9		20 Rent or lease (see instructions)		20a	
10	Commissions and fees	10	<u> </u>	a Vehicles, machinery, and equip		20a	<del></del>
11	Contract labor		0 401	b Other business property		21	
	(see instructions)	11	8,401.	21 Repairs and maintenance		22	
12	Depletion	12		22 Supplies (not included in Part II		23	
13	Depreciation and section 179 expense deduction (not included in Part III)	l l		23 Taxes and licenses		353300	
	(see Instructions)	13		24 Travel, meels, and entertainme		248	2,933.
14	Employee benefit programs	امدا		a Travel		240	275001
	(other than on line 19)	14		entertainment (see Instructions		24b	2,199.
15	Insurance (other than health)	15		25 Utililies		25	
16	Interest:	100 E		26 Wages (less employment credi		26	
8	Mortgage (paid to banks, etc.)	16a		27a Other expenses (from line 48)		27a	14,377.
b	Other	16b	<del></del>	b Reserved for future use		27b	
17	Legal and professional services  Total expenses before expenses for bu		una of borna. Add line			28	31,566.
28	Tentative profit or (loss). Subtract line 28	isiriess i Loom lir	use of Horne, 2400 is in	os d dilodgii era		29	1,259.
29	Expenses for business use of your home	Do no	t concet those evenes	eac alcoubore Attach Form 8829		- <del></del>	
30	unless using the simplified method (see			303 GISBYITIGI O. FINESOTT SITT		1	ļ
	Simplified method filers only: enter the			) voir home:			
	and (b) the part of your home used for b			, Use the Simp	lifled	1	1
	Method Worksheet in the instructions to	fours it	a amount to enter or			30	
24	Net profit or (loss). Subtract line 30 fro			1111000	• • •	1	
31	Net profit of (loss). Subtract life 50 ho	line 12	/or Form 1040NR. II	ine 13) and on Schedule SE, line 2.	٦	31	1,259.
	(If you checked the box on line 1, se	o leater	di roilli totolard ii	tousts enter on Form 1041, line 3.	•		· · · · · · · · · · · · · · · · · · ·
	• -	io manu	coolis). Lotates allo i	streeted existe this a mitter stand of the second each	_		
20	<ul> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that de</li> </ul>	agerihae	word fovestment in th	nis activity (see Instructions).	Ī		
32		n hoth E	Sorm 1040 Bloc 47	for Form 1040NR, line 13) and			
	If you checked 32a, enter the loss of      Selection SE the 3. (If you obtains)	neked #	a hay an line 1 lees	the line 31 instructions). Estates and	1 3	2a 🗍	All investment is at risk.
		BONGU LI	IN DOX ON INIO 1, add	MAN HALL OF E SERVICE MANINES INTO THE PROPERTY AND ADDRESS.	r	2b	Some investment is not
	trusts, enter on Form 1041, line 3.  If you checked 32b, you must attac	h Form	6198. Voir loce may	he limited.	" لـ	۔-	at risk.
	<ul> <li>If you checked 32b, you must attac</li> </ul>		tow togatting				

Schedule C (Form 1040) 2015 CAROLYN E CHRISTOV-BAKARGIEV 579-	80-6932	Page ∠
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 explana	ation)	
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	<del></del>
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
au Malandia and supplies	38	
33 Outel costs	39	
And times as divolgit as	40	
at inventory at and or year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	penses on line 9 a	nd are 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 Commuting	r.	
a Business b (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	92
TELEPHONE	5,0	
LOCATION EXPS		<u>49.</u>
LOCAL TRAVEL	5,0	<u>68.</u>
10		
48 Total other expenses. Enter here and on line 27a	14,3	77.

Schedule C (Form 1040) 2015

Nac	ne: CAROLYN E CHRISTOV-BAKARGIEV		19-80-6952
1	Taxable Income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Elipcome Tax Worksheet		44,059.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b,		
~	or Form 1040NR, line 10b		
3	Line 4g of Form 4952		
4	Line 4e of Form 4952		
	Subtract line 4 from line 3		
5	Subtract line 5 from line 2. If -0- or less, enter -0-		
6	Smaller of line 15 or line 16 of Schedule D		
7			
8	Smaller of line 3 or line 4		
9	Subtract line 8 from line 7. If -0- or less, enter -0-	614.	
10	Add lines 6 and 9	THE RESERVE OF PERSONS ASSESSED.	
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-		Columbia Columbia
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	44,059.	
16	Smaller of line 1 or line 15		
17	Smaller of line 14 or line16	43,445.	
18	Subtract line 10 from line 1. If -0- or less, -0	43	
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.	<b>.</b> 	
21	Smaller of line 1 or line 13		
22	Amount from line 20		
23	Subtract line 22 from line 21	100	
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 19 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 4 Otherwise, go to line 31.	2.	
31	Subtract line 30 from line 21	<u> </u>	
32	Multiply line 31 by 20%		
	if Schedule D, line 19, is zero, skip lines 33 through 38 and go to line 3 Otherwise, go to line 33.		
33	Smaller of line 9 above or Schedulo D, line 19	P.	
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	12 (20)		
	If Schedule D, line 18, is zero, skip lines 39 through 41 and go to line 4 Otherwise, go to line 39.	2.	
39	Add lines 19, 20, 28, 31 and 37		
39 40	Subtract line 39 from line 1		
40 41	Multiply line 40 by 28%		
41	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		
	15 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.	26 26	USSCHD\$3

#### **SCHEDULE D** (Form 1040)

**Capital Gains and Losses** 

► Attach to Form 1040 or Form 1040NR.
► Information about Schedule D and its separate Instructions is at www.irs.gov/scheduled. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074 2015 Attachment Sequence No. 12

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

CAROLYN E CHRISTOV-BAKARGIEV

Your social security number 579-80-6952

enter	nstructions for how to figure the amounts to on the lines below.	(d) Proceeds (sales price)	(e) Cost	(g) Adjustments to gain or tose from Form(s) 8949, Part		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
	ants to whole dollars.	(seros price)	(or other basis)	line 2, column (g)		column (g)
	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.
	Totals for all transactions reported on Form(s) 8949 with Box B checked					
	Totals for all transactions reported on Form(s) 8949 with Box C checked					
<b>4 5</b>	Short-term gain from Form 6252 and short-term Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations, estal	es, and trusts from	w	5	
6	Short-term capital loss carryover. Enter the amo					,
					6	(
7	Net short-term capital gain or (loss). Combin	e lines 1a through 6	in column (n). It you	nave any long-	7	313.
	term capital gains or losses, go to Part II below.					313.
Pa	rt II Long-Term Capital Gains and Lo	sses - Assets He	ld More Than One	: Year		
ente This	instructions for how to figure the amounts to r on the lines below.  form may be easier to complete if you round	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fror Form(s) 8949, Pari	t II.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	ents to whole dollars.			ara 2, column (g		COMMITTED
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.			1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	5291.	6428.			-1137
-	Totals for all transactions reported on Form(s)	2012				
9	8949 with Box E checked				_	
	8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked				_	
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked		3252; and long-term (		11	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	902 107	F		11	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	S corporations, estat	tes, and trusts from S	Schedule(s) K-1	12	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked  Gain from Form 4797, Part I; long-term gain fro from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships, 3  Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amo	S corporations, estat	tes, and trusts from S	Schedule(s) K-1		690

Pa	rt III	Summary		5 <u>0 - 00</u> 8
16	Combine	e lines 7 and 15 and enter the result	16	(134.)
	14.1	e 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line Then go to line 17 below.  e 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete		24
	• If line	e 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form DNR, line 14. Then go to line 22.		
17	Yes.	s 15 and 16 both gains? . Go to line 18. Skip lines 18 through 21, and go to line 22.		
18	Enter th	e amount, if any, from line 7 of the 28% Rate Galn Worksheet in the instructions ▶	18	
19	Enter th	e amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the ons	19	
20	Yes	s 18 and 19 both zero or blank?  Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines and 22 below.		
		Complete the Schedule D Tax Worksheet In the instructions. Do not complete lines 21 22 below.		
21	If line 1	6 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
		loss on line 16 or 000), or if married filing separately, (\$1,500)	21 (	134.)
	Note. \	When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you	have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	X Yes	s. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	☐ No.	Complete the rest of Form 1040 or Form 1040NR.		

Name of person with self-employment Income (as shown on Form 1040 or Form 1040NR)	Social security number or person	I
CAROLYN E CHRISTOV-BAKARGIEV	with self-employmentincome ▶	579-80-6952
Section B - Long Schedule SE	<u></u>	<u> </u>
Part I Self-Employment Tax		
Note. If your only income subject to self-employment tax is church employe	e income, see instructions. Als	so 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 i	nad \$400 or more of other
net earnings from self-employment, check here and continue with Part I		<u> </u>
1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule	K-1 (Form 1085),	
box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see	e instructions) <u>1</u>	a
bilf you received social security retirement or disability benefits, enter the amount of		
Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (For	m 1065), box 20, code Z <u> </u>	b ( )
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers a orders, see instructions for types of income to report on this line. See instructions for Note. Skip this line If you use the nonfarm optional method (see Instructions).	(Form 1065), box 14, code A nd members of religious or other income to report.	2 1,259.
3 Combine lines 1a, 1b, and 2	<i> </i>	3 1,259.
4a If fine 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amo		1,163.
Note. If line 4a is less than \$400 due to Conservation Reserve Program payments		
bilf you elect one or both of the optional methods, enter the total of lines 15 and 17 h	ere	lb
c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employmen		1 1 1 1 1
Exception. If less than \$400 and you had church employee income, enter -0- an	id continue	tc 1,163.
5a Enter your church employee income from Form W-2. See instructions	5a	
for definition of church employee Income		··· [
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0		ib
6 Add lines 4c and 5b		6 1,163.
7 Maximum amount of combined wages and self-employment earnings subject to so		110 700 00
the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015		7 118,500 00
Ba 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 b Unreported tips subject to social security tax (from Form 4137, line 10)	. 8a 60,000.	
c Wages subject to social security tax (from Form 8919, line 10)		
		60,000.
d Add lines 8a, 8b, and 8c		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 s	57. or Form 1040NR, line 55	12 178.
13 Deduction for one-half of self-employment tax.	3	
Multiply line 12 by 50% (.50). Enter the result here and on		
Form 1040, line 27, or Form 1040NR, line 27	. 113 89.	
Part II Optional Methods To Figure Net Earnings (see ins	tructions)	
Farm Optional Method. You may use this method only if (a) your gross farm income	a <sup>1</sup> was not more than \$7,320.	
or (b) your net farm profits 2 were less than \$5,284.	S	
14 Maximum Income for optional methods		4,880 00
15 Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (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 p		
and also less than 72.189% of your gross nonfarm income,4 and (b) you had net earn	lings from self-employment of	6:4
at least \$400 in 2 of the prior 3 years.		
Caution. You may use this method no more than five times.		

on line 16. Also Include this amount on line 4b above . . . . <sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1085), box 14, code B.

17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount

<sup>3</sup> 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.

16

<sup>4</sup>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.

<sup>&</sup>lt;sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1965), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

Form 1116

Foreign Tax Credit
(Individual, Estate, or Trust)

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

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

OMB No. 1546-0121 2015 Attachment Sequence No. 19

Identifying number as shown on page 1 of your tex return

ame AROLYN E CHRI	CTOU_BAKAR	RGTEV			5	79-80-	5952	
ISE a separate Form 1116	for each extensi of	income listed he	low See Cate	gories of Inc				one box on each
lse a separate Form 1116 form 1116. Report all amo	ior each category of	ncome listed Dt	icified in Part II	below.				
				e[	"] Lumpeu	m distributio	ne	
X Passive category inc		ction 901(j) Inco		-		iti dianinano	113	
General category Inc	ome d∐ Ce	rtain income re-	sourced by trea	ty				
Resident of (name of cou	ntry) ▶ ITALY		•		- A In Com	I I and Ilaa	A in Darf II	If you noted taxes
lote: If you paid taxes	to only one foreign	n country or U.	S. possessior	i, use colun	nn A in Pari	oob nounts	r in Fait ii.	il you pala taxoo
more than one fore	gn country or U.S.	possession, L	ise a separate	column an	a line for e	ach country	or possess	ooked Ahove
Part I Taxab	e Income or Lo	ss From Sou	irces Outsi	de the Un	ted State	s (for Cal	egary Cn	BCKEU ADOVE)
10 M 10 10			Foreign Co	untry or U.S	. Possessio		— "	Total
		A		В		C	(Add	d cols. A, B, and C.)
Enter the name of the	foreign country or							
U.S. possession		UNITED	KING					
la Gross income from so								
shown above and of th								
above( see instruction:	. **							
DIVIDENDS	·							
		Carlo Carlando	48.			000	1a	48.
b Check if line 1a is com	pensation for per-							
sonal services as an e	mployee, your total							
compensation from all	sources is \$250,000						<b>医型器</b>	
or more, and you used to determine its source	l an aitemative dasis			25-1-00				
		A THE REAL PROPERTY.						
eductions and losses (								
2 Expenses definitely I		B LANCOUR TO SERVICE	ensame were	Market Merch	The same of the sa	BOOLES DE CAR		
on line 1a (attach state				CONTRACTOR DE	50000 E000			
3 Pro rata share of other	r deductions not							
definitely related:		ACCURATION.		SEASTINE STATE	TO PASSAGE MANAGE	SERVICE TRACE	SECTION SEC	
a Certain Itemized dedu	ctions or standard							
deduction (see Instruc	lions)							
b Other deductions (alta	ich statement)							
c Add lines 3a and 3b							- 3	
d Gross fareign source	income (see instr.)		48.				- 50	
e Gross Income from all	sources (see inst.)		648.			1	- 額	
f Divide line 3d by line		0.0	0005					
g Multiply line 3c by line			inema successive la con-	San San San San San San San San San San				
4 Pro rata share of Inter		·):					<b>通過</b>	
a Home mortgage inter			-1000-000-000-00-00-00-00-00-00-00-00-00				顯	
for Home Mortgage In						3.50	503	
b Other interest expens						or easier-	- 100	
5 Losses from foreign s					-3.4	So ma		
6 Add lines 2, 3g, 4a, 4							6	
7 Subtract line 6 from I	so to Estarthe rea	it here sort on li	ne 15. page 2				▶ 7	48.
Part !! Forei	gn Taxes Paid	or Accrued	see Instructions	1				
Credit is claimed	gii raxos i alc c	or recorded t	Forel	n taxes pai	d or accrue	d		
for taxes (you	1- 1-	oreign currency	1 0.07	Total Control		In U.S. o	dollara	
	Taxes withheld		(n) Other	Tayes	vithheld at so		(r) Other	(5) Total foreign
(h) X Pald			foreign		(p) Rents	(q)	foreign	taxes paid or
A) Posts mald		Rents (m)	taxes pald	(0)		Interest	taxes peid	accrued (add cols.
(i) Data paid or accrused A 12/31/2015	Dividends end ro	yaities Interes	or accrued	Dividends	A reyaltes	Ministr	or accrued	6.
A 12/31/2015 B				6.	-	-		<u> </u>
В				-		7 7 77 6		
С							, [6]	6.
8 Add lines A through	n C, column (s). Ent	er the total her	e and on line 9	, page 2			▶ 8	4446 (20)
								Earn 1776 /2

Form	1116 (2015) CAROLYN E CHRISTOV-BAKARGIEV		579-8	30-69	2 Page 2
	rt 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			
10	Carry State of Carry State (Citates Company)				
44	Add lines 9 and 10	11	6.		
11	Add lines statu iv	<u> </u>			
	The state of the s	12	1		
12	Reduction in foreign taxes (see instructions)	-14		1523	
		42		C TO SEC	
13	Taxes reclassified under high tax kickout (see instructions)	13	.***	14	6.
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available	(OF C	recor	70	
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		1 40 1	2	
	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			1.5	
	22. However, if you are filing more than one Form 1116, you must complete				
	line 20.)	17	48.		
40	Individuals: Enter the amount from Form 1040, line 41, or Form	- 11			
18	1040NR, line 39. Estates and trusts: Enter your taxable income				
		18	52,059.		
	without the deduction for your exemption			LEE LEAGUE A	
	Caution: If you figured your lax using the lower rales on qualities dividends of	Lapiu	n Banta' and managaria.		307
40	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0.0009
19	DIVIDE THE 17 DY HITE TO. II HITE TY IS TROLE MAINTING TO, ONC. 1				
-	Individuals: Enter the amount from Form 1040, lines 44 and 46. If you are a n	กฎเคร	dent alien, enter the		
20	amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the	OMAL	not from Form 1041		
	amounts from Form 1040/RR, lines 42 and 44. Estates and trusts. Cities die	BIIIOU	inthon room room	20	5,856.
	Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37	 Malika si	land con includione		
	Caution: If you are completing line 20 for separate category e (lump-sum dis	.Wibri	ions), ace manaciona	21	5.
21	Multiply line 20 by line 19 (maximum amount of credit)			\ <del>\</del>	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are fillr	ıg, вк	ap imes 23 inrougii		
	27 and enter this amount on line 28. Otherwise, complete the appropriate line is	n Pari	IIV		5.
	(see Instructions)		<u> </u>	22	
P	art IV Summary of Credits From Separate Parts III (s	see i	nstructions)	機式空間	
23	Credit for taxes on passive category income				
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 tump-sum distributions				
27				. 27	
28	M44 T			. 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 c	n Fo	rm 1040, line 48;		
20	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40	la .		30	5.
201	POHIL TOMORIC, IIII 40, POHIL TOM, COLIEBBIE O, IIII 22, OF TORRI 880 T, IIII 40				Form 1116 (2015)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Department of the Treasury Internal Revenue Service (98)

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

Attachment Sequence No. 179

Form 4562 (2015)

OMB No. 1546-0172

Name(s) shown on relum		Business or activi	ty to which this for	n relates		Identifying number
CAROLYN E CHRIST				<u> </u>	_	579-80-6952
Part   Election To Ex	pense Certain P	roperty Undor Sec	tion 179			
Note: If you ha	ve any listed proj	perty, complete Part	V before you	complete F	Part I.	
1 Maximum amount (see ins	tructions)				1	
2 Total cost of section 179 p	roperty placed in s	ervice (see Instruction	s)		2	
3 Threshold cost of section	179 property before	e reduction in limitation	ı (see instructio	ıns)	3	
Reduction in Ilmitation. Su	ubtract line 3 from l	ine 2. If zero or less, o	enter -0		4	1
5 Dollar limitation for tax year	r. Subtract line 4 f	from line 1. If zero or l	ess, enter -0	If married		
filing separately, see instru	uctions					5
3 (a) Description of p	roperty	(b) Cost (busi	iness use only)	(c) Elec	ted cost	4
Listed property. Enter the	amount from line 2	29				HERODER STREET
Total elected cost of section	on 179 property. A	dd amounts in column	(c), lines 6 and	d7		8
Tentative deduction. Ente					The second second	9
O Carryover of disallowed de	eduction from line 1	13 of your 2014 Form	4562		-	0
1 Business income limitation. E	Enter the smaller of b	usiness income (not less	than zero) or line	e 5 (see instru		1
2 Section 179 expense dedi	uction. Add Ilnes 9	and 10, but do not en	ter more than I	ine 11	1	2
3 Carryover of disallowed dedu				3		
ote: Do not use Part II or P	art III below for list	ed property. Instead,	use Part V.		4 1 45	1 1 1 1
Part II Special Depreci	ation Allowance a	and Other Depreciation	on (Do not inc	ude listed pr	operty) (S	ee instructions.)
4 Special depreciation allow	ance for qualified p	property (other than lis	ted property) p	laced in serv	ice	
during the tax year (see in	structions)		. <b></b>			14
5 Property subject to sectlor						15
6 Other depreciation (includ	ing ACRS)	<u> </u>			<u> </u>	16
Part III MACRS Depre	clation (Do not	include listed prope	rty.) (See inst	ructions.)		<del></del>
		Section				
7 MACRS deductions for as	sets placed in serv	ice in lax years begin	ning before 20'	l5	_	17
8 If you are electing to grou					Bileiai	
asset accounts, check her	θ	ervice During 2015 Ta	v Voor Hoine	the General	Deprecist	ion System
Section B — As	(b) Month and	(c) Basis for depreciation		(e)	Deprecial	(g) Depreciation
(a) Classification of property	year placed in	(business/investment use only - see instructions)	(d) Recovery period	Convention	(I) Method	deduction
9a 3-year property	864 4.6	Gray - Bad Histocology	1			
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property				1		The state of the s
g 25-year property			25 yrs.		S/L	
h Residential rental			27.5 утв.	MM	S/L	
property			27.5 yrs.	MM	S/L	
I Nonresidential real			39 yrs.	MM	S/L	
property			30 7.0.	MM	S/L	
Souther C Acc	este Placed in Ser	vice During 2015 Tax	y Year Using t			ation System
20a Class life	iota i laced ili coi	Vice During 2010 1th	1		S/L	
b 12-year			12 yrs.		S/L	
	Management Value Constitution (Constitution Constitution		40 yrs.	MM	S/L	
c 40-year Part IV Summary (Se	e instructions.)		no jie.	19841	,	
		8			. 1	21
	m line 12 lines 44	through 17 lines 10	and 20 in colum	n (a) and liv		
22 Total: Add amounts from Enter here and on the app	minime iz, mies 14	roturn Dartnambles and	i C comerations	coe instructio	ng l	22
	rupriate lines of your a and placed in co-	rewrite maturerships and	, o corporations: it vest enter	200 1130 0000		MAN TO SHEET HOLD IN
23 For assets shown above the portion of the basis				. 23		
the portion of the basis	aminame m seci	JUIT ZUUM GUAGA		.   20		Charles of the property of the con-

BCA For Paperwork Reduction Act Notice, see separate Instructions.

2	NEW
2015	STATE

Nonresident and Part-Year Resident
Income Tax Return
New York State • New York City • Yonkers • MCTM

**IT-203** 

2015				, 2015, or fiscal year begi and e	nnting
For help completing your re Your first name and middle initial	Your last name for a joint retu			Your date of birth (mmixtyyy)	Your social security number
				09021957	579-80-6952
CAROLYN E Spouse's first name and middle initial	CHRISTOV-BA	VWKGIEA	_	Spause's date of birth (mind/yyy)	Spouse's social security number
Spease's arst name and middle will a	ohonsa s rast riente				
Mailing address (see instructions, page	14) (number and sireet or PO b	ox)		Apartment number	New York State county of residence
City, village, or post office	State	ZIP code	Country (if not	United States)	School district name
NEW YORK	NY	L0004			
Taxpayer's permanent home addre	35(see Instr., pg 14) (no. and i	street or rural route)	Apartment no		School district
State ZIP code	Country (if not United States)			Decedent Information	er's date of death Spouse's date of death
X in one box):  (enter box):  (married (enter	ount located in a  sount sociated in a  sount sociated in a  solution in a  solut	numbers above)  g person)  dent child  Yes X No [  Yes X No [  Yes X No [  nts only:  Yes No [	(2 F Ei G N Ei Oi Oi X	nter your 2-character spec ode(s) if applicable (see ps ew York State part-year i nter the date you moved into out of NYS (mmddyyyy) n the last day of the tax yea Lived in NYS	spouse lived  stal condition  age 15)
First name and middle initial	Last name		lonship	Social security numb	per Date of birth (mmddyyyy)
	- CK 1-403-194				

203001151045

For office use only

Enter your social security number Page 2 of 4 IT-203 (2015) 579-80-6952 New York State amount Federal amount Federal income and adjustments (see page 17) Whole dollars only Whole dollars only 00 1 60000.00 1 Wages, salaries, tips, etc. ..... 31 00 31.00 2 2 Taxable interest income ...... 1523.00 00 3 3 Ordinary dividends ..... 4 Taxable refunds, credits, or offsets of state and local 54.00 54.00 income taxes (also enter on line 24) ..... 00 .00 5 5 Alimony received ..... 1259,00 1259.00 6 6 Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) -134.00 00 7 7 Capital gain or loss fil required, submit a copy of lederal Sch. D, Form 1040) .. 7 00 8 8 .00 8 Other gains or losses (submit a copy of federal Form 4797) 00 9 9 .00 9 Taxable amount of iRA distributions. Beneficiaries: mark X in box 00 .00 10 10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box 10 11 Rental real estate, royalties, partnerships, S corporations 11 00 .00 trusts, etc. (submit a copy of federal Schedule E, Form 1040) ...... 11 12 Rental real estate included In line 11 (federal amount) 12 na .00 13 13 Farm income or loss (submit a copy of federal Sch. F, Form 1040) 13 00 14 .00 14 14 Unemployment compensation ..... 15 .00 15 Taxable amount of social security benefits (also enter on time 26) .00 15 00 16 00 16 16 Other income (see page 23) Identify: 1344.00 62733.00 17 17 Add lines 1 through 11 and 13 through 16 ..... 18 Total federal adjustments to Income (see page 23) 00 89.00 18 18 Identify: ONE-HALF SE TAX 1344.00 62644.00 19 19 Federal adjusted gross income (subtract line 18 from line 17) 19 New York additions (see page 25) 20 Interest income on state and local bonds and obligations 00 .001 20 20 (but not those of New York State or its localities) ...... 21 00 21 Public employee 414(h) retirement contributions ......... 21 .00 00 .00 22 22 22 Other (Form IT-225, line 9) ..... 1344.00 62644.00 23 23 Add lines 19 through 22 ..... New York subtractions (see page 26) 24 Taxable refunds, credits, or offsets of state and 54.00 54.00 24 24 local income taxes (from line 4) ..... 25 Pensions of NYS and local governments and the 00 25 00 25 federal government (see page 26) ..... . 00 00 26 26 26 Taxable amount of social security benefits (from line 15) .00 27 .00 27 27 Interest income on U.S. government bonds ...... 00 28 00 28 Pension and annuity income exclusion ..... 28 .00 29 .00 29 29 Other (Form IT-225, line 18) ...... 54.00 30 54.00 30 30 Add lines 24 through 29 ...... 1290.00 62590.00 31 31 31 New York adjusted gross income (subtract line 30 from line 23) ...... 62590.00 32 Enter the amount from line 31, Federal amount column ..... 32 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). 11100.00 Mark an X in the appropriate box: .. X Standard - or - Itemized 33





34 Subtract line 33 from line 32 (If line 33 is more than line 32, leave blank) .....

35 Dependent exemptions (enter the number of dependents listed in Item I; see page 28) ......

36 New York taxable Income (subtract line 35 from line 34) .....

51490.00

1000 .00

50490.00

34

35

Name(s) as shown on page 1	Enter your social security number	IT-203 (2015) Page 3 of 4
CAROLYN E CHRISTOV-BAKARGIEV	579-80-6952	10 202 (2012)
CAROLIN E CHRISTOV DARRIOTSV	3.3 33 33 33	
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 tax on line or clinicals (355 page 29, table 1, 2, or 3)		.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave it	4.0000000000000000000000000000000000000	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 it		42 2753.00
43 New York State earned income credit (soo page 30)		43 .00
43 New York State Barried Income credit (see page 50)		
44 Base tax (subtract line 43 from line 42; If line 43 is more than line 42,	leave blank)	2753.00
45 Income New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
	62590.00 =	45 0.0206
percentage 1290.00 ÷ (see page 30)	02530.00	43
1 1 1 1	4E1	46 57.00
46 Allocated New York State tax (multiply line 44 by the decimal on it	ne 43)	47 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	**************************************	4B 57.00
48 Subtract line 47 from line 46 (If line 47 is more than line 46, leave	plank)	49 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)		50 57.00
50 Total New York State taxes (add lines 48 and 49)	***************************************	80 37.00
New York City and Yonkers taxes, credits, and surcharges, ar	id MCTMT	
51 Part-year New York City resident tax (Form IT-360.1) 51	.00	See instructions on pages 30
52 Part-year resident nonrefundable New York City		and 31 to compute New York
child and dependent care credit	.00	City and Yonkers taxes,
50-		
50 60% 60000		MCTMT.
52b MCTMT net		
Calling Date : Table	.00	1
DO TOTALCIO HOMEGAGOTA CONTINUED TEXT (1 )		7
54 Part-year Yonkers resident income tax surcharge (Form (T-360.1)	.00	ח
(Form 17-360.1)		.00
55 Total New York City and Yonkers taxes / surcharges and MC IM	1   acc mes uza, and ozc undago cry	
56 Sales or use tax (See the instructions on page 32. Do not leave	e line 56 blank.)	56 0.00
	•	
(See page 33)	<u> </u>	<u> 4</u>
57a Return a Gift to Wildlife		-
57b Missing/Exploited Children Fund		
57c Breast Cancer Research Fund		기
57d Alzheimer's Fund	11	<u>)</u>
57e Olympic Fund (\$2 or \$4)		<b>-</b> 7
57f Prostate and Testicular Cancer Research and Educatio		7
57g 9/11 Memorial		<b>⊣</b>
57h Volunteer Firefighting & EMS Recruitment Fund		-
571 Teen Health Education		7
	67	-1
57j Veterans Remembrance		<b>-</b> 1
57k Homeless Veterans		<b>⊣</b>
57I Mental Illness Anti-Stigma Fund		_
57m Women's Cancers Education and Prevention Fund		<u> </u>
57 Total voluntary contributions (add lines 57e through 57m)	***************************************	.00
58 Total New York State, New York City, Yonkers, and sales	or use taxes, MCTMT,	[2]
and voluntary contributions (add lines 50, 55, 56, and 57)	***************************************	57.00

IT-203 (2015) Page 3 of 4



Name(s) as shown on page 1



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 61 61 Other refundable credits (Form IT-203-ATT, line 17) 61 62 63 Total New York State tax withheld 62 63 Total New York City tax withheld 63 64 Total Yonkers tax withheld 64 65 Total estimated tax payments/amount paid with Form IT-370 65 66 Total payments and refundable credits (add lines 60 through 65)	.00 .00 If applicable, complete .00 Form(s) IT-2 and/or IT-1099-R .00 and submit them with your return (see page 12)00 .00
Your refund, amount you owe, and account information (see pages 36	through 38)
67 Amount overpaid (if line 68 is more than line 59, subtract line 59 from line 66) 68 Amount of line 67 to be refundeddirect	
Mark one refund choice: deposit (M in line 73) - or - debit card deposit (M in line 73) - or - debit card deposit (M in line 73) - or - deposit (M in line 73) - or - deposit (M in line 73) - or - deposit (M in line 73) - or - deposit (M in line 73) - or - deposit (M in line 73) - or - deposit (M in line 73) - or - deposit (M in line 73) - or - deposit (M in line 73) - or - deposit (M in line 73) - or - deposit (M in line 74) - or reduce the overpayment on line 67; see page 37) - deposit or	See page 36 for information about your three refund choices.  See page 37 for payment options.  70 57.00  See page 40 for the proper assembly of your return.  See page 38).  Intoutside the U.S., mark an X in this box (see pg. 38)  The Business checking - or - Business savings  The This box (see pg. 38)
The fact of the second	ilgnee's phone number Personal identification 212-741-0202 number (PIN)
designee? (see insir.) MICHAEL KELLER  Yes X No E-mail:	11331
Pald preparer must complete ⟨ Preparer's NYTPRIN   NYTPRIN   excl. code	▼ Taxpayer(s) must sign here ▼ Your algorithm Your occupation CURATOR Spouse's signature and occupation (# joint return)
11 BROADWAY SUITE 468 NEW YORK NY 10004- 10022016	Date   Daytime phone number   212-741-0202
E-met:	See instructions for where to mail your return.

See instructions for where to mail your return







# Department of Taxatlon and Finance Nonresident and Part-Year Resident Income Allocation IT-203-B And College Tuition Itemized Deduction Worksheet

Name(s) and occupation(s	s) as shown on Form IT-203		Your social se	ar a Proposition		
	CAROLYN E CHRISTOV-BAKARGIEV 579-80-6952  Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.					
			7021 1 01111 11			
Schedule A - Alloca	tion of wage and salary incom	ur wage and salary income is subject to	allocation.			
An additional Cabadula	A coollon is provided on the back of	of this form. If you are required to comple	te more than	one Schedule A. to	otal	
the amounts from line p	on all schedules and include this to	otal on Form IT-203, line 1, in the New \	ork State am	ount column.		
		of business transacted. See the Schedul	a w luganonion	18 II.		
<ul><li>You had more than or</li><li>You had a job for only</li><li>You and your spouse</li></ul>		tion.				
1a Total days (see Insti	ructions)	***************************************	*******	1a		
,	1b Saturdays and Sundays (not w	rorked)	1b	373		
Nonworking		pac pactopiolibes				
days Included	-	**************************************		<del></del>		
in line 1a:		***************************************				
				28 10	$\neg$	
1g Total nonworking days (add lines 1b through 1f)						
JU TOTAL GRAZ MOLKED III Agai at mis lon lagoring time to mounting tal						
11 Total days included	1i Total days included in line 1h worked outside New York State					
1k Subtract line 1j from line 1i						
		e 1h)				
1m Enter number of da	avs from line 1h above			1m		
		decimal place		1n		
10 Wages, salaries, ti	ps, etc. (to be allocated)	***************************************	10		.00	
1n. New York State all	ocated wage and salary income (m	ultiply line 1n by line 1o)	1p		.00	
-						
include the line 1p an	nount on Form (1-203, line 1, in tr	ne New York State amount column.		<u> </u>		
	g quarters maintained in New					
Mark an X in the box it	NYS living quarters were maintain	ed for you or by you for the entire tax ye	ar		<u>_</u>	
If you or your spouse n necessary. For colum	naintained living quarters in NYS done in Republic in E, mark an X in the box if the li	ring any part of the year, give address(e	s) below. Sut or by you.	omit additional she	ets If	
A-	Street address	B - City, village, or post office	С	D - ZIP code	Ε	
	Company additional	NEW YORK	NY	10028		
			NY		1	
			INT		┧┕╴	
			NY	~		
			NY		┇	
<u>.</u>	Enter the number of da	ys spent in New York State in this tax ye	аг			
		ent in New York State is considered a da		v York State		
234001151045	Any part of a day spe	in ii 146W 1 Olin Olino 13 Olinoi 30 a da	, <i>-</i>	. ,		



#### 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

#### **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.

#### General instructions

Taxpavers 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 Tex Credit.

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

Part A - Tax return information

Spouse's name: (jointly filed return only)

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

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 Texpayer Authorization for Electronic Funds Withdrawal for Tax Year 2015 Form IT-370.

1 Federal adjusted gross Income (from applicable line)		62644
2 Refund		57
3 Amount you owe	3	
	AND AND IT AND IT AND AND AND AND AND AND AND AND AND AND	n and NVC 240
Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-	201-X, [T-203, []-203-X, []-214, NYG-203	hum including any
Under penalty of perjury, I declare that I have examined the information on my 2015 Net accompanying schedules, attachments, and statements, and certify that my electronic resend my 2015 New York State electronic return to New York State through the Internal software to prepare and transmit my form electronically. I consent to the disclosure to N my tax form electronically. I understand that by executing this Form TR-579-IT, I am aut that the ERO's submission of my personal income tax return to the IRS, together with the and any authorized payment transaction. If I am paying my New York State personal income tax returns to intitude an electronic firmy 2015 electronic return, and I suthorize my financial institution to withdraw the amount Transactions (IAT), I attast the source for these funds is within the United States. I under only by contacting the Tax Department no later than five (5) business days prior to the payons.	Revenue Service (IRS). In addition, by using a sew York State of all information pertaining to the horizing the ERO to sign and file this return on is authorization, will serve as the electronic signome taxes due by electronic funds withdrawal, unds withdrawal from the financial institution as at from my account. As New York does not sup restand and agree that I may revoke this author	computer system and transmission of my behalf and agree nature for the return I authorize the New count Indicated on port International ACH
Taxpayer's signature:	Date: 10/05/2016_	
Spouse's signature:	Date:	
(jointly filed return only)		
Part C – Declaration of electronic return originator (ERO) and pail Under penalty of perjury, I declare that the Information contained in this 2015 New York information furnished to me by the taxpayer. If the taxpayer furnished me a completed preparer, I declare that the Information contained in the taxpayer's 2015 New York Staticopy of the return. If I am the paid preparer, under penalty of perjury I declare that I have income tax return, and, to the best of my knowledge and belief, the return is true, corresponding to the contraction available to me.	State electronic personal income tax return is tapper 2015 New York State return signed by a e electronic return is identical to that contained we examined this 2015 New York State electror ct, and complete. I have based this declaration	n the paper ic personal
ERO's signature:	Date: 10/05/2016	
Print name: MICHAEL KELLER		
Fint name. Exciting the second		
Paid preparer's signature:	Dale: 10/02/2016	<del></del>
Print name: MICHAEL KELLER		
Fillit italile.		

62644



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

- 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 Payment Vouc	her for Income	Tax Returns	IT-201-V
Tax year (уууу) Make your	heck or money order paya	ble in U.S. funds to New	York State Income Tax. Be	(12/15)
2015 sure to write Your first name and middle initial CAROLYN E		rn, mater apousa's nome on line below)	Your social security number (SSN) 579-80-6952	
Spouse's first name and middle initial			Spouse's SSN (enter only if tiling a joint return)	<b>化数据经验</b>
Maling address		Apartment number	Country (if not United States)	
City, village or post office	State	ZIP code		Dollars Cents
NEW YORK	NY	10004	Payment	
040001151045	E-mail:		emount	

NY IT-201	Federal Adjustments to Income	2015
ONE 4315 OF MAY	Adjusiments	Amount 89.
ONE-HALF SE TAX		89.
		*5
		24.
	12	
		Ì
•		

#### 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

	of proprietor ROLYN E CHRISTOV-BAKA	ARG	FEV				-80-6952
	Principal business or profession, including			ructions)	B En	ter co	e from instructions
CU	RATOR/ART CRITIC			radita io)	<b>&gt;</b>	71	L2100
	Business name. If no separate business r	ame,	leave blank.		D En	ploye	r ID no. (EIN), (see instr.)
	ROLYN CHRISTOV						
	Business address (including suite or room		▶ ROME I	raly	_		
	City, town or post office, state, and ZIP co	de					
F	Accounting method: (1) X Cash	(2)	Accrual (3)	Other (specify) >			W v l l v
G	Did you "materially participate" in the ope-	ration	of this business during	2015? If "No," see Instructions for limit	on los	ises.	X Yes No
H	If you started or acquired this business du	iring 2	015, check here		£	· %	·•
1	Did you make any payments in 2015 that	would	require you to file For	m(s) 1099? (see Instructions).			Yes X No
J	If "Yes," did you or will you file required F	emic	10997				, . Yes No
Pa	il Income				r		
1	Gross receipts or sales. See Instructions	for line	a 1 and check the box	If this income was reported to you on	-1		20 025
	Form W-2 and the "Statutory employee" t	ox ar	that form was checke	d	╙╜╟	1	32,825.
2	Rotums and allowances				V -	2	20 005
3	Subtract line 2 from line 1				¥:-	3	32,825.
4	Cost of goods sold (from line 42)				٠٠ إ	4	80.005
5	Gross profit. Subtract line 4 from line 3				]	5	32,825.
6	Other Income, including federal and state	gaso	line or fuel tax credit or	refund (see instructions)	٠. ا	6	
7	Gross Income. Add lines 5 and 6			<u> </u>		7	32,825.
Pa	rt II Expenses. Enter expenses	for b	usiness use of your	home only on line 30.			
8	Advertising	8		18 Office expense (see Instructions)		18	3,656.
9	Car and truck expenses			19 Pension and profit-sharing plans	[	19	
	(see instructions)	9		20 Rent or lease (see Instructions):			
10	Commissions and fees	10		a Vehicles, machinery, and equipm	ent	20a	
11	Contract labor			b Other business properly		20b	
	(see instructions)	11	8,401.	21 Repairs and maintenance		21	
12	Depletion	12		22 Supplies (not included in Part III)		22	
13	Depreciation and section 179 expense			23 Taxes and licenses		23	
	deduction (not included in Part III)	13		24 Travel, meals, and entertainmen	l:	嶷	
14	(see Instructions) Employee benefit programs	<u> </u>	-	a Travel		24a	2,933.
••	(other than on line 19)	14		b Deductible meals and			
15	Insurance (other than health)	15		entertainment (see instructions)		24b	2,199.
16	Interest:			25 Utilities		25	
а	Mortgage (paid to banks, etc.)	16a	ì	26 Wages (less employment credits	)	26	
b	Other	16b		27a Other expenses (from line 48) .		27a	14,377.
17	Legal and professional services	17		b Reserved for future use		27b	
28	Total expenses before expenses for bu		s use of home. Add line	es 8 (hrough 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 expens	ses elsewhere. Attach Form 6829			
30	unless using the simplified method (see						1
	Simplified method filers only: enter the	ie lots	oliona <i>).</i> Al soupre footene of: (a	) your home:		1	
	and (b) the part of your home used for b			. Use the Simpli	fled		
	Method Worksheet in the Instructions to	flatten	the amount to enter of			30	
94	Net profit or (loss). Subtract line 30 fro			i i i i i i i i i i i i i i i i i i i			
31	# If a sufficient such both Form 1040	line 1	2 /or Form 1040NR. I	ine 13) and on Schedule SE, line 2.	7	31	1,259.
	<ul> <li>If a profit, enter on both Form 1040,</li> <li>(If you checked the box on line 1, see</li> </ul>	o Inci	nutions) Estates and	Injets enter on Form 1841, line 3.			<u> </u>
		11131	ructions), Estates and	inals, once on Form 14-1, and 4			
	<ul> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that de</li> </ul>	ملاده م	se smur investment in th	nis activity (see Instructions)	ī		
32							
	If you checked 32a, enter the loss of	n DOTh	i norm 1040, line 12, (	to the 24 instructions! Estates and	32	<u>,                                    </u>	All Investment is at risk.
		ecked	the Dax on line 1, sea	the line 31 instructions). Estates and	32		Some Investment is not
	trusts, enter on Form 1041, line 3.	. =-	- 5400 V	. h H	] 32	الا الا	at risk.
	<ul> <li>If you checked 32b, you must attac</li> </ul>	n For	m פשרס Your loss may	De limited.			

Schedule C (Form 1040) 2016 CAROLYN E CHRISTOV-BAKARGIEV	3/9-0	00-0332	Page Z
Part III Cost of Goods Sold (see Instructions)			
Table blooming interiors).	ach explanal	ion)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	ny?	Yes	☐ No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	3	5	
36 Purchases less cost of items withdrawn for personal use	3	6	
37 Cost of labor. Do not include any amounts paid to yourself	3	7	
38 Materials and supplies	3	8	
39 Other costs	3	9	<del></del>
40 Add lines 35 through 39		0	
41 Inventory at end of year		1	
Part IV Information on Your Vehicle. Complete this part only if you are claiming car on trequired to file Form 4562 for this business. See the instructions for line 13 to file.	r truck exp	enses on line	9 and are
not required to life Form 4502 for this business. See the instructions for line 13 to in	ila oat ii ye	JIIUSI IIIO I C	HIII 4002.
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 Commuting	vehicle for:		
a Business b (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 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.
The state of the s	42	14	.377.

Schedule C (Form 1040) 2015

## SCHEDULE D (Form 1040)

**Capital Gains and Losses** 

➤ Attach to Form 1040 or Form 1040NR.

► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074 2015 Attachment

Schedule D (Form 1040) 2015

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

CAROLYN E CHRISTOV-BAKARGIEV

Sequence No. 12 Your social security number 579-80-6952

enter This	nstructions for how to figure the amounts to on the lines below.  form may be easier to complete if you round	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gein or loss from Form(s) 8949, Part	1,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
-	ents to whole dollars.			line 2, column (g)	80001	column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported			1.54		
	to the IRS and for which you have no					
	adjustments (see instructions). However, if you	1				
	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)					222
	8949 with Box A checked	51574.	51261.	2000	-	313.
2	Totals for all transactions reported on Form(s)					
	8949 with Box B checked				-	
3	Totals for all transactions reported on Form(s)				- 1	
	8949 with Box C checked				-	
					.	
4	Short-term gain from Form 6252 and short-term	gain or (loss) from f	Forms 4684, 6781, an	10 8824	4	
5	Net short-term gain or (loss) from partnerships,	S corporations, esta	tes, and trusts from		.	
	Schedule(s) K-1	30000a - E E	1 4 3 CH CH CH C 4 CH	# 1200 · · · · · · · · · · · · · · · · · ·	5	
6	Short-term capital loss carryover. Enter the amo				6	,5
	Worksheet in the instructions			hava savilana	0	
7	Net short-term capital gain or (loss). Combin	ie lines 1a through 6	in column (n). It you	nave any long-	7	313.
	term capital gains or losses, go to Part II below.				-	313.
Pa	rt II Long-Term Capital Gains and Lo	sses - Assets Ho	eld More Than One	Year		
See	instructions for how to figure the amounts to			(g)		(h) Gain or (loss)
ente	r on the lines below.	(d) Proceeds	(e) Cost	Adjustments to gain or loss from	, I	Subtract column (e) from column (d) and
	form may be easier to complete if you round	(sales price)	(or other basis)	Form(s) 8949, Par	III,	combine the result with
	ents to whole dollars.			tine 2, column (g	abrodict.	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	1				
	choose to report all these transactions on Form					
	8949, leave this line blank and go to line 8b.					
8h	Totals for all transactions reported on Form(s)					
-	8949 with Box D checked	5291.	6428.	i		-1137.
- q	Totals for all transactions reported on Form(s)					
٠	8949 with Box E checked	-	1		2000	
10	Totals for all transactions reported on Form(s)			2000		
		1 1				
	8949 with Box F checked	2.8				
11	8949 with Box F checked	m Forms 2439 and	6252; and long-term (	gain or (loss)		
11	Gain from Form 4797, Part I; long-term gain from	om Forms 2439 and (	6252; and long-term (	galn or (loss)	11	
11	Gain from Form 4797, Part I; long-term gain from Forms 4684, 6781, and 8824			V	11	7,
	Gain from Form 4797, Part I; long-term gain from Forms 4684, 6781, and 8824			V	11	
11	Gain from Form 4797, Part I; long-term gain from			V		
	Gain from Form 4797, Part I; long-term gain from Forms 4684, 6781, and 8824	S corporations, esta	iles, and trusts from S	Schedule(s) K-1		690
12	Gain from Form 4797, Part I; long-term gain from Forms 4684, 6781, and 8824	S corporations, esta	iles, and trusts from S	Schedule(s) K-1	12	690
12 13	Gain from Form 4797, Part I; long-term gain from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships,  Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the am  Worksheet in the instructions	S corporations, esta	tes, and trusts from S	Schedule(s) K-1	12	690
12 13	Gain from Form 4797, Part I; long-term gain from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships,  Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the am  Worksheet in the Instructions	S corporations, esta	tes, and trusts from S	Schedule(s) K-1	12	690

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

Pa	art III	Summary		
16	Combin	a lines 7 and 15 and enter the result	16	(134.)
		e 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line then go to line 17 below.		
	If line	e 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete		
		e 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form NR, line 14. Then go to line 22.		
17		s 15 and 16 both gains? Go to line 18.		
		Skip lines 18 through 21, and go to line 22.		
18	Enter th	e amount, if any, from line 7 of the 28% Rate Gain Worksheet in the Instructions ↓ ▶	18	
19	Enter th	e amount, If any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the	19	
20	Yes	s 18 and 19 both zero or blank?  Complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines and 22 below.		
		Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 22 below.		
21	(f line 1	6 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		74
		loss on line 16 or 000), or if married filling separately, (\$1,500)	21 (	134.)
	Note. \	When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you	have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	X Yes	. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No.	Complete the rest of Form 1040 or Form 1040NR.	T.	
_			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 texpayers file electronically. It is easy and yo	ou will get your refund	d faster. Visit tax.illinois.gov.	
Step 1: Pe	ers	onal Information		Do not write	above this line,
		Social Security numbers in the order they appear on your 579-80-6952	federal return		
	•	Your Social Security number	Spouse's Social Secu	dly number	
	В	Personal information			
		CAROLYN E	CHRISTOV-E	BAKARGIEV	
	•	Your first name and initial	Your last name		
			2 1111111	<u>-</u>	<del></del>
		Spouse's first name and initial	Spouse's last name		
	F	Mailing address (See Instructions if foreign address)	Apartment number		
		NEW YORK	NY	10004	
		City	State	ZIP or Postal Code	
		Foreign Nation, If not United States (do not abbreviate)			
		Filing status (see instructions)		_	
		X Single or head of household Married filing join	tly 🔲 Married fi		lidawed
	D	Check if you or your spouse are a military veteran and wa	ant you <del>r name and a</del>	ddress shared with the Illin	ols
		Department of Veterans' Affairs. You Spo	use		
Step 2:	1	Federal adjusted gross income from your U.S. 1040, Line	37; U.S. 1040A, Lin	0 21,01	loitars only)
		U.S. 1040EZ, Line 4		1	<u>62644</u>
Income	2	Federally tax-exempt Interest and dividend income from y	our U.S. 1040 or 10	40A, Line 8b;	1015
		or U.S. 1040EZ		2	121 <u>5</u>
	-	Other additions. Attach Schedule M.		3	
	4	Total income. Add Lines 1 through 3.			63859
Step 3: Base Income Step 4: Exemption:	5	Social Security benefits and certain retirement plan incon	ne	_	
Been		received if Included in Line 1. Attach Page 1 of federal re	eturn. 5_	0	
mase	6	Illinois Income Tax overpayment Included in U.S. 1040, L	ine 10 6_	0	
income	7	Other subtractions. Attach Schedule M.		0	
		Check if Line 7 includes any amount from Schedule 1299	)-C. 📙		٥
	_	Add Lines 5, 6, and 7. This is the total of your subtraction	as.	8	63859
	9	Illinois base income. Subtract Line 8 from Line 4.		9	02022
Step 4:	10	a Number of exemptions from your federal return	2 x \$2,150 a		
Evametica		b If someone can claim you as a dependent, see instructions		0	
Exemption	a	c Check if 65 or older: You + Spouse =	x \$1,000 c	0	
			x \$1,000 d	0	
		d Check if legally blind: You + Spouse = Exemption allowance. Add Lines a through d.	_ x \$1,000 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:	Section Dock	idontd	
Income		Check the box that applies to you during 2015 X Nor			
		enter the Illinois base income from Schedule NR. Attac	h Schedule NR. 12	60000_	
Step 6: Tax Step 7: Tax After Non- refundable Credits	13	Residents: Multiply Line 11 by 3.75% (.0375). Cannot b	e less than zero.		
orah o		Nonresidents and part-year residents: Enter the tax f		13	2098_
Tax	14	Recapture of investment tax credits. Attach Schedule 4	255.	14	0_
3	15	Income tax. Add Lines 13 and 14. Cannot be less than :	zero.	15	2098
<u> </u>		_ <del></del>			
Step 7:	16	Income tax paid to another state while an Illinois residen	ι. 16	0	
	4-	Attach Schedule CR.  Report to and K 42 advention expanse cradit amount			
Tax After	11	7 Property tax and K-12 education expense credit amount Schedule ICR, Attach Schedule ICR.	17	_0_	
Non-	. 41	3 Credit amount from Schedule 1299-C. Attach Schedule			
Leinugable		3 Add Lines 16, 17, and 18. This is the total of your credits			
Credits	13	Cannot exceed the tax amount on Line 15.	••	19	0
<u> </u>	21	Tax after nonrefundable credits. Subtract Line 19 from	n Line 15.	20	2098

	21	Tax after nonrefundable credits from Page 1, Line 20	21_	2098	-	
Step 8:	22	Household employment tax, See instructions.	22_	0	-	
Other Taxes	23	Use tax on Internet, mall order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	23	0		
10.03	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24_	. 0	- 	0000
	25	Total Tax. Add Lines 21, 22, 23, and 24.			25	2098_
Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26_	2211	_	
Payments	27	Estimated payments from Forms IL-1040-ES and IL-505-i, including any overpayment applied from a prior year return	27	0		
and Refundable	28		28	0	_	
Credit	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	0	-	
	30	Total payments and refundable credit. Add Lines 26 through 29.			30	2211
			Llma	20	31	113_
Step 10: Result	31 32	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from	n Line	25.	32	0
Step 11:	33	Late-payment penalty for underpayment of estimated tax.	33_	0	-	
Underpaym		a Check if at least two-thirds of your federal gross income is from farm	ing.			
of Estimated						
Donations		living in a nursing home.  c Check if your income was not received evenly during the year and				
		you annualized your income on Form IL-2210. Attach Form IL-2210	Ο,			
		d Check If you were not required to file an Illinois Individual Income Ta	ЭX			
		return in the previous tax year.				
	34	Voluntary charitable donations. Attach Schedule G. Total penalty and donations. Add Lines 33 and 34.	34_		_ 35	0
				·		
Step 12:	36	If you have an overpayment on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your remaining overpay	ı /menf	<b>L</b> .	36	113
Refund or Amount	37	Amount from Line 36 you want refunded to you. Check one box on Line 38.	See in	structions.	37	113
You Owe	38	I choose to receive my refund by				
		X direct deposit - Complete the information below if you check this t		ding or Sav	lngs	
			CHECK	ung or Sav	iiiga 	
		Account number 748002085365 Illinois Individual Income Tax refund debit card				
		paper check				
	39	Amount to be applied to estimated tax. Subtract Line 37 from Line 30	8. See	instructions.	39	0
	40	If you have an underpayment on Line 32, add Lines 32 and 35. Of	auhira	and .		
		If you have an overpayment on Line 31 and this amount is less than Line 35, Line 31 from Line 35. This is the amount you owe. See instructions.	อนมแต	ici	40	0_
		Under penalties of perjury, I state that I have examined this return, and, to the be	st of m	ny knawledge, it is i	true, correct,	and
Step 13:		complete.				
Sign and		212-741-0202   Your signature   Date   Daytime phone number	You	r spouse's signature		Date
Date		10/02/2016 212-741-0202	13-	-3380701		
		Paid preparer's signature Date Preparer's phone number		parer's FEIN, SSN, or		t
Third Party		Check, and complete the designee's name and phone number below, to and any previous return that affects the liability reported on this return wi	allow i	another person to Illinois Denarimen	aiscuss inis r Laf Revenue	etum
Designee		MICHAEL KELLER 212-	741-	-0202 ne number	COLITOROLIAG	,
Form 1099 Information		If you are unable to obtain your Form 1099-G from our website, you 1099-G form next year. We will mall you a 1099-G form if you mee	u may	y check the box t criteria requiring	o receive a us to issue	paper one to you.
$\bowtie$	ILLI	payment enclosed, mail to: NOIS DEPARTMENT OF REVENUE INGFIELD IL 62719-0001 ILLINOIS DEPARTMENT SPRINGFIELD IL 62726	r of R	REVENUE		
IL-1040 back (I ID: 2DP		5)	IR			

		1389	5272016285£000619
Illir	ois Department of Revenue		Submission ID
20	15 IL-8453 Illinois Individual In	ncome Tax Electro	onic Filing Declaration
	not mail Form IL-8453 to the Illinois Department		_
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
Print	Test Harris and Hardard Wheel		
or type M	Asiling address NEW YORK NY 10004		Spouse's Social Security number 212-741-0202
-	City State	ZIP	Daytime phone number
Step 1	2: Complete Information from tax return let income from Form IL-1040, Line 11, or Schedule NR, Step	5, Line 51	1 55958 00
	Fax from Form IL-1040, Line 13		2 2098 00
	llinois Income Tax withheld from Form IL-1040, Line 26 only (e	inter "0 " If none)	3 2211 00
4 (	Overpayment from Form IL-1040, Line 36		4 113 00
-	Total amount due from Form IL-1040, Line 40		500
	filling status: X Single/head of household Married filling		* +
To init	3: Complete direct deposit of refund or electro iate a payment or refund transaction, the Information in thi	is Step must be included withii	the electronic transmission. Illinois
does n	ot support international ACH transactions. IDOR will only perfo	rm direct transactions (i.e., debit,	deposit) with financial institutions located
	the United States or those not funded by International funds. El	ectronic payments will not be acc	cepted and refunds will be via paper check.
	Rouling no. (RN): 021000021		
	Account no. (AN): 748002085365	<del>.</del>	
-	Type of account: X Checking Savings		
	Date the payment is to be electronically withdrawn:		
11 (	Electronic funds withdrawal amount:00		
	Name on account:		
Step	4: Taxpayer declaration and signature (Sign or	nly after completing Step	2 and, if applicable, Step 3.)
X	consent that my refund may be directly deposited as designal if I have filed a joint return, this is an irrevocable appointment o	ed in Step 3 and declare the info f the other spouse as an agent to	rmation on Lines 7 through 9 is correct. receive the refund.
	i authorize the illinois Department of Revenue (IDOR) and its didesignated in the electronic portion of my 2015 litinois individual of an electronic overpayment of taxes to receive confidential in	al Income Tax Return. I authorize	the financial institutions involved in the processing
	i do not want direct deposit of my refund, or an electronic funds	withdrawal (direct debit) of my b	alance due.
(ERO)	penalties of perjury, I declare the information on my electronic are identical. To the best of my knowledge, my return is true, opanying information may be sent to IDOR by my ERO. I authorize IDOR to identify the	correct, and complete. I consent the index of the consent the cons	that my return, this declaration, and Vor the transmitter when my return has
here		Spouse's signature (if	oint return, both must sign) Date
Sten	5: Electronic return originator (ERO) and paid	preparer declaration and	l signature
I decla	are that I have examined this taxpayer's electronic Form IL-104 followed all requirements of this program and declare, under percompanying information are true, correct, and complete.	0, the Information on this Form II	-8453, and accompanying information.
		11/11/2016	Check if paid preparer: (See instructions.)
			Cueck ii hein bieheiei: [ ] (See mannings)
	ERO's signature  KELLER & VANDERNOTH INC	Date	P01058808
ERO use	Firm's name or your name if self-amployed		Your Social Security number (SSN) or PTIN 13-3380701
only	Meiling address	<del></del>	Federal employer Identification number (FEIN)
	NEW YORK NY	10004-	212-741-0202

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.

State

ZIP

Phone number

# Illinois Department of Revenue

Nonresident and Part-Year Resident Computation of Illinois Tax 2015 Schedule NR

IL Attachment No. 2

	Attach to your Point IE-1040		
	CAROLYN E CHRISTOV-BAKARGIEV Your name as shown on your Form IL-1040	579-80-6952 Your Social Security number	
Si	tep 1: Provide the following informat	ion	
1	Were you, or your spouse if "married filling jointly," a full-year resided Yes X No If you answered "Yes," STCP	ent of Illinois during the tax year? you cannot use this form (see instructions).	
2	If you, or your spouse if "married filling jointly," were a part-year res  a I lived in Illinois from 15 to Month Day Year Month Day	15   lived in from 15	2015. 5 to 15 Month Day Year
		h Day Year State Month Day Year	Month Day Year
3	If you wore a resident of any of the states listed below during the tarnilitary, check the appropriate box.    lowa	ax year or if you were in Illinois only to accompany your s	pouse who was in tile
4	If you earned income or filed a tax return for the tax year in a state		viation of that state.
Co the Si	tep 2: Complete Form IL-1040 implete Lines 1 through 10 of your Form IL-1040, individual Income remainder of this schedule following the instructions for your resident tep 3: Figure the Illinois portion of your the amounts from your federal return in Column A. E.	our federal adjusted gross inc	ome
	No.	Federal Total	Illinois Portion
lncome	15 Rents, royalties, partnerships, S corporations, trusts, and (federal Form 1040, Line 17) 16 Farm income or loss (federal Form 1040, Line 18) 17 Unemployment compensation and Alaska Permanent Furt (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Lin 18 Taxable Social Security benefits (federal Form 1040, Line 19) 19 Other Income. See Instructions. (federal Form 1040, Line Include winnings from the Illinois State Lottery as Illinois	140EZ, Line 2) 6 31. 7 1,523.  The taxes  8 54. 9 10 1,259. 11 (134.) 12 11 (134.) 12 16b; or 1040A, Line 12b) 14 estates  15 16 16 17 19 20b; or 1040A, Line 14b) 18 21) s income in Column B. 19	60,000.
	20 Add Column B, Lines 5 through 19. This is the Illinois port		60,000.

S	tep	3: Continued		Column A Federal Total		Column B Illinois Portion
	21	Enter the illinois portion of your federal total income from Page 1, Step 3, Line 20.			21	60,000.
		Reserved (federal Form 1040, Line 23; or 1040A, Line 16)	22		F	
П		Certain business expenses of reservists, performing artists, and fee-based				
ш		government officials (federal Form 1040, Line 24)	23		_	
		Health savings account deduction (federal Form 1040, Line 25)	24			
اءا		Moving expenses (federal Form 1040, Line 26)	25			
Ĕ		Deductible part of self-employment tax (federal Form 1040, Line 27)	26	89.	_	17
잉		Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	27		_	
듸		Self-employed health insurance deduction (federal Form 1040, Line 29)	28 _			
Adjustments to Income		Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29			
늴		Alimony paid (federal Form 1040, Line 31a)	30			
힐		IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31			
텼		Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	32	(		
틾		Reserved (federal Form 1040, Line 34; or 1040A, Line 19)	33		Ĩ	
8		Domestic production activities deduction (federal Form 1040, Line 35)	34			
		Other adjustments (see instructions)	35 _		*	
		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, Line1.	37	62,644.	-	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	as Incor		38	60,000.
	••	Side Line So hall and all the solutions person of just a second of	331		•	P :
	-	4: Figure your Illinois additions and subtracti	ons	Column A		Column B
in C	inst	nn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		orm IL-1040 Total		Illinois Portion
the	inst 39	ructions for Column B to properly complete this step. Federally tax-exempt interest income (Form IL-1040, Line 2)	20	1 215		
the	<i>inst</i> 39 40	ructions for Column B to properly complete this step.  Federally tax-exempt Interest Income (Form IL-1040, Line 2)  Other additions (Form IL-1040, Line 3)	20	1 215		Illinois Portion
the	<i>inst</i> 39 40	ructions for Column B to properly complete this step. Federally tax-exempt interest income (Form IL-1040, Line 2)	20			
the	39 40 41 42	ructions for Column B to properly complete this step.  Federally tax-exempt Interest Income (Form IL-1040, Line 2)  Other additions (Form IL-1040, Line 3)	39 _ 40 _ 42 _	1,215.	41	Illinois Portion
the	39 40 41 42	ructions for Column B to properly complete this step.  Federally tax-exempt Interest income (Form IL-1040, Line 2)  Other additions (Form IL-1040, Line 3)  Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	39 _ 40 _ 42 _	1,215.	41	Illinois Portion
the	39 40 41 42 43	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	39 _ 40 _ 42 _	1,215.	41	Illinois Portion
Illinois Adjustments 4 5	39 40 41 42 43	ructions for Column B to properly complete this step.  Federally tax-exempt interest income (Form IL-1040, Line 2)  Other additions (Form IL-1040, Line 3)  Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5)  illinois income Tax overpayment included on your U.S. 1040, Line 10.  (Form IL-1040, Line 6)	39 _ 40 _ 42 _	1,215.	41	Illinois Portion
Illinois Adjustments a	39 40 41 42 43 44 45	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10.  (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	39 _ 40 _ 42 _	1,215.	41	Illinois Portion
Illinois Adjustments a	99 40 41 42 43 44 45	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10.  (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax	39 _ 40 _ 42 _	1,215.	41	Illinois Portion
Illinois Adjustments 8	99 40 41 42 43 44 45	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	39 _ 40 _ 42 _	1,215.	41	60,000.
Hlinois Adjustments e	99 40 41 42 43 44 45	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10.  (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax	39 _ 40 _ 42 _	1,215.	41	Illinois Portion
ns S Illinois Adjustments e	39 40 41 42 43 44 45 <b>ep</b>	Federally tax-exempt Interest income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your U.S. 1040, Line 10.  (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax 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.	39 _ 40 _ 42 _	1,215.	41	60,000.
ns S Illinois Adjustments e	39 40 41 42 43 44 45 <b>ep</b>	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	39 _ 40 _ 42 _	1,215.	41	60,000.
ns S Illinois Adjustments e	39 40 41 42 43 44 45 <b>ep</b>	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax 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.	39 _ 46 _ 42 _ 43 _ 44 _	63,859.	41	60,000.
ns   S   Illinois Adjustments   a	39 40 41 42 43 44 45 <b>ep</b>	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9.	39 _ 46 _ 42 _ 43 _ 44 _	63,859.	41	60,000.
ns S Illinois Adjustments e	39 40 41 42 43 44 45 <b>ep</b>	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax 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. Enter the base Income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (carry to three decimal places), Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	39 _ 48 _ 42 _ 43 _ 44 _	1,215.	41	60,000.
ns   S   Illinois Adjustments   a	39 40 41 42 43 44 45 <b>ep</b>	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (carry to three decimal places), Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10.	39 40 42 43 44 47 48 49	63,859.	41	60,000.
Hlinois Adjustments e	39 40 41 42 43 44 45 ep 46 47 48 49 50	Federally tax-exempt Interest Income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment Included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax 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. Enter the base Income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (carry to three decimal places), Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	39 40 42 43 44 47 48 49	63,859.	45	60,000.
ns S Illinois Adjustments e	99 40 41 42 43 44 45 ep 46 47 48 49 50 51	Federally tax-exempt Interest Income (Form IL-1040, Line 2)  Other additions (Form IL-1040, Line 3)  Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total Income.  Federally taxed Social Security and retirement income (Form IL-1040, Line 5)  illinois Income Tax overpayment Included on your U.S. 1040, Line 10.  (Form IL-1040, Line 6)  Other subtractions (Form IL-1040, Line 7)  Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.  5: Figure your Illinois income and tax  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.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (carry to three decimal places), Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance	42 43 44 47 48 49	63,859.	45 48 50	60,000.

		ividual Income			MB No. 154		IRS U	e Only	_	ite or staple in this space parate instructions.	ce.
For the year Jan. 1-Dec. 31		**		,2015, ending	2,2	0				ocial security number	
Your first name and info CAROLYN E		ISTOV-BAKAR	Last name GIEV	78					579	-80-6952	
If a joint relum, epouso	's first nar	me and initial	Last name						Spouse	s's social security nun	nber
Home address (numbe	r and stre	et). If you have a P.O. bo	x, see instructions.	學			Apt. na.			ike sure the SSN(s) abo nd on line 6c are correc	
City, town or post office	, state, a	nd ZIP cods. If you have a	o foreign address, a	also complete spaces l	elow (see l	nstructio	າກຮ).			ential Election Campa	
NEW YORK									jointly, wa	rs if you, or your spouse if it nt \$3 to go to this fund. Chi	eck-
Foreign country name			Foreign provin	ce/state/county		n postal			or refund.	You Spe	ouse
	1	Single		4	_					erson). (See instruct	
Filing Status	2	Married filing Jointly						- 1	child but i	not your dependent,	enter
Check only one	3	Married filing separa	ately. Enter spou		_		ame here	-	5 3 3	· · · · · · · · · · · · · · · · · · ·	•
bax.		and full name here.		5			ridow(er) v	vilh d	ependent	child	
Exemptions	6a		eone can claim	you as a dependen	, do not c	theck b	ox 6a	• •	• • • •	Boxes checked on 6a and 6b	_ 1
_	<u>b</u>	Spouse Dependents:		401 - 1 - 1	1 493	<u></u>	election	(4)√	iz child under	No. of children	
If more than (1) Fi	irst name	Last n.	ame	(2) Dependent's social security number	1 1 7	Depen Banship		Lifere	17 qualifying daild tex gredit instructions)	on 6c who: • lived with you	1
four depen-	- or monito	Ladille						1,000	- Tame Grant Control	did not live with you due to divarce	
denis, see		- Facility of the sales of the								or separation (see instructions)	0
Instructions					_					Dependents on 6c not entered above	C
here >								009			
400	d	Total number of exem	ptions claimed							on lines above ►	2
Income	7	Wages, salaries, tips,	etc. Attach Forn	n(s) W-2					7	60,00	0.
IIIcome	8a	Taxable interest. Att							. Ba	3	1.
	b	Tax-exempt Interest.			. 86		1,2	215			-
Attach Forms(s)		Ordinary dividends. A							. 9a	1,52	3.
W-2 here, Also	b	Qualified dividends			. 9b		- 6	514			
attach Forms	10	Taxable refunds, cred	its, or offsets of	state and local inco	ne taxes				. 10	5	4.
W-2G and 1099-R if tax	11								. 11	1	
was withheld.	12	Business incomo or (l	oss). Altach Sci	hedule C or C-EZ				<u>.</u>	. 12	1,25	
	13	Capital gain or (loss).	Attach Schedul	le D if required. If n	ot required	l, check	here 🕨		13	(13	34.)
If you did not	14	Other gains or (losse:	s). Attach Form	4797		- 37			. 14		
get a W-2,	15a	IRA distributions .	15a		b Tax	xable a	mount 🗼	£			
see instructions.	16a						mount 🕝		_	S 452	
	17	Rental real estate, rog			trusts, etc	c. Altac	ch Schedu	le E	17		
	18	Farm income or (loss	). Attach Sched	ule F			555		. 18		
	19	Unemployment comp			1	* * •			. 19		_
	20a	Social security benefit			b ia:	xable a	mount .	• • •	. 20b		_
	21	Other income. List ty			h 04 Thin	la tiana	Andal Inc		≥ 21	62,73	33.
	22	Combine the amount				is your	total inc	Ollie	1200503	02/10	
a dimensional	23	Educator expenses Certain business exp									
Adjusted	24	and fee-basis gov. of									
Gross Income	25	Health savings accou									
IIICOIIIA	26	Moving expenses. A									
	27	Deductible part of set						89	. 355		
	28	Self-employed SEP,					- 500		1000	1	
	29	Self-employed health			_		sa Ales	8(4)			
	30	Penalty on early with					200 200				
	31a		_			3		× 1			
	32	IRA deduction							1500		
	33	Student loan interest								1	
	34	Tuition and fees. Alta	sch Form 8917		34					Ē	
	35	Domestic production				1	V V		6954	3	
	38	Add lines 23 through	35						36		89.
		Culaterat fine 26 from	N 00 This is	and a street of the same	!	_			▶ 37	62,6	44.

F 1040 (2015)		C	AROLYN E CHRIS!	rov-B	AKARGIEV		579-8	30-69	52		Page 2
Form 1040 (2015)	_		Amount from line 37 (adjuste					38	T	62,	644
Tax and					lon 2 1051	Bilnd. To		1953			
Credits							ecked ▶ 39a	100			
- Committee of	_		if: Spouse was	bom delbi				T	d		
Standard Deduction	L	b	If your spouse Herrizes on a sepa	arata retum	or you were a dual-state	as such, chec	( left	. 40		10.	585.
for-		40	Itemized deductions (from	Schedule	A) or your standard	asauction	(zee leit margiri)	41	_	52	059.
People who		41	Subtract line 40 from line 38						_	9	000.
check any box on line		42	Exemptions. If line 38 is \$154,95	O or less, mu	thply \$4,000 by the number	on line 6d. Other	rwisa, see instructions	. 42			059.
39a or 39b or	l	43	Taxable Income. Subtract li	ine 42 from	n lino 41. If line 42 ls	more than it	ne 41, enter -0-	43	_		
who can be claimed as a	-1	44	Tax (see instructions). Check if	any from:	a Form(s) 8814 t	2 Form 49	72 ဪ	44	_	٥,	856.
dependent,		45	Alternative minimum tax (	see Instru	ctions). Attach Form	6251		45	i	I COL	
instructions.	- [	46	Excess advance premium ta:	x credit re	payment, Attach Forr	n 8962		46	1		
All others:		47	Add lines 44, 45, and 46					. > 47		5,	856.
Single or		48	Foreign tax credit. Attach For					5.			
Married filing separately,			Credit for child and dependent of					- 6			
\$6,300			Education credits from Form						4		
Married filing						51		100			
jointly or Qualifying		51	Retirement savings contribut								
widow(er),		52	Child tax credit. Attach Scho					- 0			
\$12,600 Head of		53	Residential energy credits. A					- 15			
household,		54	Other credits from Form: a 3	800 b	]8801 c∐	54		98	3		5.
\$9,250		55	Add lines 48 through 54. The	ese are yo	ur total credits			5			,851.
		56	Subtract line 55 from line 47	, If Ilne 55	is more than line 47,	enter-0		. ▶ 5			
- To		57	Self-employment tax. Attact	n Scheduk	e SE		<u></u>	5	/		178.
Other		58	Unreported social security a	nd Medica	re tax from Form:	a 🔲 4137	b  8919 .	5	3		
Taxes		59	Additional tax on IRAs, other	r qualified	retirement plans, etc	. Altach For	m 5329 if require	ed . 5	ð		
Idxes		60a	Household employment taxo	s form Sc	hedule H			60	ia	4	
			First-time homebuyer credit	rangumen	t Attach Form 5405	if required .		60	ь		
		b	Health care: Individual response			Full-year co	verage 🛛	. 6	1		
		61	Taxes from: a Form 8959	14 POINTS (5					2		
		62						_	3	6	,029.
		63	Add lines 56 through 62. Th				14,27		(a)		- Vi 12
Payments	- 355	64	Federal Income tax withheld				17,21				
If you have a	$\neg$	65	2015 estimated tex payments as					- 8			
qualifying		66a				. 66a		THE REAL PROPERTY.			
child, attach Schedule EIC.	- [	b				- 188 B	The second	EC 123			
COMPOSITE ETC.	-	67	Additional child tax credit.	Attach For	m 8812	. 67					
		68	American opportunity credit	from Form	n B863, line 8	. 68					
		69	Net premium tax credit. Atta	ch Form (	9962	. 69			麗		
		70	Amount paid with request for								
		71	Excess social security and I					100			23
		72	Credit for federal lax on fue					- 18			
			Credits from Form: a 24			73					
		73	Add lines 64, 65, 66a, and 0				onte		74	14	,276.
	_	74	If line 74 is more than line 6	or milondi	173. 11lese ald your	This is the	nmount vous our	maid 7	75		,247.
Refund		75	If line 74 is more than line to	is, subirac	14 16 E 006	, IIIIs is uio	d sheek here. In	7	6a		,247.
		76a	Amount of line 75 you want	retunded	to you. It Form 888	se:[X] Chec	a, cneck nera 🕨 klna 🦳 Savin	ᅜ		_	
Direct deposit?		b		2.6.6	P C Tyl		Will Davin	30			
See instructions.	-	d				J <sub>10</sub> g		25			
		77	Amount of line 75 you want ap	piled to you	ur 2016 estimated tax	▶ 77		- 20	200		
Amount		78	Amount you owe. Subtract	t line 74 fro	m line 63. For details or	how to pay,	see instructions .		78		
You Owe		79	Estimated lax penalty (see	Instruction	ns) <u></u>	. 79		102	Con year		THE RESERVE
Third Party	Do	VOLLY	want to allow another person	to discuss	this return with the I	RS (see insi	nuctions)?	Yes.	Complete	below.	No
Designee	Des	signea's	MICHAEL KELLER		Phone	212-74	1-0202	Perso	onal identifica er (PIN)	NUON	11331
	Un	der gen:	alties of perjuny, I declare that I have a	camined this r	return and accompanying so	hedules and sta	tements, and to the be	st of my kna	wledge and I	ballef,	de la designation designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation de la designation
Sign  Under penaltiles of perjury, I declare that I have examined this return and accompanying schedules and atalements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than tuxpayer) is based on all information of which preparer has any knowledge.  Here  Your signature  Daytime phone							phone n	umber			
Here	TO	ur sign	iature		: · · · · · · · · · · · · · · · · · · ·	CURATOR			212-74		
Joint return?	-						armatian		If the IRS	seni you a	n Identity
See Instructions. Keep a copy for	Sρ	ouse's	signature. If a joint return, both n	nust eign.	Date	Spouse's or	x;uşauori		Protection it here (se	ı PIN, ante	ď
your records.							PTIN				
			parer's name	Preparer	's algnature		Date	Check			58909
Paid M	ICI	IAEL	KELLER				10/02/201		mployed		58808
		name	► KELLER & VANDE					Firm's El		3-3380	0/01
Use Only F	im's	addres	s ▶ 11 BROADWAY SU	ITE 46	8			Phone no			
			NEW YORK NY 10	004-				212-7	741-02	<u> </u>	4040 (0545)

SCHEDULE A		Itemized Deduction	OMB No. 1545-0074		
(Form 1040)		itellized beddetion	13		2015
Department of the Tre	asurv	► Information about Schedule A and its separate instruction	ns is at www.irs.gov/schedt	ulea.	Altachment
Internal Revenue Ser	/Ica (99				Sequence No. 07
Name(s) shown on Fo					ocial security number -80-6952
Medical	CHF	RISTOV-BAKARGIEV	ATE 2013	988	-00-0332
iviedical and	4	Caution: Do not include expenses reimbursed or paid by others.  Medical and dental expenses (see instructions)	1 3		
anu Dental	1 2	Medical and dental expenses (see instructions)  Enter amount from Form 1040, line 38   2   62, 644.	SSSS 3		
Expenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was			
cxheuses	3		3 6,264.		
	4	born before Jan. 2, 1951, multiply line 2 by 7.5% (.075) instead Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	0/201.	4	
Taxes You	4			2520	
Paid	5	State and local (check only one box):	5 2,211.		
raiu		a X Income taxes, or	2 2/211.		
		b General sales taxes	6 7,437.		
	6	Real estate taxes (see instructions)	7		
	7	Personal property taxes			
	8	Other taxes, List type and amount	8		
		Address Fileson D		9	9,648.
Intonnat	9	Add lines 5 through 8	10 937.	suio1	3,040.
Interest	10	Home mertgage interest and points reported to you on Form 1098.  Home mertgage interest not reported to you on Form 1098. If paid	10 937.	NO SECTION	
You Paid	11	to the person from whom you bought the home, see instructions			
Note:		and show that person's name, identifying no., and address>			
Your mortgage					
interest deduction may			11		
be limited (see	12	Points not reported to you on Form 1098. See instructions for			
instructions).		special rules	12		
	13	Mortgage Insurance premiums (see Instructions)	13		
	14	Investment interest. Attach Form 4952 If required. (See instructions.)	14	3334	027
40.00	15	Add lines 10 through 14	I CONTINUE OF THE PARTY OF THE	15	937.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,	<b>表现</b>		
Charity		see Instructions	18		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see			
gift and got a		instructions. You must attach Form 8283 if over \$500	17		
benefit for it, see instructions.	18	Carryover from prior year	18		
G	19	Add lines 16 through 18		19	
Casualty and					
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	TESTER (	20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues,			
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.			
Miscellaneous		(See Instructions.) ▶	21		34
Deductions	22	Tax preparation fees	22		
	23	Other expenses - investment, safe deposit box, etc. List type			
		and amount 🕨	BEASE		
			23		
	24	Add lines 21 through 23	24	100	
	25	Enter amount from Form 1040, line 38 25 62, 644.	1 050		
	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, ente	r-0	27	
Other	28	Other - from list in the Inst. List type and amount			
Miscellaneous	3			SEE.	
Deductions				28	
Total	29	Is Form 1040, line 38, over \$154,950?			
Itemized		X No. Your deduction is not limited. Add the amounts in the far	- 1		10 505
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040	, line 40.	29	10,585.
		Yes. Your deduction may be limited, See the Itemized Dedu	ctions		
		Worksheat in the instructions to figure the amount to enter.			
	30	If you elect to itemize deductions even though they are less than	your standard		

#### SCHEDULE B (Form 1040A or 1040)

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(a) shown on return	n You CHRISTOV-BAKARGIEV 57		80-6952		
Part I	List name of payer. If any interest is from a seller-financed mortgage and the buyer		Amo		
raiti	used the property as a personal residence, see Instructions on back and list				
Interest	this Interest first. Also, show that buyer's social security number and address				
(See instructions					
on back and the					
Instructions	CHASE			31	<u>.                                    </u>
for Form 1040A, or					
Form 1040,		1			
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	2 Add the amounts on line 1	2		<u>J</u> .	1
interest shown	3 Excludable Interest on series EE and I U.S. savings bonds issued after 1989.				
on that form.	Attach Form 8815	3			
	4 Subtract line 3 from line 2. Enter the result here & on Form 1040A, or Form 1040, line 8a	4			1.
	Note: If line 4 is over \$1,500, you must complete Part III.		Am	ount	
Part II	5 List name of payer ▶				
Ordinary			<u> </u>	, 52	2
Dividends	CITY NATIONAL		<u>_</u>	, 52.	<u>.                                    </u>
	JP MORGAN				
(See instructions on back and the			<u> </u>		
instructions for Form 1040A, or					
Form 1040,			<u> </u>		—
line 9a.)		5			
Note: If you		3			
received a Form 1099-DIV or	· · · · · · · · · · · · · · · · · · ·				
substitute					
statement from a brokerage firm,					
list the firm's	<u> </u>				
name as the					
payer and enter the ordinary		233			
dividends shown					
on that form.	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	1	,52	3.
	Note: If line 6 is over \$1,500, you must complete Part III.		1		
-	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (	b) ha	nd a	Yes	No
Part III	foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			162	140
Foreign	7a At any time during 2015, did you have a financial interest in or signature authority over a finan				
Accounts	(such as a bank account, securities account, or brokerage account) located in a foreign country	y? S	se instr.	X	
				\$	585
and Trusts	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts to the first training of the first	ounts	(FBAR),		
(See	to report that financial interest or signature authority? See FinCEN form 114 and its instruction requirements and exceptions to those requirements			X	
instructions on	b If you are required to file FinCEN Form 114, enter the name of the foreign country where the			<b>S</b>	3
back.)	financial account is located ITALY UNITED KINGDOM			4	
	8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a	forei	an trust?		
	If "Yes," you may have to file Form 3520. See instructions on back				X

BCA

Attachment Sequence No. 17
Social security number of person

Schedula SE (Form 1940) 2015

CAROLYN E CHRISTOV-BAKARGIEV	with self-employmentinco	me ▶ 5	79-80-6952
Section B - Long Schedule SE			
Part Self-Employment Tax			
Note. If your only income subject to self-employment tax is cl	nurch employee Income, see instruction	is. Also se	ee instructions for
the definition of church employee income.			
A If you are a minister, member of a religious order, or Christian Scl	ence practitioner and you filed Form 4361, bu	t you had \$	400 or more of other
net carnings from self-employment, check here and continue with	Part	<u></u>	<u></u>
1a Net farm profit or (loss) from Schedule F, line 34, and farm partne	rships, Schedule K-1 (Form 1065),		
box 14, code A. Note. Skip lines 1a and 1b if you use the farm op	itional method (see instructions)	1a	
bif you received social security retirement or disability benefits, ent	er the amount of Conservation Reserve		
Program payments included on Schedule F, line 4b, or listed on S	chedule K-1 (Form 1065), box 20, code Z .	16 (	
A Mat St (Less) from Schodule C line 31: Schodule C-F7 line	3: Schedule K-1 (Form 1065), box 14, code A		
(other than farming); and Schedule K-1 (Form 1065-B), box 9, co orders, see instructions for types of income to report on this line. S Note, Skip this line if you use the nonfarm optional method (see in	See Instructions for other income to report.		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). Oth		. 4a	1,163.
Note, If fine 4a is less than \$400 due to Conservation Reserve Pr	param payments on line 1b. see instructions.		
bif 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 ow	e self-employment tax.		
Exception. If less than \$400 and you had church employee inc	ome enter-0- and continue	.▶ 4c	1,163.
5a Enter your church employee Income from Form W-2. See Instr	uclions	1998	
for definition of church employee income	5a	1	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0.		. 5b	
		6	1,163.
Add lines 4c and 5b     Maximum amount of combined wages and self-employment earn	inne subject to englal security tax or		
7 Maximum amount or combined wages and sea-employment earn	niga adoject to about educiny min e.	7	118,500 00
the 6.2% portion of the 7.65% reilroad retirement (tier 1) tax for 2	em/e\\\/.2\		
8a Total social security wages and tips (total of boxes 3 and 7 on Fo and railroad retirement (tier 1) compensation. If \$118,500 or mor through 10, and go to line 11 b Unreported tips subject to social security tax (from Form 4137, line	e, skip lines 8b 8a 60,000	<u>.                                    </u>	
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	144.
		. 11	34.
national designation and an incident and an in	Form 1040, line 57, or Form 1040NR, line 5	5 12	178.
		2003	
			Production and
Multiply line 12 by 50% (.50). Enter the result here and on	1131 89		
Form 1040, line 27, or Form 1040NR, line 27  Part II Optional Methods To Figure Net Earn			
Farm Optional Methods To Figure Net Earn Farm Optional Method. You may use this method only if (a) your	gross form income! was not more than \$7.320	).	
or (b) your net farm profits <sup>2</sup> were less than \$5,284.	BIOSE IEITH III COMO WAS NOT THE EAST OF THE		
* * * *		. 14	4,880 00
14 Maximum Income for optional methods	ot less than zem) or \$4 880. Also		
	of teas digit rate) of 44 abov. The	15	
include this amount on line 4b above  Nonfarm Optional Method. You may use this method only if (a) y	mur and ponform profite <sup>3</sup> users less than \$5.26		
and also less than 72.189% of your gross nonfarm income, 4 and (b)	had bed set earnings from self-employment		
	Age tied tier estimate worth con-emboditions		
at least \$400 in 2 of the prior 3 years.			
Caution. You may use this method no more than five times.		16	
16 Subtract line 15 from line 14  17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income	(not less than zom) or the amount		-
17 Enter the smaller of: two-thirds (2/3) or gross nontarm income	firet less men sere/or are amount	17	
on line 16. Also include this amount on line 4b above	<sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; S		rm 1065) hov 14 code
<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.	A; and Sch. K-1 (Form 1065-B), box 9, co	ы. к-т (ги da .ld	אטע ונים אטע ונטטטו
<sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1085), box 14,	From Sch. C, line 7; Sch. C-EZ, line 1; Sc	h KatifFor	m 1065), box 14, code
code A - minus the amount you would have entered on line 1b	C; and Sch. K-1 (Form 1065-B), box 9, co		III I DOON I THE OUT
had you not used the optional method.	C) and acti. It of their incomply now at co	44 Van	

### **Foreign Tax Credit**

(Individual, Estate, or Trust)
➤ Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Attachment Seguence No. 19

Name CAROLYN E CHRISTOV-BAKAR		perate monucuor	tden		hown on p	nage t of your tax return
Use a separate Form 1116 for each category of	ncome listed below Si	e Categories of I				one box on each
Form 1116, Report all amounts in U.S. dollars ex				1,04,204,0110. 01100	. o.n.y .	
	tion 901(I) income		Lump-sur	m distributions		
	tain income re-sourced		□ comb so			
D General category income d Cel	(alt) Iliconio re-scurcec	by treaty				
f Resident of (name of country) ▶ ITALY						
Note: If you paid taxes to only one foreign	country or IIS nos	session use colu	mn A in Part	Land line A in F	Part II.	If you paid taxes
to more than one foreign country or U.S.	nosassina usa a si	enarate column a	nd line for ea	ch country or po	ossess	lon.
Part Taxable Income or Los	s From Sources	Outside the U	nited States	(for Categor	v Che	ecked Above)
Taxable income of Los	Fore	elgn Country or U.	S. Possession	1		Total
	A	В	1	С	(Add	cols. A, B, and C.)
g Enter the name of the foreign country or						
g Enter the name of the foreign country or U.S. possession	UNITED KING				<b>B</b> .	
1a Gross Income from sources within country	ONTIDO NINC		10000			
shown above and of the type checked					188	
above( see Instructions):						
DIVIDENDS						
DIVIDENDO	48.	SAME PROPERTY AND ADDRESS OF THE PARTY OF TH	CONTRACT STREET,	CONTRACTOR PRODUCT	1a	48.
b Check If line 1a is compensation for per-		S. Market S. Commission	SEE SEE SEE		18%	= = == =
sonal services as an employee, your total						
compensation from all sources is \$250,000		5 2 2 2				
or more, and you used an alternative basis to determine its source (see inst.)						
				Section 1		
Deductions and losses (Caution: See Inst.):			19.5			
2 Expenses definitely related to the income	January Company Company	OF I PRESENTATION	Carlo Carrier	CONTRACTO CONTRACTO		
on line 1a (attach statement)		OR CONTRACTOR	450050 ASSES	216		
3 Pro rata share of other deductions not		1				
definitely related:	ELECTRICAL PROPERTY.	SCI COMPANIES.	SECURE SECUR	Control of Problems		
a Certain itemized deductions or standard						
deduction (see instructions)						
b Other deductions (attach statement)					133	
c Add lines 3a and 3b	48.			-	60	
d Gross foreign source income (see instr.)	95, 648				器	
e Gross income from all sources (see inst.)	0.0005					
f Divide line 3d by line 3e (see instructions)	0.0003		-			
g Multiply line 3c by line 3f		SA RESIDENCE OF SALES	Card			
4 Pro rata share of interest expense (see inst.)		Cal Constitution Co.	SHEETSEN WISSE	COLUMN TOWN		
a Home mortgago interest (use the Workshee	1					
for Home Mortgage Interest in the Instr.) .	1					
b Other Interest expense	•	-			38	
5 Losses from foreign sources					6	
6 Add lines 2, 3g, 4a, 4b, and 5		2002			7	48.
Part II Foreign Taxes Paid or	Monther face man	Foreign taxes pa	ld or accrued			
for taxes (vou	alan curanau	Tordigit taxes pa	id of decided	In U.S. dollars		
	elgn currency	Other Taxes	withheld at sou		ther	(S) Total fereign
(h) X Pald Taxes withheld a		oraion	(p) Rents	(a) for	ngia	taxes paid or
(I) Data paid	u.	es pald (O)	(h) Rans	IBAG	s paid	accrued (add cols.
gracemed predents and roys	ties Interest or a	Dividends 6 .		HIGHERY OF ST	beuros	(o) through (r))
		0.				
B	-					
	All a Andal to the annual to the	· No. 0 mars 2			Tal	6.
8 Add lines A through C, column (s). Enter	une total nere and ol	ii iine a' hade s			101	

Form	1116 (2015) CAROLYN E CHRISTOV-BAKARGIEV	5/9-80-69	D∠ Page 2
Pa	Figuring the Credit		
9		過數	
	or accrued for the category of income checked above Part I	6.	
10	Carryback or carryover (attach detailed computation)		
, -	only and on our year to the or to the output to the or to the output to		
11	Add lines 9 and 10	6.	
•	FIGURIOS S MINI TO, C.,,,,,	100	
12	Reduction in foreign taxes (see instructions)	, 13361	
12	reduction in loreign taxes (see insudictions)		
42	Taxes reclassified under high tax kickout (see instructions)		
13		14	6.
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	7.555X	0.
15			
	sources outside the United States (before adjustments) for the category	48.	
	,	40.	
16	Adjustments to line 15 (see Instructions)		
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.)	48.	
18	Individuals: Enter the amount from Form 1040, line 41, or Form	25	
	1040NR, line 39. Estates and trusts: Enter your taxable income		
	without the deduction for your exemption 52,0	59.	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instruc	tions.	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	0.0009
	00 10 Session (Astronomy Control of the Control of		
20	Individuals: Enter the amount from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the	e l	
	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	\$50,000 E	5,856.
	Caution: If you are completing line 20 for separate category a (lump-sum distributions), see instruction		
21	Multiply line 20 by line 19 (maximum amount of credit)	1 1	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.
D.	ort IV Summary of Credits From Separate Parts III (see instructions)		
23	Credit for taxes on passive category income	RESERVE	
24			
25	Credit for taxes on certain income re-sourced by treaty		
26	Credit for taxes on lump-sum distributions	16860	
27	Add lines 23 through 26		
26	Enter the smaller of line 20 or line 27		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.
BÇA			Form 1116 (2015)

4562

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Identifying number Business or activity to which this form relates 579-80-6952 MUSEUM CURATOR CAROLYN E CHRISTOV-BAKARGIEV **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 2 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-. . . . . . . . 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married . . (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 ....... 11 11 Business Income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11..... 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 . . . . ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. (See instructions.) Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see Instructions) . . . . 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) . . . 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2015 . . . . . . . . . 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year placed in service (C) Basis for depreciation (business/invasiment use (d) Recovery (g) Depreciation (f) Method (a) Classification of property Convention deduction period only - see Instructional 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs. ММ SIL 27.5 yrs. h Residential rental MM SIL 27.5 yrs. property I Nonresidential real MM S/L 39 yrs. MM SIL property Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. b 12-year S/L MM S/L 40 yrs. c 40-year Summary (See Instructions.) 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 . . For assets shown above and placed in service during the current year, enter

### Farm 8949

### Sales and Other Dispositions of Capital Assets

OMB No. 1645-0074

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/iorm8949.

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

Internal Revenue Service			_			Se	quence No. 12A
Name(s) shown on return	n i			Social securi	ty number	or taxpayer identific	ation number
CAROLYN E CHRIS	TOV-BAKARGI	EV		579-80-6	952		
Before you check Box A,	B, or C below, see	whether you rece	lved any Form(s) 1	099-B or substitute	statement	(s) from your broker. A	\ substitute
statement will have the sa	ame information as	Form 1099-B, Elti	her will show whell	her your basis (usu	ally your co	ost) was reported to the	e IRS by your
broker and may even tell	you which box to o	heck.					
Part I Short-Te	rm. Transactions i	involving capital as	sets you held 1 ye	ar or less are short	term. For	long-term	
transaction	ons, see page 2.						
					_	sis was reported to the	
which no	adjustments or co	des ere required. I	Enter the totals dire	ectly on Schedule D	), line 1a; y	on aceu,t tedrited to te	eport these
		(see Instructions).					<u></u>
You must check Box A,							
complete a separate Forr					actions tha	n will fit on this page	
for one or more of the box		•		•			
part '		• • •	_	vas reported to the	•	lote above)	
			_	vas not reported to	the IRS		
	ansactions not rep	orted to you on Fo	m 1099-B		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t, if any, to gain or loss.	T <sup>er</sup>
1						ar an amount in column	
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(a) Cost or other basis.	(g), enter a code in column (f).  See the separate instructions.  (f) (g)		(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh, XYZ Co.)	(Mo., day, yr.)			San the Note below and see Column (e)			
		(Ma., day, yr.)	(see Instructions)	in the separate	Code(s)	Amount of	combine the result with column (g)
				Handesona	from Instr-	adjustment	With Constitut (g)
	01 /01 /0015	10/31/0015	5,534	E1061			313
CITY NATIONAL	01/01/2015	12/31/2015	51574.	51261.			313
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				1			
	1			_	+	-	

(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. 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.

51261.

2 Totals. Add the amounts in columns (d), (e), (g), and (h)

313.

romi 8949 (2015)			444.4			it deductice inc.	
Name(s) shown on return. (Name CAROLYN E CHRIS	TOV-BAKARGI	EV		579-8	0-6952		entification number
Before you checked Box	D. E. or F below, se	ee whether you red	elved any Form(s	) 1099-B substitute	stelemeni(s	from your broker.	A substitute
statement will have the sa	ama information as	Form 1099-B. Eith	her will show wheth	ner your basis (usu	ally your cos	) was reported to t	he IRS by your
broker and may even tell							
	rm. Transactions in		sels you held more	than 1 year are lo	na term. For	short-term	
	ons, see page 1.	Total goopies and	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ons, seu page 1. ou may aggregate a	ll long-larm tranga	ctions reported on	Form/s\ 1099-R st	nowing hasts	was reported to the	a IRS and for
	adjustments or co						
			Tittel tile torera dire	icay on acression	, ilijo odi yo	, montrodance to	Topoli III
You must check Box D,	ons on Form 8949	(See Instructions)	. If more than on	a hay applies for w	victora-terr	transactions	
complete a separate For					icuons man	Will lift Oil mus ballo	
for one or more of the box		-			100 ( 1)		
	ansactions reported					ite above)	
port.	ansactions reported			vas not reported to	the IRS		
	ansactions not repo	rted to you on For	m 1099-B				
1		(c) Data sold or disposed of	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) 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) Geln or (loss). Subtract column (e) Irom column (d) and
(a) Description of property	(b) Date sequired						
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)						
		(Mo., day, yr.)			(f) Code(s) from instr.	(g) Amount of adjustment	constine the result with column (g)
					HOLD BLOW		
CITY NATIONAL	05/21/2014	12/30/2015	5291.	6428.			-1137
CIII MIIIOMIL	03/21/2011	12,00,2020	-			TO THE RESERVE TO THE	
					1		
	1	1 3		l .	1		
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							2
	+		-				
10	1						1
	+			+	+		-
		1	1		L I		

5291. above is checked), or line 10 (if Box F above is checked) 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.

6428.

-1137.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtrac 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